



When should I get my hearing checked?

Hearing changes can come on so gradually that you may not even notice it's happening. In general, you should have your hearing screened every three to five years, and tested annually if you are over the age of 50 or experiencing any of the following:

- **Consistent exposure** to loud noises
- **Difficulty understanding** in noisy environments or in groups
- **Asking people to repeat themselves** or feeling like they are not speaking clearly
- **Ringings** in your ears

Your Hearing Program*

Apex Dental has partnered with Amplifon to save members an average of 66% off MSRP** on hearing aids. Plus, you'll also enjoy a free hearing exam and:



Risk-free trial - find your right fit by trying your hearing aids for 60 days



Battery support - a charging station or battery supply to keep you powered



Follow-up care - ensures a smooth transition to your new hearing aids




Warranty - peace of mind with coverage for loss, repairs, or damage

Take the first step:

call 866-696-1337 TTY: 711 | Hours: Mon-Fri 8am - 9pm ET
or visit: www.amplifonusa.com/lp/apexdental

***Risk-free trial** - 100% money-back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** - for one year following purchase. **Batteries** - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - for three years, exclusions and limitations may apply. Contact Amplifon 866-696-1337 for details. Amplifon Hearing Health Care, Corp. is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Apex Dental and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any third-party payor program, including government and private third-party payor programs.

**Based on 2022 internal MSRP analysis. Your savings may vary.

A photograph of a woman with dark skin and braided hair, wearing a light green shirt, sitting at a table and smiling at a young girl. The girl is also smiling and eating a piece of fruit. The background is a bright, indoor setting with a window.

Keep hearing the sounds of your life

Why is hearing care important?

Hearing changes can be temporary and caused by simple things like ear wax or a cold. It can also indicate permanent damage to the tiny hair-like cells in the inner ear as a result of exposure to noise, aging, other health conditions, or certain medications.

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How can I check my hearing?

Getting your hearing checked is now easier than ever with in-person and at-home options:


- **Virtual screening** allows you to confirm if hearing loss is detected from the comfort of home with the help of a Remote Care Advocate
- **In-person hearing evaluation at a network clinic near you.** A hearing care professional will work with you to complete an in-depth evaluation of your hearing and propose solutions if hearing loss is detected.

Take the first step: www.amplifonusa.com/lp/apexdental

See reverse for your benefit information

Your Hearing Program

If you have noticed changes in your hearing, rest easy. Apex Dental has teamed up with Amplifon to offer you quality hearing health care.

	Level 1	Level 2	Level 3	Level 4	Level 5
	Free hearing exam at a participating Amplifon provider. Hearing aid options from the top brands with average savings of 66% off MSRP.*				
Amplifon Price (per ear)	\$595	\$895	\$995	\$1,495	\$1,795
	Virtual services				
	Virtual screening – determine need from the comfort of home				
	Personalized coaching – enhance adjustment and use of hearing aids				
	On-demand virtual visits – convenient care for non-clinical support				
	60-day risk-free trial				
	Find your right fit by trying your hearing aids risk-free				
	Complimentary aftercare				
	One Year follow-up care - ensures smooth transition to your new hearing aids				
	Two Year battery support - battery supply or charging station to keep you powered				
	Three Year warranty - coverage for loss, repairs, or damage				

Take the first step:

Call 866-696-1337 TTY: 771 | Hours: Mon-Fri 8am - 9pm ET

Visit: www.amplifonusa.com/lp/apexdental

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You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs.

Risk-free trial - 100% money-back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** - for One Year following purchase. **Batteries** - Two Year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - exclusions and limitations may apply. Contact Amplifon 866-696-1337 for details.

Virtual screening does not take the place of a diagnostic exam by a licensed professional. Not all virtual services are available on all products.

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Maximum Allowable Charge-MAC PLAN (100/80/50)

Annual Benefit - Per Person.....\$5,000

Percentage of Covered Benefits Per Policy Year

	<u>TYPE I</u>	<u>TYPE II</u>	<u>TYPE III*</u>
DURING THE 1ST YEAR	100%	80%	0%
2ND YEAR AND THEREAFTER	100%	80%	50%

* 12-month waiting period

Deductible Per Person

\$25/visit

This deductible applies to Type I, II and III services

Dependent Children Covered to Age 26

Payment is based upon allowable charges in the area in which service is rendered.

