

Protection SeriesSM

Dental, Vision and Hearing Flex Insurance*

Affordable with a wide range of options



Dental, Vision and Hearing Flex insurance covers expenses such as routine exams, fillings, eyeglasses and hearing aids, so you don't have to. The flexible options cover a wide range of services including orthodontics and implants.*

This insurance supplements and complements other health insurance plans. It can help reduce or even eliminate your out-of-pocket costs for preventive care for your teeth, eyes, and ears. This type of insurance is sometimes overlooked until what was once routine maintenance, becomes an urgent issue. Preventive care can lead to early detection of other diseases and health problems such as cancer and diabetes.

Overview of key coverage options		Option 1	Option 2	Option 3
Annual maximum benefit		\$1,000 to \$5,000 (\$1,000 increments)	\$1,000 to \$4,000 (\$1,000 increments)	\$1,000 to \$3,000 (\$1,000 increments)
Deductible (per person, per policy year)		\$0, \$50, \$100, or \$100 vanishing	\$0, \$50, \$100	\$100
Dental	Preventive Care	Day 1: 100%	Day 1: 100%	Day 1: 100%
	Basic Care	Day 1: 70% After year 1: 80%	Day 1: 60% After year 1: 75%	Day 1: 50% After year 1: 70%
	Major Care	Day 1: 25% After year 1: 50%	Day 1: 20% After year 1: 40%	Day 1: 10% After year 1: 25%
	• Implants	\$2,000 lifetime	\$1,000 lifetime	Not applicable
	• Teeth Whitening	\$500 per year	\$250 per year	Not applicable
	Orthodontics	After year 1: 50% \$1,500 lifetime max	After year 1: 50% \$500 lifetime max	Not applicable
Vision		After 6 months: 70% (\$250 per 2 years) After year 1: 80% (\$250 per 2 years)	After 6 months: 50% (\$200 per 2 years) After year 1: 70% (\$200 per 2 years)	Not applicable
Hearing		After year 1: 80% \$500 per year	After year 1: 70% \$250 per year	Not applicable
Credit for prior coverage		No	Yes	No

Plan features



- Guaranteed acceptance – no health questions
- Issue ages 18-89
- For individuals, couples, and families
- Freedom to choose both in or out of network providers
- Benefits paid directly to you or a designated provider
- 30-day free look – Return your policy for any reason within 30 days for a full refund of all premiums paid.

*Products and plans vary by state. This information represents a partial list of services. This flyer is a brief description of Dental, Vision and Hearing Flex insurance policy form and is not a contract of insurance. For complete details of all provisions or benefits, reference the Outline of Coverage and policy.