

## PLAN SUMMARIES

	Discount Plan	Co-Pay Plan	Co-Insurance Plan
Which Networks Should I Use?	Silver only	Gold & Platinum General Dentists Only	Gold & Platinum
When is my plan effective?	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
Who can I include on my plan?	Spouse, Children, Grandchildren, Parents & Grandparents	Spouse & any unmarried children up to age 26	Spouse & any unmarried children up to age 26
What if I require specialist services? (You are not required to receive services from a Specialist; most general dentists perform specialist services.)	Members receive a 20% discount on all services from contracted specialists	Members receive a 20% discount by all contracted 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.

Type of Plan	Fee-for-services Discount Plan* Contracted discount only	Insured		Insured			
		Contracted	Non-Contracted	Option 1		Option 2	
				Contracted	Non-Contracted**	Contracted	Non-Contracted**
<b>Preventive</b> Cleanings (2 per year), exams, fluoride & x-rays	Up to 70% Fee Reduction	100%	Refer to website for partial schedule of Co-Payments Non-Contracted D.S. Payment	100%	100% of fee schedule	100%	100% of fee schedule
<b>Basic</b> Fillings & oral surgery	Up to 60% Fee Reduction	Up to 70% Coverage		70%	70% of fee schedule	80%	80% of fee schedule
<b>Major</b> Crowns, bridges, endodontics, periodontics, & dentures	Up to 50% Fee Reduction	Up to 50% Coverage		50%	50% of fee schedule	50%	50% of fee schedule
<b>Deductible</b> Per person, effective date year Applies to all basic and major services	None	\$25/\$75		\$75/\$225		\$50/\$150	
<b>Maximum Benefit</b> Per person, effective date year Applies to preventive, basic & major services	Unlimited	Unlimited		\$1,000 (or which \$500 per year can be used for Major Services)			
<b>Waiting Periods</b>							
	Basic	None	6 months	6 months		6 months	
	Major	None	12 months	18 months		15 months	
	Orthodontic	None	None	None		Discount - None Insured - 24 months	

<b>Orthodontics</b> No waiting periods Non-Insured coverage	Children & Adults	20% Discount Contracted	20% Discount Contracted	No Coverage	20% Discount Contracted	Adults - 20% Discount Contracted Children 18 & under 50% Insured after 20% Discount Contracted
<b>Orthodontic Maximum</b>		Unlimited	Unlimited		Unlimited	\$500 per year \$1,000 Lifetime Maximum

\*The Discount Plan is not a dental insurance policy. This program provides discounts only from a specific network of dental providers. The member is responsible to pay for all services but will receive a discount from dental providers who are contracted on Dental Select's Silver Network.

\*\*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 a contracted provider.

Important Notice: This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which the policy was delivered. Complete details may be found in the policies. The policy is subject to the laws of the state in which it was issued.



Plans are underwritten by ACE American Insurance Company and rated A++ (Superior) by A.M. Best. (Ratings are an indication of the company's financial strength and ability to meet obligations to its insureds)

DentalSelect

DISCOUNT VISION  
INCLUDED ON EVERY DENTAL PLAN



Dental Select's vision products are provided through EyeMed Vision Care which offers access to more than 75,000 independent practitioners and optical retail providers at more than 27,000 locations nationwide.

## PLAN HIGHLIGHTS

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

To find a Discount Network provider near you, visit [dentalselect.com](http://dentalselect.com) or call member services at 1-800-999-9789.

### Discount Vision - Summary of Vision Benefits

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



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.