



AFEUSA PRODUCT SUMMARY

On becoming a member of the Association For Entrepreneurship USA (AFEUSA), it provides Network, Resources and Benefits. As a member of AFEUSA, by joining the ten's thousands of other individuals in taking this step to enjoy the significant benefits that are now available to you as a member of AFEUSA. Our AM BEST Rated carriers provide valuable benefits for those who enroll.

In order to help you understand how your benefit plan works and provide you with peace of mind and security, we have provided a few of the key features and plan highlights below. Please refer to the specific brochure of Coverage Outlines, Limitations, Exclusions, and AFEUSA Membership Requirements.

AFEUSA Offers the following Insurance Programs:

- Dental Coverage
- Critical Illness Plan
- Accident Medical Plan
- Accident & Sickness Hospital Indemnity Insurance

ACCIDENT AND SICKNESS HOSPITAL INDEMNITY BENEFIT DESCRIPTIONS

In-Hospital Indemnity Benefit

We will pay the daily In-Hospital Benefit Amount, after the Elimination Period shown above, for each day a Covered Person is In-Hospital due to a Sickness or Accident. The first day of a Hospital stay must occur within 30 days of the Accident, causing the Injury.

Intensive Care Unit Indemnity Benefit

We will pay the daily Intensive Care Unit Benefit Amount, after the Elimination Period shown above, for each day of Confinement if an Accident or Sickness causes a Covered Person to be Confined in an Intensive Care Unit. This benefit is paid in addition to the In-Hospital Benefit Amount. The first day of Confinement in the Intensive Care Unit must occur within 30 days of the Accident.

Emergency Room Indemnity Benefit

We will pay the Emergency Room Benefit Amount if an Accident or Sickness causes the Covered Person to require and receive Emergency Medical Care in an emergency room of a Hospital. Treatment must be received within 24 hours of the Accident.

Physician Office Visit Indemnity Benefit

We will pay the Physician Office Visit Indemnity Benefit Amount for a Physician office visit as a result of an Accident or Sickness.

Hospital Indemnity Plan	Plan #1	Plan #2	Plan #3	Plan #4
In Hospital Indemnity (1 Day Elimination Period for Accident or Sickness)	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Intensive Care Unit (1 Day Elimination Period for Accident or Sickness)				
	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Monthly Rates	Plan #1	Plan #2	Plan #3	Plan #4
Primary Member	\$14.22	\$28.43	\$42.65	\$56.87
Primary Member + Spouse/Domestic Partner	\$25.02	\$50.04	\$75.06	\$100.08
Primary Member + Dependent Child(ren)	\$26.15	\$52.29	\$78.44	\$104.59
Family	\$35.66	\$71.31	\$106.97	\$142.62

Hospital Indemnity Plan	Plan #5	Plan #6	Plan #7	Plan #8
In Hospital Indemnity (One Day Elimination Period for Accident or Sickness)	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Intensive Care Unit (One Day Elimination Period for Accident or Sickness)				
	\$250 per day	\$500 per day	\$750 per day	\$1,000 per day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
ER Visit (Limit one Visit per Day):	\$100 per day	\$150 per day	\$200 per day	\$250 per day
Max Number of Days Per Plan Year	2	2	2	2
Physician Office Visit (Limit one Visit per Day)	\$25 per day	\$50 per day	\$75 per day	\$100 per day
Max Number of Days per Plan Year:	2	2	2	2
Monthly Rates	Plan #5	Plan #6	Plan #7	Plan #8
Primary Member	\$41.94	\$81.31	\$128.61	\$160.05
Primary Member + Spouse/Domestic Partner	\$73.81	\$143.10	\$226.35	\$281.68
Primary Member + Dependent Child(ren)	\$77.14	\$149.54	\$236.54	\$294.36
Family	\$105.18	\$203.92	\$322.55	\$401.40

Benefits for Member's Spouse or Domestic Partner are paid at 100% of the benefit amount for any covered loss; Dependent Child benefits are paid at 50% of the benefit amount listed for any covered loss.

Agent Use Only. This is a summary and Detail Plan Designs, Limitations & Exclusions are available up request.



