

# VibraSmile



Underwritten by  
AXIS Insurance Company



Association



Billing and Customer Service



# 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

## Product Summary

<b>Coverage Effective Date</b>	Next day coverage available; later effective date available, but not to exceed 60 days from date of processed application
<b>Waiting Period</b>	12 Consecutive Months for Major Restorative, Periodontics, Oral Surgery and Orthodontia
<b>Eligibility</b>	Ages 18 to 64 Dependent Child Coverage for children who are full time students between the ages of 0 to 30



# Plan Benefits

Dental Plan underwritten by AXIS Insurance Company

No deductibles; Reimburses 100% of usual and customary charges

	Plan 1	Plan 2	Plan 3
Maximum Plan Year limit	\$500	\$1,000	\$1,500
Periodontics lifetime maximum	\$250	\$500	\$750
Orthodontics lifetime maximum	\$250	\$500	\$750
<b>Type 1: Preventive &amp; Diagnostic</b>			
Oral exams, including prophylaxis	\$36	\$72	\$108
Bitewings, per film	\$5	\$10	\$15
X-ray, panoramic or cephalometric	\$36	\$72	\$108
Sealants/topical fluoride	\$11	\$22	\$33
Space maintainers	\$108	\$216	\$324
<b>Type 2: Major Restorative</b>			
Crowns, bridges & dentures	\$180	\$360	\$540
Pre-fabricated crowns	\$60	\$120	\$180
Crown build-up procedures	\$48	\$96	\$144
<b>Type 3: Minor Restorative</b>			
Fillings	\$42	\$84	\$126
Crowns, bridges & denture repair	\$24	\$48	\$72
Relining or rebasing dentures	\$60	\$120	\$180
<b>Type 4: Endodontics</b>			
Root canals, apicoectomies	\$192	\$384	\$576
Root amputation	\$96	\$192	\$288
Therapeutic pulpotomy, retrograde, fillings, apexification, hemisection	\$48	\$96	\$144
<b>Type 5: Periodontics</b>			
Tissue grafts or bone surgery	\$96	\$192	\$288
Gingivectomy (per quadrant)	\$60	\$120	\$180
Gingivectomy (per tooth)	\$24	\$48	\$72
Periodontal scaling, periodontal splinting, root planning, gingival curettage (per quadrant)	\$36	\$72	\$108
<b>Type 6: Oral Surgery</b>			
Surgeries Level 1 (example: Removal of exostosis)	\$120	\$240	\$360
Surgeries Level 2 (example: Removal of impacted tooth)	\$66	\$132	\$198
Surgeries Level 3 (example: Simple extraction)	\$36	\$72	\$108
<b>Type 7: General Anesthesia and IV</b>			
IV, first half hour general, each additional 1/4 hour general	\$72	\$144	\$216
<b>Type 8: Orthodontia</b>			
Per course of treatment (Lifetime Maximum)	\$250	\$500	\$750
<b>Type 1 through 7: Subject to annual maximum</b>	\$500	\$1,000	\$1,500
Types 2, 5, 6, 8: Subject to a 12 month waiting period			

**Disclaimer:** Dental Plans are underwritten by AXIS Insurance Company. Coverage is subject to exclusions and limitations and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

# Limitations & Exclusions

## Pre-Existing Condition: No Pre-Existing Condition Exclusions

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section:

