

# AFEUSA Dental Plan

## Unique Features

Chance Caldwell | NPN 7556237  
 Ind/FamilyPlans: 817-809-4837 | Group Plans: 214-693-3002  
 Marketplace Consent: My Snap Health  
 chance@chancecaldwell.com | www.chancecaldwell.com  
 Available In: TX, AL, AR, AZ, FL, GA, IL, IN, KS, KY, LA, MI, MS, MO, NC, OH, OK, SC, TN, VA

### No Waiting Periods

First day coverage from the effective date.

### Issue Ages: 18+ for members and their families

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

### Annual Maximum Rollover\*

After meeting the requirements, the Annual Maximum Rollover lets you roll over up to \$300 of your unused benefit dollars from one year to the next and use them once your annual maximum is met. That way, if you need complex services that go over your annual maximum, you can use your Annual Maximum Rollover dollars toward those services instead of paying the entire cost on your own.



|  | Silver plan                                     | Gold plan | Platinum plan                                   |
|--|---|-----------|---|
| <b>Maximum Calendar Year Benefit Per Covered Insured</b> | \$1,500**                                       | \$3,500** | \$5,000   |
| <b>Calendar Year Deductible Per Covered Insured</b>      | \$50*<br>(waived for Preventive/<br>Diagnostic) | \$100*    | \$150*<br>(waived for Preventive<br>Diagnostic) |
| <b>Preventive/Diagnostic Services</b>                    | 50%   | 100%      | 100%  |
| <b>Basic Services</b>                                    | 50%   | 70%       | 70%   |
| <b>Major Restorative Services</b>                        | 50%   | 50%       | 50%   |
| Member Plans   | Monthly Rates*                                  |           |   |
| Member   | \$34.27   | \$66.75   | \$76.66   |
| Member + Spouse or Child                                 | \$62.46   | \$122.06  | \$140.60  |
| Member + Family  | \$87.54   | \$180.45  | \$211.08  |

AGENT USE ONLY. This flyer is a summary. For full details, refer to the limitations, exclusions and waiting periods in the product brochure.