

## EyeMed Discount Vision

EyeMed Discount Vision included for your entire family on every plan

- No Maximums
- No Waiting Periods
- No Claims to Submit
- No Visit Limitations

independent providers and leading optical retailers such as:



In addition the EyeMed Access Network offers convenient availability of quality

### Summary of Vision Benefits

Vision Care Services	Member Cost
Exam with Dilatation as Necessary:*	\$5 off routine exam \$10 off contact lens exam
<i>Complete Pair of Glasses Purchase: frame, lenses and lens options must be purchased in the same transaction to receive full discount.</i>	
<b>Standard Plastic Lenses:</b>	
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Progressive	\$135
<b>Frames:</b>	
Any frame available at provider location	35% off retail price
<b>Lens Options:</b>	
UV Coating	\$15
Tint (Solid & Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$40
Standard Anti-Reflective Coating	\$45
Other Add-ons & Services	20% Discount
<b>Contact Lens Materials:</b> (Discount applies to materials only)	
Disposable	N/A
Conventional	15% off retail price
<b>Laser Vision Correction:</b>	
Lasik or PRK	15% off retail price -or- 5% off promotional price

\* Under contract, ACCESS Vision Providers may charge usual & customary rates for a comprehensive exam up to a contracted fee per region.

The EyeMed Discount Vision Plan is a fee for service discount plan, it is not an insured product. This program provides discounts only from a certain network of vision providers. The member is responsible to pay for all services but will receive a discount from vision providers who are contracted on the EyeMed Network.

### Three easy ways to enroll:

1. Enroll online\* at [www.DentalSelect.com](http://www.DentalSelect.com) & waive the \$15 enrollment fee.
2. Visit [www.DentalSelect.com](http://www.DentalSelect.com) and print out the Enrollment Form and return to Dental Select with your \$15 enrollment fee included
3. Call your insurance agent

Agent Name:	Agent #:
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\*Call a Dental Select representative at 1-800-999-9789 with enrollment questions.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are for comparison and in case of discrepancy, the plan documents apply. Visit [www.DentalSelect.com](http://www.DentalSelect.com) for plan rates, a complete description of benefits, limitations and exclusions.

# Individual Dental Plans Utah



## Sign Up Today

### A Dental Select Individual Plan:

- Will reduce your out-of-pocket costs for needed dental care
  - Is affordable and convenient
  - Is widely accepted by providers across the state
- Includes EyeMed Discount Vision with EVERY dental Plan
  - Offers an orthodontic discount or insured benefit



ENROLL ONLINE AT: [www.DentalSelect.com](http://www.DentalSelect.com)

Toll Free Phone: 800-999-9789 Toll Free Fax: 888-998-8711

Plan Summary of Benefits	Discount Plan	Co-Pay Plans		Co-Insurance Plans	
<b>Which networks can I use?</b>	<b>Silver Only</b>	<b>Gold or Platinum</b> General Dentists Only		<b>Gold or Platinum</b>	
<b>When is my plan effective?</b>	Available the day you enroll	1st day of the following month from the date we receive your enrollment		1st day of the following month from the date we receive your enrollment	
<b>Who can I include on my plan?</b>	Spouse, Children, Grandchildren, Parents & Grandparents	Spouse & any unmarried children up to age 26		Spouse & any unmarried children up to age 26	
<b>What if I require specialist services?</b> (You are not required to receive services from a specialist, most general dentists perform specialist services)	Members receive discounts on all services from in-network specialists	Members receive a 20% discount by all in-network specialists. No waiting periods or deductibles apply to the discount		After waiting periods and deductibles are met members receive a paid benefit for covered services provided by both general and specialist providers	
<b>Type of Plan</b>	<b>Fee-for-Services Discount plan</b> (contracted provider discount only)	<b>Insured</b>		<b>Insured</b> In-Network and Out-of-Network Provider*	
<b>Preventive</b> Cleanings (2 per year), exams, fluoride (14 & under) and x-rays	<b>Up to 90%</b> Fee Reduction	<b>In-Network</b>	<b>Out-of-Network</b>	<b>Option 1</b>	<b>Option 2</b>
<b>Basic</b> Includes fillings and oral surgery	<b>Up to 60%</b> Fee Reduction	<b>100%</b>	Refer to website for Partial Schedule of Co-Payments Out-of-Network D.S. Payment	<b>100%</b>	<b>100%</b>
<b>Major</b> Includes crowns, bridges, periodontics, endodontics & dentures	<b>Up to 50%</b> Fee Reduction	<b>Up to 70% Coverage</b>		<b>70%</b>	<b>80%</b>
<b>Deductible</b> Per calendar year. Maximum three per family. Applies to all services	<b>None</b>	<b>Up to 50% Coverage</b>		<b>50%</b>	<b>50%</b>
<b>Maximum Benefit</b> Applies to all services excluding orthodontics Per person, per calendar year	<b>No Maximum</b>	<b>\$25/\$75</b>		<b>\$75/\$225</b>	<b>\$50/\$150</b>
<b>Waiting Periods:</b>		<b>No Maximum</b>		<b>\$1,000</b> (of which \$500 per year can be used for Major Services)	
<b>Basic</b>	<b>None</b>	<b>6 Months</b>	<b>6 Months</b>	<b>6 Months</b>	<b>6 Months</b>
<b>Major</b>	<b>None</b>	<b>12 Months</b>	<b>12 Months</b>	<b>18 Months</b>	<b>15 Months</b>
<b>Orthodontic</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>None</b>	<b>Discount - None Insured - 24 months</b>
<b>Orthodontics</b>	<b>20% Discount</b> (In-Network)	<b>20% Discount</b> (In-Network)	<b>No Coverage</b>	<b>20% Discount</b> (In-Network)	<b>Adults – 20% Discount</b> (In-Network) <b>Children 18 and under</b> <b>50% Insured after 20% Discount</b> (In-Network)
<b>Orthodontic Maximum</b>	<b>No Maximum</b>	<b>No Maximum</b>		<b>No Maximum</b>	<b>\$500 per year</b> <b>\$1,000 lifetime maximum</b>

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\* For services rendered by out-of-network providers the patient is responsible for the difference between the plan payment and the provider's standard fee.

No balance billing for services rendered by an in-network provider.