**SERVICES NOT COVERED:** No benefits will be paid for the following:

1. for services and supplies not listed in the Schedule of Benefits or not recognized as essential for the treatment of the condition according to accepted standards of practice or considered experimental;
2. for cosmetic procedures, including but not limited to veneers and bleaching of teeth and procedures performed primarily for cosmetic reasons;
3. for services related to, performed in conjunction with, or resulting from a non-covered procedure;
4. for charges in excess of the Usual and Customary rate;
5. for any treatment program which began prior to the date the Insured Person is covered under the Policy;
6. for crowns, inlays and onlays on teeth that can be restored by direct placement materials.
7. for the replacement of crowns, bridges, dentures, inlays or onlays that can be restored to normal function;
8. for the replacement of crowns, bridges, inlays, onlays or prosthetic appliance within 5 years from the date of last placement;
9. for service or supplies payable under any medical expense portion of an auto or no-fault plan.
10. for any condition paid under any Worker's Compensation Act or similar law;
11. for services applied without cost by any municipality, county or other political subdivision or for which there would be no charge in the absence of insurance;
12. during any Waiting Period the Company requires. When the Insured Person voluntarily ends this insurance without a qualifying event and re-enrolls at a later date, the Waiting Period is 2 years and begins on the date coverage first ended;
13. for services that are applied toward the satisfaction of a Deductible, if any;
14. for services subject to a Waiting Period that were incurred during the Waiting Period;
15. for charges resulting from changing from one provider to another while receiving treatment, or from receiving treatment from more than one provider for one dental procedure to the extent that the total charges billed exceed the amount incurred if one provider had performed all services;
16. for Hospital facility charges for any dental procedure, including but not limited to: emergency room charges, surgical facility charges, Hospital confinement;
17. for drugs or the dispensing of drugs;
18. for oral hygiene instruction; plaque control; acid etch; prescription or take-home fluoride; broken appointments; completion of a claim form; OSHA/Sterilization fees (Occupational Safety & Health Agency); or diagnostic photographs (except for orthodontic purposes);
19. for implants; myofunctional therapy; athletic mouth guards; precision or semi-precision attachments; treatment of fractures, cysts, tumors, or lesions; maxillofacial prosthesis; orthognathic surgery; TMJ dysfunction; cleft palate; or anodontia;
20. for orthodontia, unless included within the Schedule of Benefits;
21. for services to replace teeth that were missing (extracted or congenitally) prior to the Coverage Effective Date. This limitation ends after 36 months of continuous coverage on the Plan. Abutment teeth will be reviewed for eligibility of prosthetic benefits;
22. for composite, resin, or white fillings on posterior primary teeth. Benefits will be reduced to that of an amalgam or silver filling;
23. for the replacement of a filling within 24 months of placement, unless for specific health reasons;
24. for the replacement of retainers;
25. for sealants not applied to permanent bicuspid or molar; applied at age 15 or older; applied 3 years from a previous sealant application; applied to a decayed tooth; or
26. for lab fees for higher metals or porcelain crowns, bridges, inlays, or onlays.

**Disclaimer:** Exclusions and limitations vary by state. REFER TO YOUR CERTIFICATE and SCHEDULE OF BENEFITS for terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions.

# Network

## Dental Savings

### The DenteMax® Network

This discount card utilizes the DenteMax® Network. The DenteMax® network is one of the most affordable and easy-to-use discount dental networks in the country. With the DenteMax® network of dentists, members can enjoy saving on most dental procedures with access to a national network of general and specialty dentists. DenteMax® has been proudly delivering a quality dental network for over 29 years.

### Network Features

- Save 20% to 50% on most dental care procedures: check-ups, cleanings, fillings, root canals and more
- Orthodontics, Teeth Whitening, Cosmetic Dentistry, Oral Surgery and Children's Specialists discounts
- High-quality, credentialed dentists

#### Sample Savings

Procedure Description	* Regular Cost	** Plan Cost	\$ Savings	% Savings
Adult Cleaning	\$118	\$54	\$65	55%
Child Cleaning	\$83	\$39	\$44	53%
Routine Checkup	\$69	\$27	\$42	61%
Four Bitewing X-Rays	\$80	\$36	\$44	55%
Composite (White) Filling	\$188	\$87	\$101	54%
Crown (Porcelain Fused to Noble Metal)	\$1,332	\$679	\$653	49%
Complete Upper Denture	\$1,911	\$810	\$1,102	58%
Molar Root Canal	\$1,299	\$674	\$625	48%
Extraction (Single Tooth)	\$221	\$85	\$136	62%

\* Regular cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2014 FairHealth Report in the Los Angeles, Orlando, Chicago and New York City metropolitan statistical areas.

\*\* These fees represent the average of the assigned DenteMax® fees in the Los Angeles, Orlando, Chicago and New York City metropolitan statistical areas. Prices subject to change

### How to Access

- 1. Find a dentist.** Please visit [www.careington.com](http://www.careington.com) to search for a provider online or call 800-290-0523 to find a provider near you over the phone.
- 2. Make an appointment.** As soon as you receive your ID card in the mail, call your dentist to make an appointment. Make sure you mention you're a DenteMax® network member.
- 3. Present your card.** At your appointment, present your ID card. The dentist will verify your participation with the DenteMax® network, and you'll receive your discount off the cost of dental services. Payment is due at the time of service.

**Disclaimer:** DenteMax® Network is a discount program providing additional discounted savings when participating providers and facilities are used for medical services. This is not insurance. **THE SERVICE DISCOUNTS DESCRIBED ON THIS PAGE ARE NOT INSURANCE AND ARE NOT AFFILIATED WITH AXIS INSURANCE COMPANY.**