ACCIDENT MEDICAL EXPENSE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

- Spouse and covered Children's AME amount is equal to the Primary Insured benefit amount.
- Spouse's AD&D amount is 60% of the Primary Insured benefit amount.
- Covered Children AD&D amount is 20% of the Primary Insured benefit amount.
- Rates are per member per month.

Accident Plan	Plan #1	Plan #2	Plan #3	Plan #4
Accident Medical Expense	\$2,500	\$5,000	\$7,500	\$10,000
AD&D	\$5,000	\$10,000	\$15,000	\$20,000
Zero Deductible Plans	Plan #1	Plan #2	Plan #3	Plan #4
Primary Member	\$12.00	\$15.00	\$17.00	\$20.00
Primary Member + Spouse/Domestic Partner	\$24.00	\$30.00	\$34.00	\$40.00
Primary Member + Dependent Child(ren)	\$27.60	\$34.50	\$39.10	\$46.00
Family	\$33.60	\$42.00	\$47.60	\$56.00
\$250 Deductible Plans	Plan #1	Plan #2	Plan #3	Plan #4
Primary Member	\$9.49	\$12.28	\$14.07	\$16.74
Primary Member + Spouse/Domestic Partner	\$18.97	\$24.55	\$28.14	\$33.48
Primary Member + Dependent Child(ren)	\$21.82	\$28.23	\$32.36	\$38.50
Family	\$26.56	\$34.37	\$39.40	\$46.87

Accidental Death and Dismemberment Schedule of Losses	
Primary Member Principal Sum Amount for Accidental:	
Loss of Life	100% of Principal Sum
Loss of Speech and Loss of Hearing	100% of Principal Sum
Loss of Speech and one of Loss of Hand, Loss of Foot, or Loss of Sight in One Eye	100% of Principal Sum
Loss of Hearing and one of Loss of Hand, Loss of Foot, or Loss of Sight in One Eye	100% of Principal Sum
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or a combination of any two of Loss of Hand, Loss of Foot, or Loss of Sight of One Eye	100% of Principal Sum
Loss of Hand, Loss of Foot, or Loss of Sight of One Eye (Any one of each)	50% of Principal Sum
Loss of Speech or Loss of Hearing	50% of Principal Sum
Loss of Thumb and Index Finger of the same Hand	25% of Principal Sum



CRITICAL ILLNESS INSURANCE

Why Critical Illness Coverage?

Additional costs associated with critical illnesses may not be covered by health insurance and may leave survivors and their families with unpaid expenses. Critical Illness insurance may help to pay unexpected out of pocket costs. Critical Illness is available for individual or family coverage. Critical Illness insurance pays the applicable benefit amount if an Insured Person, while insured under this policy, is first Diagnosed with a covered condition, subject to the Pre-Existing Condition exclusion.

How can I use the money?

Critical Illness Benefits are paid directly to you or your designees, regardless of any other insurance you may have. You choose how to spend the money at a time when you and your family may need extra cash the most.

The lump sum benefit amount can help with:

- Co-pays and deductibles
- Medical bills
- Bills
- Home healthcare
- Extra recovery time
- Living expenses

Category	Covered Critical Condition	Plan #1	Plan #2	Plan #3	Plan #4
	Critical Condition Benefit Amount*	\$5,000	\$10,000	\$15,000	\$20,000
Cancer	Type 1 Cancer	100%	100%	100%	100%
Heart & Circulatory	Heart Attack	100%	100%	100%	100%
Heart & Circulatory	Stroke	100%	100%	100%	100%
Monthly Rates		Plan #1	Plan #2	Plan #3	Plan #4
Primary Member		\$6.45	\$12.89	\$19.34	\$25.79
Primary Member + Spouse/Domestic Partner		\$12.89	\$25.78	\$38.68	\$51.57
Primary Member + Dependent Child(ren)		\$6.65	\$13.30	\$19.96	\$26.61
Family		\$13.15	\$26.30	\$39.44	\$52.59

*The benefit amount for a covered spouse is equal to the Primary Member's benefit amount. The benefit amount for a covered Dependent Child is equal to 25% of the Primary Member's benefit amount.

