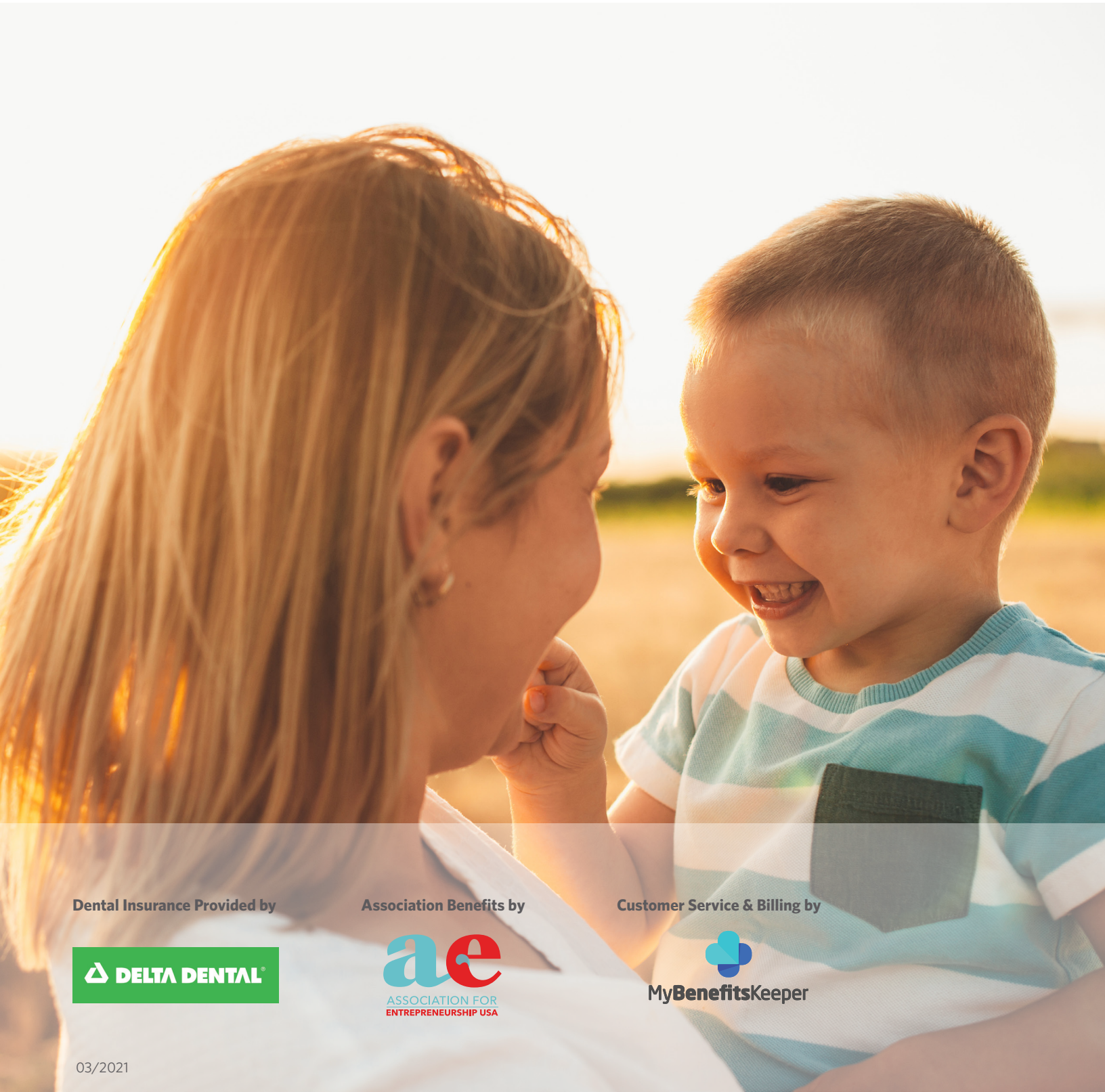


Delta Dental of Illinois



Dental Insurance Provided by



Association Benefits by



Customer Service & Billing by



Association



AFEUSA strives to bring the member the most current information on business, technology, and related processes to help the member grow the confidence needed to succeed. Entrepreneurship takes a much different shape today than in the past. In fact, the member may have a business and not even know it. The member might be selling goods on eBay, repairing old cars and posting ads online, might be a grandmother who babysits kids, or an Uber or Lyft driver. We are always eager to chat with our members. We are here for you! With AFEUSA it's success by association.

