



## Dental, Vision and Hearing Select

Online Enrollment Link: www.dentalvisionplans.org

Underwritten by Family Life Insurance Company

### The Importance of Dental | Vision | Hearing

- Help maintain quality of life
- Financial protection in unforeseen situations that are painful, inconvenient, and expensive
- Basic Medicare does not cover dental, vision or hearing expenses

#### **PRODUCTS HIGHLIGHTS**

- Individual ages 18 99
- Family rates (include up to 3 children)
- \$0 deductible (does not apply to Preventive Services)
- Glasses, Contacts and Hearing Aid benefits
- Guaranteed renewable for life\*

- Choose your dentist *(in-network or out-of-network)* 
  - policy year maximum benefit
- Orthodontia benefit

• \$5.000

- No waiting periods for Dental Services (except Orthodontia)
- Guaranteed issue

\* Subject to our right to change premiums.

#### Flexibility to choose . . .



**Dental and Vision** 

**Dental and Hearing** 

Dental, Vision and Hearing

Dental, Vision and Hearing Select from Family Life was designed with you in mind. With the ability to choose specific benefits, you can customize a plan tailored to fit your needs.



<sup>1</sup> Centers for Disease Control and Prevention. Oral Health Surveillance Report: Trends in Dental Caries and Sealants, Tooth Retention, and Edentulism, United States, 1999–2004 to 2011–2016. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2019.

<sup>2</sup> Eke P, Thornton-Evans G, Wei L, Borgnakke W, Dye B, Genco R. Periodontitis in US adults: National Health and Nutrition Examination Survey 2009-2014. JADA. 2018;149(7):576-586.

#### Eligibility: Ages 18 - 99

Plan

Benefits

Policy Year Maximum Benefit: \$5,000

Policy Year Deductible:

**\$0** 

			In-Network	Out-of-Network
Dental Coverage	<ul><li>Preventive Services</li><li>Dental Exams; 2 per year</li><li>Cleanings; 2 per year</li></ul>	<ul> <li>Bitewing X-Rays; 2 per year</li> <li>Fluoride treatment is for age 16 and under; 2 visits per year</li> </ul>	100% of contracted rate	80% of UCR
	<ul> <li>Basic Services</li> <li>Limited Oral Evaluation</li> <li>Diagnostic Consultation</li> <li>Emergency Palliative Treatment</li> <li>Panoramic X-Ray</li> <li>Periapical X-Ray</li> <li>Periodontal Non-Surgical Service</li> </ul>	<ul> <li>Basic Restorative Service</li> <li>Filling</li> <li>Basic Oral Surgery</li> <li>Periodontal Service</li> <li>Non-Surgical Extraction</li> </ul>	65% of contracted rate 1st yr. 80% thereafter	65% of UCR 1st yr. 80% thereafter
	Major Services <ul> <li>Major Restorative Service</li> <li>Inlay/Onlay/Crown</li> <li>Endodontic Service</li> </ul>	<ul> <li>Periodontal Service</li> <li>Prosthodontic Service</li> <li>Implants<sup>2</sup></li> </ul>	20% of contracted rate 1st yr. 50% thereafter	20% of UCR 1st yr. 50% thereafter
	All Other Medically Necessary (services not listed above)	Services	20% of contracted rate 1st yr. 50% thereafter	20% of UCR 1st yr. 50% thereafter
	<ul> <li>Orthodontia <sup>1</sup></li> <li>Straightening of teeth (for all ages</li> <li>Lifetime max \$1,500 <sup>2</sup></li> </ul>	3)	Year 1 - N/A Year 2+ - 50%	N/A
Vision Rider	Vision Services • Eye Exam • Single Lenses • Trifocal Lenses • Eyeglass Frame <sup>3</sup> • Anti-Reflective Lenses • Polycarbonate Lenses • Contact Lens Fitting Fee	<ul> <li>Refraction</li> <li>Bifocal Lenses</li> <li>Progressive Lenses</li> <li>Contact Lenses</li> </ul>	60% of UCR 1st yr. 70% of UCR 2nd yr. 80% of UCR thereafter 1 per year \$200 maximum per year \$45; 1 per year \$40; 1 per year \$15; 1 per year	
Hearing Rider	Hearing Services <ul> <li>Hearing Exam</li> </ul>	<ul> <li>Hearing Aid and Necessary Repairs or Supplies<sup>1</sup></li> </ul>	\$750 maximum (per ear, per year)	

# Careington

We continue our history of "Standing By You" through our partnership with Careington Maximum Care PPO Dental Network. Our partnership provides policyholders access to discounted costs on a wide range of services.