The plan will pay a maximum of 100% per category for each Critical Condition suffered by the Insured Person. Benefits are paid one time for each category of Critical Condition. The Lifetime Maximum Benefit Amount that We will pay for each Insured Person* under this policy is 200% of the Benefit Amount for all occurrences combined for all Covered Conditions. Coverage under this policy ceases when the Lifetime Maximum Amount has been reached. Any amount payable under this policy will be reduced by 50% if an Insured Person is age 70 or older on the date the benefit becomes payable.

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AFEUSA dental plan



With the Association for Entrepreneurship USA (AFEUSA) membership, you can choose best in class dental coverage from United Concordia Dental. 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.

About United Concordia Insurance Company:

- More than 9.1 Million Members (including 1.8 million Tricare members) nationally
- 45+ Years of Experience
- Revenues exceeding \$1.6 Billion in 2020
- A.M. Best Rating of “A” (Excellent)

AFEUSA is pleased to offer members this dental coverage exclusively through United Concordia Dental. After a member purchases the plan, it is important for a member to retain the membership. A provision of these dental plans; if a member (and/or dependents) chooses to terminate this coverage, they are not permitted to re-enroll in these dental plan(s) for a minimum of 12 months after the termination of coverage.

THIS COVERAGE AVAILABLE ONLY TO AFEUSA MEMBERS. Coverage is available to members residing in most states through AFEUSA (an Illinois based entity) and United Concordia Insurance Company. Dental providers are available in all states. Coverage is not available in AK, AR, CO, IA, KS, ME, MD, MO, MT, NV, NM, NY, NC, OR, SD, UT, WA

Unique features

No Waiting Periods

First day coverage from the effective date - Implants covered under Major Services.

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.

*Only available to Silver and Gold plan members. No takeover of current balances. Calendar Year Maximum is per person, per year. Please refer to the Annual Maximum Rollover Member Flyer in the Member Portal for more details on this benefit feature. Annual maximum rollover is \$300. To obtain the maximum rollover benefit of \$1200 would require 4 years of participation at the maximum annual rollover amount of \$300.

*No takeover of current balances.



Details – Benefit Summary

	Silver plan	Gold plan	Platinum plan
Maximum Calendar Year Benefit Per Covered Insured	\$1,500**	\$3,500**	\$5,000
Calendar Year Deductible Per Covered Insured	\$50* (waived for Preventive/ Diagnostic)	\$100*	\$150* (waived for Preventive/ Diagnostic)
Preventive/Diagnostic Services Routine exams, cleanings, bitewing X-rays, fluoride treatments, space maintainers, sealants	50%	100%	100%
Basic Services Full mouth X-rays, Emergency Exams and Palliative (paid relief) treatment, Fillings (silver amalgam) and tooth colored (composite) on front teeth, oral surgery (simple extractions), recementation of bridges, crowns, onlays	50%	70%	70%
Major Restorative Services Oral surgery (surgical extractions including general anesthesia, IV sedation), all other oral surgery, 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	50%	70%	70%
Member Plans	Monthly Rates*		
Member	\$29.99	\$56.49	\$64.69
Member + Spouse or Child	\$52.99	\$101.99	\$117.29
Member + Family	\$73.99	\$149.99	\$175.49

Out of Network Reimbursement: MAC (Maximum Allowable Charge)

Dental benefits through AFEUSA and United Concordia are not available in all states.

*Retail Price excludes required AFEUSA Monthly Dues
** Subject to the Annual Maximum Rollover feature



Example of benefits line by line

Preventive/Diagnostic Services

- Routine Exams
- Cleanings
- Bitewing X-rays
- Fluoride Treatments
- Space Maintainers
- Sealants

Basic Services

- Full Mouth X-rays
- Emergency Exams and Palliative (pain relief) Treatment
- Fillings (silver (amalgam) and tooth colored (composite) on front teeth)
- Oral Surgery (simple extractions)
- Recementation of Bridges, Crowns, Onlays

Major Restorative Services

- 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

Deductibles and Maximums

- Annual Program Deductible
- Annual Program Maximum (per person)

Out-of-Network Reimbursement



Concordia Flex[®] PPO

Description

Concordia Flex allows members to receive care from any licensed dentist.

