



## DVH PPO

Dental plans designed for Seniors. Day one coverage with benefits for dental, vision, hearing, and more.



# get more from your dental plan



**Having good dental care is not only critical to your health. It's a foundational part of something you use everyday – your smile.**

With a DVH PPO plan from Allstate Health Solutions, you'll have plenty of reasons to smile. Adults 55 and older get access to the extensive Aetna Dental® network, with 89,000 providers nationwide. So it's easy to find someone close to home. And plans are designed to help pay for routine care, with built-in access to the benefits and savings that are most important to seniors. Plus, there are no waiting periods and three coverage options, so you'll get immediate access to the plan that is just right for you.

## DVH PPO plan highlights:

- Covers preventive, basic, and major services from day one, with network discounts for covered services.
- Annual maximums increase in year two of the plan.
- Benefits for dentures on Level 2 and Level 3 plans; benefits for implants on the Level 3 plan.
- Savings on hearing-based care through Amplifon Hearing Health Care included on all plans.
- Offers optional vision coverage from Avēsis, with two plans to choose from.
- Select benefits increase in year two of the plan.

Find a provider at: [myallstatehealthsolutions.com/aetnadentalppo](https://myallstatehealthsolutions.com/aetnadentalppo)

### **Passive network states: Mississippi, Texas and Virginia**

These states give members access to the same in-network discounts. But no deductible or co-insurance differences will apply if you choose an out-of-network provider.

The plan does not meet the pediatric dental coverage level requirements as mandated by the Affordable Care Act. Pediatric dental coverage that meets the Affordable Care Act's coverage level requirement may be purchased through your state's marketplace or your insurance agent.

This insurance provides limited benefits, if you meet the policy conditions, for expenses relating to the specific services listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

# pick the right plan for you

And smile, your benefits double in year two.

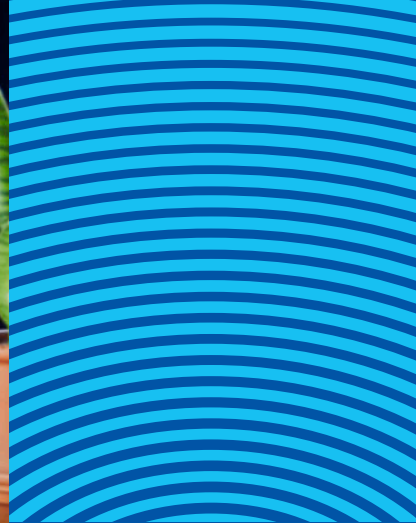
All three DVH PPO dental plans cover, or help pay for, routine dental procedures – including exams and cleaning. And with no waiting periods, you’re covered day one.

Network		Level 1		Level 2		Level 3	
		In	Out	In	Out	In	Out
Deductible	Individual	\$50	\$100	\$50	\$100	\$50	\$100
	Family	\$150	\$300	\$150	\$300	\$150	\$300
Preventive services <sup>1</sup>		100%	100%	100%	100%	100%	100%
Basic services	First year	25%	25%	25%	25%	50%	50%
	Second year+	50%	50%	50%	50%	100%	100%
Major services	First year	Not covered		25%	25%	25%	25%
	Second year+	Not covered		50%	50%	50%	50%
Dentures	First year	Not covered		25%	25%	25%	25%
	Second year+	Not covered		50%	50%	50%	50%
Implants	First year	Not covered		Not covered		25%	25%
	Second year+	Not covered		Not covered		50%	50%
Annual maximums	First year	\$750		\$1,000		\$1,500	
	Second year+	\$1,500		\$2,000		\$3,000	

## Examples of services in your dental plan:

- Preventative services**  
 Evaluations, examinations, cleanings, and bitewing/full-mouth x-rays.
- Basic services**  
 Amalgam and resin-based composite fillings, simple extractions, emergency treatment of dental pain, consultations, and denture adjustments/repairs.
- Major services**  
 Deep sedation/general anesthesia for major services, crown services, oral surgery, composite fillings, periodontics, endodontics, and dentures.

<sup>1</sup> \$50 deductible does NOT apply to in-network preventive services.



## hearing and vision benefits

We know a healthy smile is only a part of your overall health and well-being. That's why every DVH PPO plan includes hearing health benefits, as well as the option to add vision coverage.

### Savings from Amplifon Hearing Health Care<sup>®</sup>

Get the most from your DVH policy with these hearing health benefits included in each plan.

- Routine hearing exams.
- Discounts on over 1,200 hearing aids with fixed member out-of-pocket costs.
- Average hearing aid savings of 64% off of manufacturer's suggested retail price.
- Includes one year of follow-up care, two years of free batteries and a three-year warranty.

Ask your agent for more details or visit: [amplifonusa.com/lp/allstatehealth](http://amplifonusa.com/lp/allstatehealth)

### Avēsis vision coverage

Get coverage through the Avēsis Vision network, with 98,000 providers to choose from.

- Two plans to choose from, so you get the coverage that works for you.
- Both plans help you pay for annual eye exams, frames, and lenses or contacts.<sup>2</sup>
- Get the best value when you use in-network providers.<sup>3</sup>

Find a provider at: [myallstatehealthsolutions.com/avesisvision](http://myallstatehealthsolutions.com/avesisvision)

<sup>2</sup> In-network Low Plan exam copay: \$15. In-network High Plan exam copay: \$10.

<sup>3</sup> Out-of-network benefits available.

