



Advantages of Choice Plus Dental (Apply Through Age 74)

Doctor Co-Pay:	\$25 (Up to 3 visits per Insured*
Diagnostic & Preventative:	Paid at 100% when in network
No Waiting Periods:	Diagnostic & Preventative
Annual Benefits:	Up to \$2,000 per year
Pre-Negotiated Prices:	When using a Network Provider

*\$40 over age 65

Network Provider Discount Pricing

Over 169,000 access points across the USA. To find a provider, go to www.careington.com/co/pal.

Unlike many plans that will not pay anything if you go outside their network, Choice Plus Dental will pay the non-network provider at the same rate as if they were in network. You will only be responsible for any non-network charges that are in excess of the pre-negotiated network fees schedule.

Examples of Diagnostic & Preventive Services when receiving Benefits through PPO

Paid at 100% with No Waiting Periods			
Routine Oral Exams	1 Exam per 6 Month Period		
Bitewing X-Rays	Up to a Set of 4, 1 Set per Calendar Year		
Full Mouth X-Rays	Panoramic Film or Full Series - No Less Than 36 Months Apart		
Prophylaxis	1 Per Calendar Year		
Topical Application of Fluoride for Dependent Children (under 19)	1 Per Calendar Year		
Consultation	Other than treating doctor		
Oral Exam	Comprehensive		
Sealant for Dependents (under 14)	1 Treatment per Tooth no less than 36 months apart		
Space Maintainers	The initial appliance for dependent children under 13, including adjustments within the 6 month period immediately following installation		
Benefits per Policy Year	1st Year	2nd Year	3rd Year+
Filings & Simple Extractions ¹	50%	65%	80%
Endodontic, Periodontics, Oral Surgery, Restorations, Orthodontics ² , Prosthodontics ²	0% ³	25%	50%

¹ Subject to 6 month waiting period.

² \$1,000 Lifetime Max, Limited to \$350 per Calendar Year per each benefit listed.

³ Insured pays only the discounted, pre-negotiated network provider rate.

New Type of Dental Insurance

A combination of traditional, fully insured benefits with Network Provider pre-negotiated pricing, Choice Plus Dental focuses on providing the benefits you need to maintain good oral health at an affordable price.

AVERAGE RATES FOR ALABAMA

Individual:	\$20.60/mo*	Individual + Spouse:	\$37.70/mo*
Individual + Children:	\$38.60/mo*	Family:	\$57.00/mo*

*\$25 Application Fee for Individual Applications. Rates vary by ZIP Code.

Eye, Lasik & Hearing Discounts

In a joint effort with Careington International Corporation, the following discount products are provided to you at no additional cost. The Vision, LASIK and Hearing products and services are discount products and are not insurance.



As a member of the EyeMed Vision Care **Access Plan D** discount program, save off the retail price of eye wear with discounts on exams, eyeglasses and contact lenses nationwide including independent optometrists, ophthalmologists, opticians, and optical retailers like Lens Crafters®, Sears Optical®, Target Optical®, JC Penney® Optical, and most Pearle Vision® locations.



You will receive discounts on LASIK that are available at locations nationwide. All in-network providers will extend discount services of both standard and promotional prices. LASIK Plus providers offer a free LASIK exam.



Save on diagnostic services, including hearing exams and significant discounts on the price of hearing aids at provider locations nationwide. 1 year of free batteries (80 cell per hearing aid). Lowest Price Guarantee*: If you should find a lower price at another local provider, Hear PO will gladly beat that price by 5%.

*Competitor coupon required for verification of price and model. Limited to manufacturers offered through the HearPO program. Local Provider quotes only will be matched.

Limitations

Optional Services are services that are more expensive than the treatment customarily provided under accepted dental practice standards. Optional Services also include the use of specialized techniques instead of standard procedures. For example, an Optional Service would be using a crown where a filling could restore the tooth or an inlay instead of a restoration. If an Insured received Optional Services, benefits under the Policy will be based on the lower cost of the customary service or standard procedure instead of the higher cost of the Optional Service. The Insured will be responsible for the difference between the higher cost of the Optional Service and the lower of the customary service or standard procedure.

Exclusions

Claims will not be paid under the Policy for:

(1) Any loss resulting from way, declared or undeclared; (2) Any intentionally self-inflicted injury; (3) Any loss resulting from an Insured involvement in a felonious occupation or activity; (4) Any expense for which payment is provided under Medicare; (5) Any Experimental or Investigational procedure or treatment; (6) Any expense incurred for diagnosis or treatment or temporomandibular joint disorder (TMJ), unless benefits are otherwise required to be provided in Your state; (7) Prescribed drugs, medication or pain killers; (8) Charges in excess of Reasonable and Customary Charges; (9) Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law; (10) Cosmetic surgery or procedures for purely cosmetic reasons, or services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of disorder of the teeth) and anodontia (congenitally missing teeth); (11) Treatment to restore tooth structure lost from wear, erosion or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize teeth. For example: equilibration, periodontal splinting, occlusal adjustment; (12) Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility; (13) Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services; (14) Extraoral grafts (grafting of tissues from outside the mouth to oral tissues); (15) Treatment by someone other than a Dentist or a person who by law may work under a Dentist's direct supervision; (16) For treatment rendered by a person who ordinarily resides in the Insured person's household or who is related to the Insured by blood, marriage or legal adoption.



Insured By:

PHILADELPHIA
AMERICAN
LIFE INSURANCE COMPANY

P.O. Box 4884 Houston, TX 77210-4884



Offered By:

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