- ACI Map Differentiators/Legal and Financial Services/Childcare
- BurnAlong
- NeedyMeds
- AmericanTM Hearing Benefits (AHB)
- Avis® and Budget® Car Rental Discounts
- SkyMed
- SkyMed Travel
- CARCHEX®
- TrueCarTM
- Costco®
- Benefit Hub
- Home Chef
- Long-Term Care Resources
- Griswold® Home Care
- Gusto
- Take Charge America®
- The Credit Clinic
- EJ Pro Lease
- First American
- Eric'sJobs.com
- Trapp Technology
- UPS
- Office Depot® and OfficeMax® Discounts
- E6 Agency
- The Newsletter Pro
- Genius Network®
- Big Results Academy
- GoSmallBiz.com
- The Messinger Institute
- SocialCore Marketing
- Joe Weldon Consultant and Executive Speech Coach
- Empowered Couples University
- InfoArmor®
- LegalShieldSM
- IDShieldSM

Disclaimer: AFEUSA association benefits are not affiliated with Delta Dental of Illinois. Delta Dental benefits are not dependent on the use of the association's providers. AFEUSA membership is available without purchasing this plan. The benefits listed are not insurance and do not provide coverage; they only provide discounts and services. Benefit discounts and services vary by state. Please refer to the AFEUSA Membership brochure for complete details.

Product Summary

Per Person Deductible Options	\$0 or \$50
Network	Delta Dental PPO™ network
Age Eligibility	Age 18 and older, their spouses/domestic partners, and their dependent unmarried children up to age 26 disabled dependent child(ren) can remain on the policy after age 26.
Coverage Effective Date	Next day coverage; later effective date available, but not to exceed 60 days from date of transmission
Waiting Periods	Protector Plan Preventive/Diagnostic - Benefit Waiting Period 3 Months Defender Plan Basic Services - Benefit Waiting Period 6 Months Essential Plan Basic Services - Benefit Waiting Period 6 Months Major Restorative Services - Benefit Waiting Period 12 Months

Plan Benefits

Benefits	Protector	Defender	Essential
Per Person Deductible	\$0	\$50	\$50
Per Person Annual Maximum	\$500	\$1,000	\$1,500
PREVENTIVE/DIAGNOSTIC SERVICES	3 Month Waiting Period	No Waiting Period	No Waiting Period
Routine exams (two per benefit year)	100%	100%	100%
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)			
BASIC SERVICES	No Waiting Period	6 Month Waiting Period	6 Month Waiting Period
X-rays (full mouth-1 per 5 years)	Not Covered	70%	70%
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			
MAJOR RESTORATIVE SERVICES	No Waiting Period	No Waiting Period	12 Month Waiting Period
Oral surgery (surgical extractions including general anesthesia, IV sedation)	Not Covered	Not Covered	50%
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			
Bridge and crown repair			
Tissue conditioning			
Labial veneers			

Disclaimer: Reimbursement is based on our schedule of maximum allowable charges (MACs). Delta Dental of Illinois standard exclusions and limitations apply. This is not an offer of coverage or a proposal for insurance. In the event of a conflict, the Plan Documents will govern. For complete details please refer to the Contract or Certificate of Insurance ("Plan Documents") which will include a complete listing of covered services, limitations, exclusions, cancellation and renewal provisions.

