

EyeMed Discount Vision

EyeMed Discount Vision included for your entire family on every plan

- No Maximums
- No Waiting Periods
- No Claims to Submit
- No Visit Limitations

independent providers and leading optical retailers such as:



In addition the EyeMed Access Network offers convenient availability of quality

Summary of Vision Benefits

Vision Care Services	Member Cost
Exam with Dilatation as Necessary:*	\$5 off routine exam \$10 off contact lens exam
<i>Complete Pair of Glasses Purchase: frame, lenses and lens options must be purchased in the same transaction to receive full discount.</i>	
Standard Plastic Lenses:	
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Progressive	\$135
Frames:	
Any frame available at provider location	35% off retail price
Lens Options:	
UV Coating	\$15
Tint (Solid & Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$40
Standard Anti-Reflective Coating	\$45
Other Add-ons & Services	20% Discount
Contact Lens Materials: (Discount applies to materials only)	
Disposable	N/A
Conventional	15% off retail price
Laser Vision Correction:	
Lasik or PRK	15% off retail price -or- 5% off promotional price

* Under contract, ACCESS Vision Providers may charge usual & customary rates for a comprehensive exam up to a contracted fee per region.

The EyeMed Discount Vision Plan is a fee for service discount plan, it is not an insured product. This program provides discounts only from a certain network of vision providers. The member is responsible to pay for all services but will receive a discount from vision providers who are contracted on the EyeMed Network.

Three easy ways to enroll:

1. Enroll online* at www.DentalSelect.com & waive the \$15 enrollment fee.
2. Visit www.DentalSelect.com and print out the Enrollment Form and return to Dental Select with your \$15 enrollment fee included
3. Call your insurance agent

Agent Name:	Agent #:
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*Call a Dental Select representative at 1-800-999-9789 with enrollment questions.

The benefits illustrated are in summary form only. They should not be construed as complete in and of themselves. They are for comparison and in case of discrepancy, the plan documents apply. Visit www.DentalSelect.com for plan rates, a complete description of benefits, limitations and exclusions.

Individual Dental Plans Texas



Sign Up Today

A Dental Select Individual Plan:

- Will reduce your out-of-pocket costs for needed dental care
 - Is affordable and convenient
 - Is widely accepted by providers across the state
- Includes EyeMed Discount Vision with EVERY dental Plan
 - Offers an orthodontic discount or insured benefit



ENROLL ONLINE AT: www.DentalSelect.com

Plan Summary of Benefits	
Can I visit a non-contracted dental provider?	
When is my plan effective?	
Who can I include on my plan?	
What if I require specialist services? (You are not required to receive services from a specialist, most general dentists perform specialist services)	

Discount Plan	
No	
Available the day you enroll	
Spouse, Children, Grandchildren, Parents & Grandparents	
Members receive discounts on all services from contracted specialists	

Co-Pay Plans	
Yes - General Dentist Only	
1st day of the following month from the date we receive your enrollment	
Spouse & any unmarried children up to age 25	
Members receive a 20% discount by all contracted specialists. No waiting periods or deductibles apply to the discount	

Co-Insurance Plans	
Yes	
1st day of the following month from the date we receive your enrollment	
Spouse & any unmarried children up to age 25	
After waiting periods and deductibles are met members receive a paid benefit for covered services provided by both general and specialist providers	

Type of Plan	
Preventive Cleanings (2 per year), exams, fluoride (14 & under) and x-rays	
Basic Includes fillings and oral surgery	
Major Includes crowns, bridges, periodontics, endodontics & dentures	
Deductible Per calendar year. Maximum three per family. Applies to all services	
Maximum Benefit Applies to all services excluding orthodontics Per person, per calendar year	
Waiting Periods:	
	Basic
	Major
	Orthodontic

Fee-for-Services Discount plan (contracted provider discount only)	
Up to 90% Fee Reduction	
Up to 60% Fee Reduction	
Up to 50% Fee Reduction	
None	
No Maximum	
None	
None	
None	

Insured	
Contracted Provider	Non-Contracted Provider
100%	Refer to website for Partial Schedule of Co-Payments Non-Contracted D.S. Payment
Up to 70% Coverage	
Up to 50% Coverage	
\$25/\$75	
No Maximum	
6 Months	
12 Months	
None	

Insured Contracted and Non-Contracted Provider*	
Option 1	Option 2
100%	100%
70%	80%
50%	50%
\$75/\$225	\$50/\$150
\$1,000 (of which \$500 per year can be used for Major Services)	
6 Months	6 Months
18 Months	15 Months
None	Discount - None Insured - 24 months


Orthodontics	Children & Adults
Orthodontic Maximum	

20% Discount (Contracted Provider)
No Maximum

20% Discount (Contracted Provider)	No Coverage
No Maximum	

20% Discount (Contracted Provider)	Adults – 20% Discount (Contracted) Children 18 and under 50% Insured after 20% Discount (Contracted)
No Maximum	\$500 per year \$1,000 lifetime maximum

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* For services rendered by out-of-network providers the patient is responsible for the difference between the plan payment and the provider's standard fee.

No balance billing for services rendered by an in-network provider.

