

Dental and Vision Insurance

Dental and Vision Insurance are available to individuals or families.
Guaranteed Issue.

Dental Insurance Summary of Benefits			
	Year 1	Year 2	Year 3
Annual Deductible	\$50 Applies to basic & major only	\$50 Applies to basic & major only	\$50 Applies to basic & major only
Annual Maximum	\$1,000 Applies to preventive, basic and major	\$1,000 Applies to preventive, basic and major	\$1,000 Applies to preventive, basic and major
Preventive Service	100%	100%	100%
Basic Services	70% After deductible	70% After deductible	70% After deductible
Major Services	0%	50% After deductible	50% After deductible
Orthodontia – Up to age 19 – Lifetime maximum \$1000	Not Covered		50%

Rates	Region 1*		Region 2*		Region 3*	
	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly
Member Only	\$24.28	\$5.60	\$29.80	\$6.88	\$37.60	\$8.68
Member + One dependent	\$47.84	\$11.04	\$58.56	\$13.51	\$73.58	\$16.98
Member + Family	\$87.44	\$20.18	\$106.10	\$24.48	\$131.60	\$30.37

*Region is determined by Zip Code

Vision Insurance Summary of Benefits			
Vision Care Services	Wal-Mart and Sam's Club	Other Participating Providers	Out of Network
Exams: (once every 12 months) Materials:	\$10 Co-Pay \$0 Co-Pay	\$10 Co-Pay \$15 Co-Pay	Up to \$35 See Below
Standard Plastic Lenses: (Once very 12 months) Single Vision Bifocal Trifocal Lenticular Progressive Lens Options: Scratch resistant coating Polycarbonate Lenses for children	Covered by Co-Pay Covered by Co-Pay Covered by Co-Pay \$80 Allowance \$70 Allowance Covered Covered	Covered by Co-Pay Covered by Co-Pay Covered by Co-Pay \$80 Allowance \$70 Allowance N/A N/A	Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40 N/A N/A
Frames: (once every 24 months) Members may choose from any frame available at provider locations	Up to \$74 retail allowance. Covers two-thirds of frames available at Wal-Mart and Sam's Club	\$100 retail allowance. Covers a wide selection of frames	Up to 50%
Contacts: (once every 12 months) In lieu of eye glass lenses and frames Elective Medical Necessary	Up to \$130 retail Up to \$210 retail	Up to \$130 retail Up to \$210 retail	Up to \$100 Up to \$210

Rates	Single	Single + 1 dependent	Family
Weekly	\$1.87	\$3.48	\$4.93
Monthly	\$8.09	\$15.06	\$21.36

This is only an outline. This outline provides a very brief description of some of the important features of the dental policy. This is not the policy and only actual policy provisions prevail. To see a complete outline of coverage visit www.alwayscarebenefits.com