EXCLUSIONS

EXCLUSIONS THAT APPLY TO DIAGNOSTIC SERVICES:

1. Pulp vitality tests billed in conjunction with any service except for an emergency exam or palliative treatment are not a covered benefit.
2. Panoramic x-ray for a patient under age 6 is not a covered benefit

EXCLUSIONS THAT APPLY TO PREVENTIVE SERVICES:

1. Recementation of a space maintainer within six months of initial placement is not a covered benefit.

EXCLUSIONS THAT APPLY TO RESTORATIVE SERVICES:

1. Fillings are not a covered benefit when crowns are allowed for the same teeth.
2. Replacement of any existing cast restoration (crowns, onlays, ceramic restorations) with any type of cast restoration within 84 months following initial placement of existing restoration is not a covered benefit.
3. Replacement of a stainless-steel crown with any type of cast restoration is not a covered benefit by the same office within 24 months following initial placement.
4. A cast restoration is a covered benefit only in the presence of radiographic evidence of decay or missing tooth structure. Restorations placed for any other purpose, including, but not limited to, cosmetics, abrasion, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformations of teeth, or the anticipation of future fractures, are not a covered benefit.
5. When there is radiographic evidence of sufficient vertical height (more than three millimeters above the crestal bone) on a tooth to support a cast restoration, a crown build-up is not a covered benefit.
6. The repair of any component of a cast restoration is not a covered benefit.
7. Recementation of inlays, onlays, partial coverage restorations, cast and prefabricated posts and cores and crowns by the same office within six months of initial placement is not a covered benefit.
8. Additional procedures to construct a new crown under the existing partial denture framework within six months following initial placement is not a covered benefit.
9. When a sedative filling is requested or placed on the same date as a permanent filling, the sedative filling is not a covered benefit.
10. Major restoratives for a patient under age 12 is not a covered benefit.

EXCLUSIONS THAT APPLY TO ENDODONTIC SERVICES:

1. When a benefit has been issued for endodontic services, retreatment of the same tooth within two years is not a covered benefit.
2. Endodontic procedures performed in conjunction with complete removable prosthodontic appliances are not a covered benefit.

EXCLUSIONS THAT APPLY TO PERIODONTIC SERVICES:

1. Guided tissue regeneration billed in conjunction with implantology, ridge augmentation/sinus lift, extractions or Periradicular surgery/apico-ectomy is not a covered benefit.
2. Crown lengthening or gingivoplasty, if not performed at least four weeks prior to crown preparation, is not a covered benefit.
3. Bone replacement grafts performed in conjunction with extractions or implants are not a covered benefit.
4. Periodontal splinting to restore occlusion is not a covered benefit.

EXCLUSIONS THAT APPLY TO PROSTHODONTIC SERVICES:

1. Replacement of any existing prosthodontic appliance (cast restorations, fixed partial dentures, removable partial dentures, complete denture) with any prosthodontic appliance within 84 months following initial placement of existing appliance is not a covered benefit.
2. When a fixed partial denture and a removable partial denture are requested or placed in the same arch, the fixed partial denture is not a covered benefit.
3. Any prosthodontic appliance connected to an implant is not a covered benefit.
4. Reline or rebase of an existing appliance within six months following initial placement is not a covered benefit.
5. Fixed or removable prosthodontics for a patient under age 16 is not a covered benefit.
6. When the edentulous (toothless) space between teeth is less than 50% of the size of the missing tooth, a pontic is not a covered benefit.

EXCLUSIONS THAT APPLY TO ORAL SURGERY:

1. Mobilization of an erupted or malpositioned tooth to aid eruption or placement of a device to facilitate eruption of an impacted tooth performed in conjunction with other oral surgery is not a covered benefit.

Disclaimer: Only American Dental Association procedure codes are covered. Exclusions and limitations may differ by state as specified below. This is not an offer of coverage or proposal of insurance. For complete details please refer to the Contract or Certificate of Insurance ("Plan Documents") which will include a complete listing of covered services, limitations, exclusions, cancellation and renewal provisions. In the event of conflict, the Plan Documents will govern. Not all products are available in all jurisdictions.

EXCLUSIONS (Cont.)