Our contracted networks of dentists:

- Must accept our Maximum Allowable Charge schedules (MACs) as payment-in-full for covered services
- Cannot balance bill members for covered services
- Abide by our utilization review decision
- File claims directly with United Concordia

Additionally, most of our participating dentists accept our allowances as payment in full for non-covered services (e.g., whitening) and services above the annual program maximum, lowering out-of-pocket expenses for members.

United Concordia Dental PPO

With United Concordia Dental PPO:

- You can go to any licensed general or specialty dentist.
- You will maximize your benefits by receiving care from a United Concordia Dental PPO network dentist.
- United Concordia Dental's network dentists have agreed to reduced fees as payment in full, which means you will likely save money by going to a United Concordia Dental PPO 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. United Concordia Dental pays its portion directly to network dentists.

Finding a Dentist

Visit our website at: www.UnitedConcordia.com/find-a-dentist/#/ and enter an address/city/state/zip - and/or the name of the dentist or practice, then click "Search". When the search asks for "Select your network", from the drop-down, ALWAYS click on the "Advantage Plus" network.

Benefits of using the United Concordia Dental Network Dentists versus using Non-Network Dentists

- United Concordia Dental PPO: Lowest out-of-pocket costs and network protection.
- Non-network: You may have the highest out-of-pocket costs.

After you become an AFEUSA member and purchase the United Concordia Dental plan, an email confirmation of your enrollment will be sent, with instructions how to access/review your AFEUSA membership portal. This will give you access to



instructions how to download/print your ID card; which is also available to you by registering on the United Concordia web site a few business days after you purchase the coverage

Also, after your coverage is in effect, you can create an account on the United Concordia Dental website; [Create an Account \(unitedconcordia.com\)](http://unitedconcordia.com)

It will allow you to:

- Check status of claims
- Review coverage information
- Access 'My Dental Assessment'

You will need your ID card number / SSN of the primary person enrolled.

Questions about your United Concordia Dental insurance?

Call us**:

PPO Plans 1-800-332-0366

**For TTY, Dial 711

Write to us:

United Concordia Dental
Companies, Inc.
Dental Customer Service Department
P.O. Box 69420
Harrisburg, PA 17106-9420

This advertisement is not an offer of coverage or proposal of insurance. The Group Policy/Contract and Certificate of Insurance/Coverage ("Plan Documents") include a complete listing of covered services, limitations, exclusions, and cancellation and renewal provisions. Plan documents are available for your review prior to your effective date. In the event of conflict, the Plan Documents will govern. PPO products underwritten by United Concordia Insurance Company (UCIC) and administered by United Concordia Companies, Inc. (UCCI). Not all products are available in all jurisdictions. United Concordia policies are limited benefit policies covering only dental benefits. For a complete listing of the products and services available in your area, the specific company licensed to provide those products, and exclusions, limitations, renewal, cancellation, and cost information, contact a United Concordia account representative or visit UnitedConcordia.com. The administrative office of UCCI and/or its licensed corporate affiliates is located at 1800 Center Street, Suite 2B 220, Camp Hill, PA 17011. Complete application required to effectuate coverage.



AFEUSA MEMBERSHIP LEVELS

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.

Basic AFEUSA is required to enroll into any of the insurance plans.

Benefits	SELECT BASIC	SELECT SILVER	SELECT GOLD	SELECT PLATINUM	SELECT DIAMOND
1-800MD	X	X	X	X	X
Rx Valet	X	X	X	X	X
Vision Service Plan (VSP)	X	X	X	X	X
ACI Legal Plan		X	X	X	X
ACI Counseling		X	X	X	X
ACI Child Care		X	X	X	X
Answer Financial		X	X	X	X
Pet Assure			X	X	X
NSD Auto Towing Program			X	X	X
Cyber Lock			X	X	X
NAVIGO Health Laboratory Testing				X	X
My E Wellness					X
Careington Dental Vision Hearing					X
Monthly Dues	\$10.95	\$19.95	\$29.95	\$39.95	\$49.95

Benefits
Health & Well-being
Burnalong
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

Benefits
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

Benefits
Education/Business Coaching
Genious Network
Big Results Academy
goSmallBiz.com
The Messinger Institute
SocialCore Marketing
Joel Weldon
Empowered Couples University
Legal Shield/Identify Shield
InfoArmor by Allstate
Legal Shield
ID Shield