



SELECT DENTAL SERIES

With the Association for Entrepreneurship USA (AFEUSA) membership, you can choose best in class dental coverage from dental coverage from Delta Dental of Illinois. AFEUSA membership provides members and their eligible family members access to superior dental hygiene which is important - "healthy teeth, healthy you"! These dental plans give members peace of mind and security knowing they have quality coverage - plus guaranteed acceptance.

PLAN BENEFITS

Plans	Deductible	Co-Insurance			Annual Maximum Benefit
		Preventative & Diagnostic	Basic	Major	
Dental Select Silver	\$50 (Applies to Basic and Major Only)	50%	50%	50%	\$1,000
Dental Select Gold	\$100	100%	70%	70%	\$3,000
Dental Select Platinum	\$150 (Applies to Basic and Major Only)	100%	70%	70%	\$3,000

No Waiting Periods/First Day Coverage. Implants Covered Under Major Services.

To Go CarryoverSM Feature

Allows members to carryover qualified unused portions of their annual maximum benefit amount from one benefit year to the next. The maximum carryover benefits will not exceed two times your annual maximum benefit.

Guaranteed Acceptance: the primary member must be a minimum age of 18 and coverage is available to all eligible family members. Membership and coverage is effective on the first day of the following month after purchase.

AVAILABLE IN ALL STATES EXCEPT: AK, ID, ME, MA, MT, NV, NH, NC, OR, UT, AND WA

Association for Entrepreneurship USA Members enjoy services and discounts on a variety of business, health and travel services. There are multiple memberships of the association. Association members will receive a separate access or mailing with complete details on how to access their benefits.

Premium Benefits

1-800MD
Rx Valet
Vision Service Plan (VSP)
ACI Legal Plan
ACI Counseling
ACI Child Care
Answer Financial
Pet Assure
NSD Auto Towing Program
Cyber Lock
NAVIGO Health Laboratory
Testing
My E Wellness
Careington Dental Vison
Hearing
Healthcare
Buralong
Needy-Meds
American Hearing Benefit

Travel & Auto

Avis/Budget Car Rental
Sky Med Emergency Travel
Sky Med Travel
Car Chex
True Car

Home & Family Programs

Costco Wholesale
Benefit Hub
Home Chef
Long Term Care Resources
Griswold Home Care

Financial, HR & Credit

Gusto
Take Charge America
The Credit Clinic
EJ Pro Lease
First American

Business & Office Services

Eric's Jobs
Trapp Technology
UPS Express Delivery
Office Depot/ Office Max
E6 Agency
Newsletter Pro

Education/Business Coaching

Genious Network
Big Results Academy
goSmallBiz.com
The Messinger Institute
SocialCore Marketing
Joel Weldon
Empowered Couples
University

Legal/Identity Protection

Legal Shield/Identify Shield
InfoArmor by Allstate
Legal Shield
ID Shield

PLAN BENEFITS

	Dental Select Silver	Dental Select Gold	Dental Select Platinum
Annual Deductible	\$50	\$100	\$150
Deductible waived for preventative and diagnostic services	✓		✓
Plan Options - Annual Maximum Benefit	\$1,000	\$3,000	\$3,000
To Go Carryover Feature	Allows members to carryover qualified unused portions of their annual maximum from one year to the next.		
Enhanced Benefit Program	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.		
Delta Dental Network	Delta Dental PPO, Delta Dental Premier & Non-Network Dentists		
PREVENTIVE/DIAGNOSTIC SERVICES (no waiting period) <ul style="list-style-type: none"> • Routine exams (two per benefit year) • Cleanings (two per benefit year) • X-rays (bitewings - 2 per benefit year) • Fluoride treatments (once per benefit year to age 16) • Space maintainers (to age 16) • Sealants (to age 16) 	50%	100%	100%
BASIC SERVICES (no waiting period) <ul style="list-style-type: none"> • X-rays (full mouth-1 per 5 years) • Emergency exams and palliative (pain relief) treatment • Fillings (silver (amalgam) and tooth colored (composite) on front teeth) • Oral surgery (simple extractions) • Sedative fillings • Recementation of bridges, crowns, onlays 	50%	70%	70%
MAJOR RESTORATIVE SERVICES (no waiting period) <ul style="list-style-type: none"> • Oral surgery (surgical extractions including general anesthesia, IV sedation) • Oral surgery (all other) • Endodontics (root canals and pulpal therapy) • Non-surgical Periodontic (gum) maintenance • Surgical Periodontic (gum) maintenance • Crowns, onlays, and other ceramic restorations to permanent teeth • Partial/full dentures • Denture (repair, reline, rebase and adjustments) • Fixed/removable bridges • Implants • Bridge and crown repair • Tissue conditioning • Labial veneers 	50%	70%	70%
ORTHODONTICS (no waiting period)	Not Included	Not Included	Not Included