# choose a vision plan

Good eye care is also important to your overall health and well-being. That's why we've made it easy to add affordable vision coverage to any dental plan.

		Low plan	High plan
Annual eye exam		\$15 copay	\$10 copay
Frames and contact lenses		\$130 max/per 24 months	\$200 max/per 12 months
Lenses		\$25 copay/per 24 months	\$25 copay/per 12 months
Progressives		Max benefit \$55	Max benefit \$135
Lens packages	Polycarbonate	Covered	Covered
	Scratch-resistant coating	Discount	Covered
	UV protection	Discount	Covered
	Tinted lenses	Discount	Covered
	Anti-reflective Coating	Discount	Discount
	Light-to-dark tinting	Discount	Discount

# limitations and exclusions

## Charges Not Covered by This Policy

This Policy does not cover any of the following:

- Charges for treatment rendered before the Effective Date or after this Policy terminates in accordance with the Termination provision.
- Charges for treatment that are not specifically listed as a Covered Charge in the Benefits section.
- Charges resulting from or related to a complication of non-covered treatment.
- Charges that are:
  - Incurred for Experimental or Investigational Services.
  - In excess of the Maximum Allowable Amount.
  - In excess of a maximum benefit stated in the Policy or Benefit Schedule.
  - Not Medically Necessary.
- Charges for treatment to the extent that benefits are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California).
- Charges for treatment eligible for benefits under worker's compensation, employers' liability, or similar laws.
- Expenses incurred outside of the United States or its possessions or Canada, except for emergency treatment of dental pain.
- Charges for treatment that is provided at no cost to the Covered Person, whether charged or not charged.
- Charges for treatment provided by or through any employer of a Covered Person or the employer of a Covered Person's Immediate Family member. Not applicable in AZ.
- Charges for treatment provided by or through any Covered Person's Immediate Family member or any entity in which a Covered Person or their Immediate Family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to an ownership interest in any such entity. Not applicable in AZ.
- Any treatment performed by a person other than a Dental Practitioner.
- Orthodontic treatment.
- Services performed by anesthesiologists or anesthesiologists or intravenous sedation.
- Prescription drugs except as otherwise covered in the Benefits section.
- Dental implants or the removal of implants. Applicable only to plans Level 1 & Level 2.
- Treatment primarily designed to serve a cosmetic purpose. Such treatment includes treatment to improve appearance, self-esteem or body image and/or to relieve or prevent social, emotional or psychological distress.
- Teeth bleaching.
- Replacement of any tooth missing prior to the Effective Date unless the Covered Person has been insured under this Policy for at least 24 months.
- Replacement of full or partial dentures, removable or fixed, if the item being replaced is less than 10 years old unless the Covered Person has been insured under this Policy for at least 24 months.
- For Covered Persons under age 16, inlays, onlays, bridgework or crowns except for stainless steel or plastic crowns.

This document provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the Insurance policy. In the event there are discrepancies with the information in this document, the terms and conditions of the coverage documents will govern.

- Treatment that is covered under a medical benefit plan or a plan providing pediatric dental benefits that satisfy the essential health benefit requirement of the Affordable Care Act.
- Charges for crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling.
- Charges for appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.
- Charges for any Dental Treatment for which the sole or primary purpose relates to:
  - The change or maintenance of vertical dimension.
  - The alteration or restoration of occlusion except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder.
  - Bite registration.
  - Bite analysis.
- Charges for Dental Treatment for a jaw fracture.
- Charges for replacement of lost or stolen dentures, retainers, or bridges, except as covered in the Benefit section.
- Charges for personal supplies or equipment, including, but not limited to water piks, toothbrushes, or floss holders.
- Charges for educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.
- Charges for completion of claim forms or missed dental appointments.

## Vision - Exclusions

In addition to the exclusions listed in the Policy, the following additional exclusions apply to the Vision Benefits. We will not pay benefits for any of the following:

- Orthoptics, visual therapy, and any associated supplemental testing.
- Two pairs of Frames with Lenses in lieu of bifocals, trifocals or progressives.
- Nonprescription (Plano) lenses and any other non-prescription eyewear.
- Any Lenses or Lenses Upgrades not listed in the Benefit Schedule.
- Oversize Lenses.
- Replacement of broken, lost, or stolen eyewear except at the normal intervals when eyewear is otherwise available.
- Surgical procedures such as laser vision correction, radial keratotomy.
- Medical or surgical treatment of the eye(s).
- An eye exam or corrective eyewear required by an employer as a condition of employment.
- Any vision treatment, service, eyewear, or supply not listed in the Benefits section.

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*Coverage is renewable to age 100 provided: there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or Allstate Health Solutions business operations in the state; and/or the insured has not moved to a state where this plan is not offered. Allstate Health Solutions has the right to change premium rates upon providing appropriate notice.*



**Allstate**<sup>®</sup>  
HEALTH SOLUTIONS

## about

The Allstate Corporation (NYSE: ALL) is one of the largest publicly held personal lines insurers in the United States. As part of the Allstate Corporation, Allstate Health Solutions is focused on providing supplemental and short-term coverage options to individuals and associations. Allstate Health Solutions is the marketing name for products underwritten by National Health Insurance Company, Integon National Insurance Company, Integon Indemnity Corporation and American Heritage Life Insurance Company.

National Health Insurance Company underwrites products for sale in AK, AL, AR, AZ, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MI, MN, MO, MS, ND, NE, NH, OH, OK, OR, PA, SC, SD, TN TX, UT, VA, WI, and WY.



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