

## LIFESHIELD DENTAL, VISION & HEARING



### DENTAL INSURANCE *Keep Smiling Bright*

Your smile says it all. Dental health is a vital part of your overall well-being. LifeShield dental insurance plans give you choices to help cover the costs associated with maintaining your dental health. Choose a LifeShield dental plan and keep smiling bright!

#### Plan Benefits Include:

- Guaranteed issue
- Guaranteed renewable
- Choice of \$1,000, \$2,000 or \$5,000 maximum annual benefit
- Preventive care from day one
- Choice of \$100 Flat Deductible or Vanishing Deductible
- Major Tier Waiting Period waived with evidence of prior credible coverage

### VISION & HEARING *Live a Quality Life*

Caring for your vision and hearing is key to living a quality life. As we age, quality of life is more important than ever.

A vision and hearing discount plan from LifeShield can help cover the costs of care such as eye exams, glasses, hearing aids and other services that may not be covered by Medicare.

Live the quality life you choose with a LifeShield vision and hearing discount plan.

*\*See product highlights on back.*

ISSUE AGE	18-89	
DENTAL DEDUCTIBLE: FLAT OR REDUCING	<b>All Years: \$100   OR</b>	<b>Year 1: \$100</b>
		<b>Year 2: \$50</b>
		<b>Year 3+: \$0</b>
DEDUCTIBLE APPLIES TO	Basic/Major	
DENTAL ANNUAL MAXIMUM BENEFIT	\$1,000/\$2,000/\$5,000	
PPO NETWORK	Dental	
VISION MAX BENEFIT	80% Coinsurance, \$200 maximum per 2 years	
HEARING MAX BENEFIT	80% Coinsurance, \$500 maximum per year	
DENTAL COVERED DAY ONE EXPENSES	X-Rays, Examinations, Cleanings, Fillings, Extractions	
% COVERED PER YEAR Preventive/Basic/Major	<b>Year 1:</b> 100/80/0	
	<b>Year 2+:</b> 100/80/60	
WAITING PERIODS <i>Waived with evidence of Prior Credible Coverage</i>	<b>Preventive:</b> None	
	<b>Dental Basic:</b> None	
	<b>Dental Major:</b> 12 Months	
	<b>Vision:</b> 6 Months	
	<b>Hearing:</b> 6 Months	
DENTAL COVERAGE TIERS	<b>Preventive:</b> Semi-annual Exams, Cleanings, and X-Rays	
	<b>Basic:</b> Fillings, Non-Surgical Extractions, Periodontal Scaling and Cleaning	
	<b>Major:</b> Bridges, Crowns, Dentures, Implants, Surgical Extractions, Root Canals, and Periodontal Services	

\*Please review the Outline of Coverage for limitations and exclusions. Does not cover orthodontia.  
Vision and Hearing benefits are Network Discount Reimbursements.