This plan is a Maximum Allowable Charge (MAC) plan. With a MAC plan, benefit reimbursement for all dentists is based on the Delta Dental PPO allowed network fees, which are established at a level that typically delivers a 15% - 35% discount off of dentists' average billed charges nationally. Delta Dental PPO network dentists accept our allowed PPO fee as payment in full, and as such, Delta Dental PPO dentists cannot bill more than the allowed PPO fee. However, Delta Dental Premier dentists agree to our Maximum Plan Allowance (MPA) as payment in full and as a result, Delta Dental Premier dentists can bill for the difference between the allowed PPO fee and the MPA. The MPA is established a level that typically delivers a 5% - 20% discount off of average billed charges nationally. Non-network dentists do not agree to any discounted network fees and therefore can bill for amounts over the allowed PPO fee (i.e. the difference between their usual fee and the Delta Dental PPO allowed fee)."

DENTAL BENEFIT HIGHLIGHTS

Delta Dental of Illinois is pleased to be your dental benefits carrier. Your group plan offers you the dental benefits program: Delta Dental PPO Plus Delta Dental Premier.

Delta Dental PPO Plus Premier

On the reverse side of this sheet is a summary of your plan coverage.*

With Delta Dental PPO Plus Premier:

- You can go to any licensed general or specialty dentist.
- You will maximize your benefits by receiving care from a Delta Dental PPO or Delta Dental Premier network dentist.
- Delta Dental's network dentists have agreed to reduced fees as payment in full, which means you will likely save money by going to a Delta Dental PPO or Delta Dental Premier network dentist. Non-network dentists have not agreed to accept our reduced fees as payment in full, which means they may bill you for any charges over our allowed fees.
- You are charged only the patient's share** at the time of treatment. Delta Dental pays its portion directly to network dentists.

Finding a Dentist

Visit our web site at www.deltadentalil.com and click on Provider Search.

Example of Your Copayment with Delta Dental Network Dentists and Non-Network Dentists

- Delta Dental PPO: Lowest out-of-pocket costs and network protection.
- Delta Dental Premier: Higher out-of-pocket costs than PPO, but may be lower than non-network and network protection.
- Non-network: You may have the highest out-of-pocket costs.



Learn More

You can learn more about your Delta Dental of Illinois dental plan by reading the information included in your enrollment kit.

Delta Dental PPO Plus Premier Plan Features

Your Delta Dental PPO Plus Premier plan includes the following features:

- ToGo, a feature that allows you to carryover qualified unused portions of your annual maximum to the next year.
- Enhanced Benefit Program offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, highrisk cardiac conditions, and suppressed immune systems) that can be positively affected by additional oral health care.

Member Connection

You may register on Delta Dental of Illinois' website, www.deltadentalil.com. Once registered, you can get real time benefit information, check claim status, sign up for electronic Explanation of Benefits and print a temporary ID card.

Customer Service

Call 1-800-323-1743 to access our automated phone system or speak to a customer service representative from 7 am to 7 pm Monday through Thursday and 7 am to 6 pm Friday, Central Time. Our automated phone system is available 24 hours a day, seven days a week, and offers dentist listings and claim information. You can also connect with us through our mobile app, Facebook, Twitter, our blog and more.

*The information this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois.

**Patient's share is the coinsurance/copayment, any remaining deductible any amount over the annual maximum and any services your plan does not cover. Note: Delta Dental of Illinois imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.