Services provided at a non-contracted provider will most likely incur charges beyond what the contracted provider would charge for the same procedure.

TYPE I (PREVENTIVE SERVICES)

Including:

- No waiting period
- Routine Exams (one per 6 months)
- Prophylaxis (cleanings-one per 6 months)
- Emergency exams for dental pain (minor procedures)
- Fluoride treatments for dependent children under age 19 (one per 12 months)
- Bitewing X-rays (once per 6 months)

TYPE II (BASIC SERVICES)

Including:

- No waiting period
- Simple restorative services (fillings)
- Simple extractions
- Palliative treatment for dental pain, local anesthesia
- Sealants for children ages 6-15 (one per tooth)
- Periapical X-rays
- Full mouth or panorex X-rays (one per 36 months)

TYPE III (MAJOR SERVICES)

Including:

- 12 month waiting period
- Major restorative services (crowns and inlays)
- Prosthetics (bridges, dentures)
- Replacement of prosthodontics, dentures, crowns and inlays
- Denture relines
- Space Maintainers
- General anesthesia (for services dentally necessary)
- Endodontics/root canal therapy
- Periodontics
- Oral Surgery
- Implants

Limitations and Exclusions

Covered Expenses Will Not Include and No Benefits Will be Payable:

1. For any treatment which is for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
2. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items, unless required because of an accidental bodily injury sustained while the Insured is covered. Replacement is not covered if the item can be repaired.
3. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of natural teeth during the same period of continuous coverage. But the extraction of a third molar (wisdom tooth) will not qualify the item for payment. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth. Coverage does not include the part of the cost that applies specifically to replacement of teeth extracted prior to the period of coverage.
4. For addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth extracted during the same period of continuous coverage.
5. For any expense incurred or procedure begun before the Insured's current period of continuous coverage.
6. For any expense incurred or procedure begun after the Insured's insurance under this section terminates, except for a prosthetic appliance, fixed bridge, crown, or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance ends.
7. To duplicate appliances or replace lost or stolen appliances.
8. For appliances, restorations or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat jaw fractures or disturbances of the temporomandibular joint.
9. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
10. For broken appointments or the completion of claim forms.
11. For orthodontia service or for any services associated with orthodontic therapy when this optional coverage is not elected and the premium is not paid.
12. For sealants which are:
 - a. not applied to a permanent molar;
 - b. applied before age 6 or after attaining age 16; or
 - c. reapplied to a molar within three years from the date of a previous sealant application.
13. For subgingival curettage or root planing (procedure numbers 4220 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
14. Because of an Insured's injury arising out of, or in the course of, work for wage or profit.
15. For an Insured's sickness, injury or condition for which he or she is eligible for benefits under any Workers Compensation Act or similar laws.
16. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
17. For services which are not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
18. Because of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
19. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
20. For any services related to: equilibration, bite registration or bite analysis.
21. For crowns for the purpose of periodontal splinting.
22. For charges for: any implants; overdentures; precision or semi-precision attachments and associated endodontic treatment; other customized attachments; or specialized prosthodontic techniques or characterizations.
23. For charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.
24. For procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
25. Services or supplies provided by a family member or a member of the Insured's household.

Note: This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. See your certificate for details.

Predetermination of Benefits: As a service to protect the Insured, First Continental Life & Accident Insurance Co. will provide predetermination of benefits for recommended treatment plans that exceed \$300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps Insured's better understand their coverage. The Insured should submit the treatment plan to First Continental Life & Accident Insurance Co. for review and predetermination of benefits before the service begins.

TAKEOVER BENEFITS

Takeover means that you are given credit for waiting periods for like coverage's accumulated under your existing plan. No credit is given for deductibles satisfied under your existing plan.

1. In order to provide Takeover Benefits your employer's current dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan.
2. All employees insured on the effective date with continuous coverage from the prior group dental contract are eligible for Takeover Benefits. Waiting periods will be reduced by the amount of time insured under the prior plan.
3. A minimum of three (3) enrolled members are needed for an employer to be eligible for Takeover Benefits.
4. Takeover Benefits must be requested and are subject to the approval of First Continental Life & Accident Insurance Co.

Submission of Claims:

First Continental Life & Accident Insurance Co.

ATTN: Claims Department

101 Parklane Blvd, Suite 301

Sugar Land, TX. 77478

Verification of Claims:

281-313-7170 (local)

1-877-493-6282 (toll free)