#### **CAREINGTON NETWORK\***

Clients can access the Careington Maximum Care PPO Dental Network. Use of network is completely optional.

- Policyholders can benefit from choosing a dental provider from the Careington Dental Network.
- Policyholders can also use the dentist of their choice, even if they are not part of the dental network.
- Network discounts may help extend the policy year maximum with reduced charges.
- Careington can be contacted at (800) 290-0523.



So while you can choose your own dentist, visiting a Careington dental network provider offers greater savings and discounts.

Find an in network dentist: https://www.careington.com/members/find-a-provider/

## **Understanding How Your Benefits Work**

	In-Network						
	Peter goes to his Careington Network dentist for a regular check-up. Upon examination, the dentist realizes that Peter needs a filling. Luckily, Peter has a Dental Plan with Family Life. He has met his \$100 annual deductible.						
Coverage	Procedure:	Provider Charge	In-Network Cost	Family Life Pays	You Pay		
	Dental Exam	\$150	\$35	100% Preventative day one; \$35.00	\$0		
	Filling	\$275	\$99	65% Basic day one; (of In-Network Cost = \$64)	\$35 (\$99 - \$64)		
	Total	\$425	\$134	\$99	\$35		
	Out-of-Network						
Dental (	Peter chose not to use the Careington Network and instead goes to an out-of-network dentist for a regular check- up. Upon examination, the dentist realizes that he needs a filing. Peter has a Dental plan with Family Life. He has met his \$100 annual deductible.						
	Procedure:	Provider Charge	Out- of-Network Cost*	Family Life Pays	You Pay		
	Dental Exam	\$150	\$96	80% Preventative day one; (of Usual and Customary = \$77)	\$73 <i>(\$150 - \$77)</i>		
	Filling	\$225	\$175	65% Basic day one; (of Usual and Customary = \$114)	\$111 <i>(\$225 - \$114)</i>		
	Total	\$375	\$271	\$191	\$184		
			*subject to the U	sual and Customary charges based in	n zip code 77092		
ı Rider	Earl goes to the Eye Doctor for an eye exam and gets glasses. He has had a Dental + Vision plan with Family Life for over a year and has met his annual deductible.						
	Procedure:*	Cost	Famil	y Life Pays	You Pay		
ר Rid	Procedure:* Eye exam	<b>Cost</b> \$60	Famil	y <b>Life Pays</b> 6 year two \$42	<b>You Pay</b> \$18		
<b>/ision Rid</b>			Famil 70%	ýyear two			
Vision Rider	Eye exam	\$60	<b>Fami</b> l 70% \$200	year two \$42 maximum;	\$18		
Vision Rid	Eye exam Eyeglass Frame	\$60 \$250	<b>Famil</b> 70% \$200 70%	\$ year two \$42 maximum; \$200 \$ year two \$81 <b>\$323</b>	\$18 \$50 \$34 <b>\$102</b>		
Vision Rid	Eye exam Eyeglass Frame Lenses	\$60 \$250 \$115	<b>Famil</b> 70% \$200 70%	6 year two \$42 9 maximum; \$200 6 year two \$81	\$18 \$50 \$34 <b>\$102</b>		
	Eye exam Eyeglass Frame Lenses <b>Total</b> After a 12 month waiti decline. His ENT specia	\$60 \$250 \$115 <b>\$425</b> ng period Brian deci alist recommends B	Famil 70% \$200 70% * <i>subject to the U</i> des to get his hearing che	6 year two \$42 maximum; \$200 6 year two \$81 <b>\$323</b> <i>sual and Customary charges based in</i> cked, as he's noticed a progress Ip relieve the hearing loss. Utilizi	\$18 \$50 \$34 <b>\$102</b> <i>n zip code 77092</i> ive hearing		
