



## Sign Up Today! Three Easy Ways To Enroll:

Enroll Online at:  
[www.dentalselect.com](http://www.dentalselect.com)

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.

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

## Our Plans Include the Federally-Mandated Pediatric Dental Essential Health Benefit

Dental 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 General Dentists Only</b>		<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 In-Network and Out-of-Network Provider*</b>	
<b>Preventive</b> Cleanings (2 per year), exams, fluoride (14 & under) and x-rays	<b>Up to 90% Fee Reduction</b>	<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% Fee Reduction</b>	<b>100%</b>	<b>Refer to website for Partial Schedule of Co-Payments</b> 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% Fee Reduction</b>	<b>Up to 70% Coverage</b>		<b>50%</b>	<b>70%</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>\$25/\$75</b>	<b>\$75/\$225</b>	<b>\$50/\$150</b>
<b>Maximum Benefit</b> Applies to all services excluding orthodontics Per person, per calendar year	<b>No Maximum</b>	<b>No Maximum</b>		<b>\$1,000</b> (of which \$500 per year can be used for Major Services)	
<b>Waiting Periods:</b>				<b>6 Months</b>	<b>6 Months</b>
<b>Basic</b>	<b>None</b>			<b>18 Months</b>	<b>15 Months</b>
<b>Major</b>	<b>None</b>			<b>None</b>	<b>Discount - None Insured - 24 months</b>
<b>Orthodontic</b>	<b>None</b>				
<b>Orthodontics</b>		<b>20% Discount (In-Network)</b>	<b>No Coverage</b>	<b>20% Discount (In-Network)</b>	<b>Adults – 20% Discount (In-Network)</b> <b>Children 18 and under 50% Insured after 20% Discount (In-Network)</b>
<b>Orthodontic Maximum</b>	<b>No Maximum</b>	<b>No Maximum</b>		<b>No Maximum</b>	<b>\$500 per year \$1,000 lifetime maximum</b>

\*For services rendered by Non-Contracted 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. This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. Please refer to your certificate of coverage (AH-10335) for a complete description of the plan benefits, limitations and exclusions.

**EyeMed Discount Vision included for your entire family on every dental plan. Additional plan details available or enroll online at: [WWW.DENTALSELECT.COM](http://WWW.DENTALSELECT.COM)**



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## EyeMed Discount Vision Summary of Vision Benefits

### EyeMed Discount Vision

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

In addition the EyeMed Access Network offers convenient availability of quality independent providers and leading optical retailers such as:



Vision Care Services	Member Cost
Exam with Dilation 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.

**EyeMed Discount Vision included for your entire family on every dental plan**

For More Information or to Enroll Contact  
Name & Agency  
Agent #  
Phone (801) 495-3000  
Toll Free (800) 999-9789  
[someagent@someagency.com](mailto:someagent@someagency.com)