



At work for you.

ASBA has partnered with your agent to bring you exclusive member-only discounts and benefits.



The American Senior Benefits Association (ASBA) has over 30 years of experience serving Americans age 50 and up. ASBA is a non-political, national 501(c)(3) charitable organization focused on education, member benefits and supporting worthy causes.

ASBA has over 700,000 members today, and continues to grow.

What makes ASBA exceptionally unique, is that ASBA is **FREE TO JOIN**. ASBA does not charge membership fees

Benefits

ASBA offers more than 100 member programs. Our members can take advantage of dental, vision, life, health, long term care, short term care, medicare supplement insurance and more.

ASBA works with partners who represent best-in-class benefit providers and insurance companies at highly competitive pricing. ASBA also offers great shopping, dining and travel programs. The ASBA programs are always being enhanced to deliver an exceptional member experience.

Charitable Efforts

ASBA has donated millions over the years to worthy causes. Most recently, ASBA has focused on rare diseases affecting children. **We have been honored to be able to give over \$2 Million dollars over the last 10 years to Cystic Fibrosis, Kidz1st Fund (fighting Fanconi Anemia), Autism Speaks, and more through our annual charity event, the Hill Country Classic.** We are always looking for more ways to give back.

Education

In addition to our charitable efforts, ASBA also focuses on education.

ASBA has given away thousands of dollars in college scholarship grants to members' children and grandchildren through our college scholarship program found [here](#).

ASBA also offers educational content so that our members have access to news and information that can help guide them through life's many stages. Topics on health, wealth, wellness and lifestyle are continuously being shared.

The ASBA® 360 Benefit Packages- exclusively for members!



These exceptional Dental, Vision and Hearing benefit packages are immediately available to you when you enroll in the ASBA360 Essential or Choice plan.

TWO PLANS TO CHOOSE FROM: ESSENTIAL AND CHOICE

Dental Benefits ¹	ESSENTIAL PLAN		CHOICE PLAN		Dental Rewards		
	In-Network*/Out-of-Network	In-Network*/Out-of-Network	In-Network*/Out-of-Network	In-Network*/Out-of-Network			
What the plan pays							
Type 1: Routine cleanings & routine oral exams, bitewing/full mouth x-rays	100%		70% 1st calendar year ** 80% 2nd calendar year 90% 3rd calendar year 100% 4th calendar year		These dental plans include a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Members and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.		
Type 2: Fillings, restorative composites & denture repair	50%		50% 1st calendar year ** 60% 2nd calendar year 70% 3rd calendar year 80% 4th calendar year		Benefit Threshold: \$750 Dental benefits received for the year cannot exceed this amount		
Type 3: Root canals, gum disease, crowns, dentures, oral surgery, implants & general anesthesia	20%		20% 1st calendar year ** 30% 2nd calendar year 40% 3rd calendar year 50% 4th calendar year		Annual Carryover Amount: \$250 Dental Rewards amount is added to the following year's maximum		
Deductible (per person)	\$25 per visit		\$25 per visit		Maximum Carryover: \$1,000 Maximum possible accumulation for Dental Rewards		
Dental Maximum (per person)	\$1,500 per calendar year		\$5,000 per calendar year				
Vision Benefits	In-Network*						
Frequency							
Exam	every 12 Months		every 12 Months				
Frames/Lenses	n/a		every 24 Months				
Copays							
Exam	\$0.00 copay		\$5.00 copay				
Materials Combined	n/a		\$30.00 copay				
Benefits							
Exam	Covered in full		Covered in full ***				
Frame			\$120 allowance ***				
Lenses							
Single, Lined Bifocal & Trifocal	20% savings on complete pair of prescription eye glasses		Covered in full ***				
Polycarbonate for Children			Covered in full ***				
Standard Progressives			Covered in full ***				
Premium Progressives			\$95 - \$105 copay				
Custom Progressives			\$150 - \$175 copay				
Other Lens Options			Average 30% savings				
Elective Contact Lenses	n/a		\$100 allowance *				

You have the ability to visit any licensed dentist, you will receive the greatest out of pocket savings if you see an in-network PPO provider.

*When using an out-of-network provider, you will likely pay the highest expenses and be balanced billed. ** Plan coverage increases each year. Increase is subject to the individual requirement of one dental claim per year. In absence of a dental claim the coinsurance reverts back to the beginning benefit. *** Less any applicable copays. Based on applicable laws, reduced costs may vary by doctor location.

Dental underwritten by
Ameritas 

Vision services through
VSP 

360 ESSENTIAL PACKAGE MONTHLY RATES

REGION PRICING:	1	2	3	4	5
Member	 \$49.75	\$53.66	\$61.51	\$65.76	\$73.82
Member + Spouse/Child	 \$87.50	\$95.42	\$101.15	\$109.76	\$126.12
Member & Family	 \$122.38	\$137.86	\$151.32	\$168.13	\$198.52

360 CHOICE PACKAGE MONTHLY RATES

REGION PRICING:	1	2	3	4	5
Member	 \$64.76	\$71.55	\$82.02	\$87.68	\$98.42
Member + Spouse/Child	 \$116.67	\$127.23	\$134.87	\$146.35	\$168.17
Member & Family	 \$163.18	\$183.82	\$201.77	\$224.18	\$264.70

Only available to AMERICAN SENIOR BENEFITS ASSOCIATION Members



DENTAL LIMITATIONS

Covered Expenses will not include and benefits will not be payable for expenses incurred:

1. for initial placement of any prosthetic crown, appliance, or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such prosthetic crown, appliance, or fixed partial denture must include the replacement of the extracted tooth or teeth.
2. for appliances, restorations, or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion; or
 - c. splint or replace tooth structure lost as a result of abrasion or attrition.
3. for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this contract terminates.
4. to replace lost or stolen appliances.
5. for any treatment which is for cosmetic purposes.
6. for any procedure not shown in the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures for details.)
7. for orthodontic treatment under this benefit provision. (If orthodontic expense benefits have been included in this policy, please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision found on 9260).
8. for which the Insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
9. for charges which the Insured person is not liable or which would not have been made had no insurance been in force.
10. for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
11. because of war or any act of war, declared or not, while serving in the Armed Forces.