	Eye exam Eyeglass Frame Lenses <b>Total</b> After a 12 month waiti decline. His ENT specia	\$60 \$250 \$115 <b>\$425</b> ng period Brian deci alist recommends B	Famil 70% \$200 *subject to the U *subject to the U des to get his hearing che rian get hearing aids to he would have been covered a Famil	6 year two \$42 maximum; \$200 6 year two \$81 <b>\$323</b> <i>sual and Customary charges based in</i> cked, as he's noticed a progress Ip relieve the hearing loss. Utilizi as follows: <b>y Life Pays</b>	\$18 \$50 \$34 <b>\$102</b> <i>n zip code 77092</i> ive hearing		
	Eye exam Eyeglass Frame Lenses <b>Total</b> After a 12 month waiti decline. His ENT specia portion of the plan, his	\$60 \$250 \$115 <b>\$425</b> ng period Brian deci alist recommends B s exam and devices v	Famil 70% \$200 *subject to the U *subject to the U des to get his hearing che rian get hearing aids to he would have been covered a Famil	6 year two \$42 maximum; \$200 6 year two \$81 <b>\$323</b> <i>sual and Customary charges based in</i> cked, as he's noticed a progress Ip relieve the hearing loss. Utilizing as follows:	\$18 \$50 \$34 <b>\$102</b> <i>n zip code 77092</i> ive hearing ng the hearing		
Hearing Rider Vision Rid	Eye exam Eyeglass Frame Lenses <b>Total</b> After a 12 month waiti decline. His ENT specia portion of the plan, his <b>Procedure:*</b>	\$60 \$250 \$115 <b>\$425</b> ng period Brian deci alist recommends B exam and devices v <b>Cost</b>	Famil 70% \$200 *subject to the U des to get his hearing che rian get hearing aids to he would have been covered a Famil \$750 maximu \$750 maximu	6 year two \$42 maximum; \$200 6 year two \$81 <b>\$323</b> <i>sual and Customary charges based in</i> cked, as he's noticed a progress Ip relieve the hearing loss. Utilizing as follows: <b>1y Life Pays</b> m per ear, per year:	\$18 \$50 \$34 <b>\$102</b> ive hearing ing the hearing <b>You Pay</b>		
	Eye exam Eyeglass Frame Lenses <b>Total</b> After a 12 month waiti decline. His ENT specia portion of the plan, his <b>Procedure:*</b> Hearing Exam	\$60 \$250 \$115 <b>\$425</b> ng period Brian deci alist recommends B s exam and devices v <b>Cost</b> \$90	Famil 70% \$200 70% *subject to the U ides to get his hearing che rian get hearing aids to he would have been covered a Famil \$750 maximu \$750 maximu \$750 maximu \$1,500 - \$90 (He	6 year two 42 maximum; \$200 6 year two \$81 <b>\$323</b> <i>sual and Customary charges based in</i> cked, as he's noticed a progress lp relieve the hearing loss. Utilizit as follows: <b>y Life Pays</b> m per ear, per year: \$90 m per ear, per year:	\$18 \$50 \$34 <b>\$102</b> <i>n zip code 77092</i> ive hearing ing the hearing <b>You Pay</b> \$0		

\*For illustrative purposes only. Claims examples are subject to geographic region, out of network provider and usual & customary charges.



Underwritten by: Family Life Insurance Company Administrative Office: 10777 Northwest Freeway, Houston, TX 77092 Toll Free Telephone: 800-669-9030

Find an in network dentist: https://www.careington.com/members/find-a-provider/

Enrollment Agent **Jeffrey Rosner Tel/Text: 954-466-3205 Tel/Text: 903-866-7323 Tel/Text: 856-414-5944** 

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