GENERAL EXCLUSIONS THAT APPLY TO ALL PROCEDURES:

Coverage is NOT provided for:

1. Services compensable under Worker's Compensation or Employer's Liability laws.
2. Services provided or paid for by any governmental agency or under any governmental program or law, except as to charges which the person is legally obligated to pay. This exception extends to any benefits provided under the U.S. Social Security Act and its Amendments.
3. Services performed to correct developmental malformation including, but not limited to, cleft palate, mandibular prognathism, enamel hypoplasia, fluorosis and congenitally missing teeth. This exclusion does not apply to newborn infants.
4. Services performed for purely cosmetic purposes, including, but not limited to, tooth-colored veneers, bonding, porcelain restorations and microabrasion. Orthodontic care benefits shall fall within this exclusion unless such benefits are provided by endorsement.
5. Charges for services completed prior to the date the person became covered under this program.
6. Services for anesthetists or anesthesiologists.
7. Temporary procedures.
8. Any procedure requested or performed on a tooth when radiographs indicate that less than 40% of the root is supported by bone.
9. Services performed on non-functional teeth (second or third molar without an opposing tooth).
10. Services performed on deciduous (primary) teeth near exfoliation.
11. Drugs or the administration of drugs, except for general anesthesia and intravenous conscious sedation.
12. Procedures deemed experimental or investigational by the American Dental Association, for which there is no procedure code, or which are inconsistent with Current Dental Terminology coding and nomenclature.
13. Services with respect to any disturbance of the temporomandibular joint (jaw joint).
14. Procedures, techniques or materials related to implantology or edentulous (toothless) ridge enhancement.
15. Procedures that Delta Dental considers to be included in the fees for other procedures. For such procedures, a separate payment will not be made by this group dental plan. A Dentist in the Delta Dental PPO or Delta Dental Premier network may not bill the patient for such procedures.
16. The completion of claim forms and submission of required information, not otherwise covered, for determination of benefits.
17. Infection control procedures and fees associated with compliance with Occupational Safety and Health Administration (OSHA) requirements.
18. Broken appointments.
19. Services and supplies for any illness or injury occurring on or after the covered individual's effective date of coverage as a result of war or an act of war.
20. Services for, or in connection with, an intentional self-inflicted injury or illness while sane or insane, except when due to domestic violence or a medical (including both physical and mental) health condition.
21. Services and supplies received from either a covered individual's or covered individual's spouse's relative, any individual who ordinarily resides in the covered individual's home or any such similar person.
22. Services for, or in connection with, an injury or illness arising out of the participation in, or in consequence of having participated in, a riot, insurrection or civil disturbance or the commission of a felony.
23. Charges for services for inpatient/outpatient hospitalization.
24. Services or supplies for oral hygiene or plaque control programs.
25. Services or supplies to correct harmful habits.

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Have you heard?

Currently, one in nine Americans suffer from hearing loss.



 **DELTA DENTAL**®

 **amplifon** Hearing Health Care.

Delta Dental of Illinois has partnered with Amplifon to help.

95% of hearing loss can be treated with hearing aids and our goal is to help find the solution that's right for you. We're with you every step of the way providing personalized service, high quality care and exceptional products for every budget.



Custom hearing solutions - we find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers.



Risk-free 60-day trial - 100% money-back guarantee.



Continuous Care - one year free follow-up care, two years free batteries, and a three-year warranty.



Hearing aid low price guarantee - if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%!

For your free hearing screening, call

1-888-823-2130

www.amplifonusa.com/deltadentalIL

Network

Delta Dental PPO™ network

Delta Dental of Illinois provides dental coverage to more than 2 million members nationwide and has the largest national dental networks with 3 out of 4 of all dentists participating in a Delta Dental network nationwide.

They provide quality, cost-effective dental plans backed by superior customer service. With this dental benefit program, members are free to go to any licensed dentist that they choose. However, members will save the most money by visiting a dentist in the Delta Dental PPO™ network. Delta Dental PPO dentists agree to accept Delta Dental's allowed PPO fees as payment in full, which means they can't charge members the difference between their usual fee and the allowed PPO fee. On average, patients save 30% on services provided by a Delta Dental PPO dentist. Not only will members save money, but they will also stretch their benefit dollars with less dollars applied to their dental annual maximum.

Finding a Network Dentist

Visit: **www.deltadentalil.com** today to find a network dentist.

You can also download the free Delta Dental mobile app, available for Apple and Android devices, to find dentists and gauge the cost of common dental treatments using the Dental Care Cost Estimator tool.



Disclaimer: The benefits you receive depend on the program option selected. Delta Dental of Illinois plans cover dental benefits only. For a complete listing of exclusions, limitations, renewal, cancellation and cost information, please refer to the certificate of coverage.