Allstate
HEALTH SOLUTIONS

select dental PPO

Plans for all ages and budgets with coverage day one. Plus, options for orthodontics and vision.

allstatehealth.com

dental plans with more reasons to smile

Your smile is more than just an expression. It's part of your overall health and well-being. At Allstate Health Solutions, we want to make sure you have access to dental care when and how you need it, with coinsurance and copay plans to fit your budget.

Benefits of Select Dental PPO plans

Everyday dental care	Basic and preventative services covered in every plan; from cleanings to x-rays to fillings and more.[1]
No waiting periods	All dental care is covered day one; exceptions for major services in copay plan.[2]
Increasing benefits	Coinsurance plans pay more after a year; maximums increase in year two and three.
Plans for kids and adults	Individual and family plans for 0-64 years-old. Child only plans also available.[3]
Orthodontic coverage	Prime plan covers orthodontic care; benefits increase in year two.
Optional vision coverage	Add vision coverage from Avēsis, with two affordable plan levels to choose from.

Access to Aetna Dental® Administrators Network

With 89,000 providers nationwide, it's easy to find dental care close to home. Simply show your ID card at each visit and get in-network benefits for covered services.

Find a provider at: myallstatehealthsolutions.com/aetnadentalppo

[1] There is a 6-month waiting period for Major services under the Copay 1 option. [2] Basic services coverage available with all plans. Major services are not covered under the Value plan. Not all services are available with all plans. [3] Children under 19 only.

pick the right plan for you

All three Select Dental PPO coinsurance plans cover routine dental procedures, including exams and cleanings. And with no waiting periods and child-only plans, you and the people you love are covered from day one.

		Value plan		Plus plan[5]		Prime plan	
Network[4]		**In**	**Out**	**In**	**Out**	**In**	**Out**
Deductible	Individual	$50	$100	$50	$100	$50	$100
	Family	$150	$300	$150	$300	$150	$300
Preventive services		100%	70%	100%	70%	100%	70%
Basic services	First year	60%	30%	60%	30%	60%	30%
	Second year+	80%	50%	80%	50%	80%	50%
Major services	First year	Not covered		15%	10%	25%	15%
	Second year+	Not covered		25%	15%	50%	30%
Orthodontics	First year	Not covered		Not covered		15%	15%
	Second year+	Not covered		Not covered		50%	50%
	Maximum	Not covered		Not covered		$1,000	$1,000
Annual maximum	First year	$1,000		$1,000		$2,000	
	Second year+	$1,500		$1,500		$2,500	
	Third year+	$2,000		$2,000		$3,000	

Examples of plan services:

- **Preventive services**
  Evaluations, examinations, cleanings, fluoride treatments[6], 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 and repairs.
- **Major services**
  Deep sedation/general anesthesia for major services, crown services, oral surgery, composite fillings, periodontics, endodontics, and dentures.

[4] In Mississippi, Texas and Virginia, there are no cost-sharing differences for out-of-network providers. [5] Plus plan is not available in CA.
[6] Under 18 only.

consider our dental copay plans

With Select Dental PPO's copay plans, you get access to the same quality network from Aetna Dental providers, with no deductibles. Our Copay 2 plan features a lower copay amount after the first year and has no waiting period on any services and no benefit maximums.

How the plans works:

- If you go in-network, the plan pays the negotiated rate, with no additional cost to you.
- If you go out-of-network, the plan pays the maximum allowable amount. You pay the copay and remaining balance.
- For preventive services, the copay is applied per visit. For basic and major services, the copay is applied per procedure.
- Copays are waived for:
  a. Deep sedation/general anesthesia during basic services.
  b. Major services: Post and core in addition to crown; indirectly fabricated, re-fabricated post and core in addition to crown; deep sedation/general anesthesia (15-minute increments) during major services; core buildup, including any required pins.

	Copay Plan		Copay Plan 2		
	Copay	Waiting period	Copay - Year 1	Copay - Year 2	Waiting period
Preventive services	$50 per visit	None, benefits start day one	$0	$0	None
Basic services	$50 per procedure	None, benefits start day one	$100	$50	None
Major services (tier 1)	$50 per procedure	Six months	$125	$75	None
Major services (tier 2)	$250 per procedure	Six months	$500	$350	None
Annual maximum	$3,000 per person per plan year		No maximum		

Examples of plan services:

- **Preventive services**
  Evaluations, examinations, cleanings, fluoride treatments, and bitewing and full-mouth X-rays.
- **Basic services**
  Amalgam and resin-based composite fillings, simple extractions, emergency treatment of dental pain, consultations, and denture adjustments and repairs.
- **Major services (tier 1)**
  Deep sedation/general anesthesia for major services, oral surgery, composite fillings, periodontics.
- **Major services (tier 2)**
  Crown services, endodontic therapy, fixed prosthodontics, fixed partial denture pontics, fixed partial dental retainers (inlays/onlays).

add vision coverage

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.

With coverage from the Avēsis Vision Network, you can get quality vision care with over 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.[7]
- Get the best value when you use in-network providers.[8]

Find a provider at myallstatehealthsolutions.com/avesisvision

		Level 1 plan	Level 2 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

[7] In-network Level 1 copay: $15. In-network Level 2 exam copay: $10. [8] Out-of-network benefits available.

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. The Maximum Allowable Amount for Non-Participating Providers is the lesser of:
    - Billed charges; or
    - The Network Negotiated Rate; or
    - Usual and Customary charges
  - 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.
- 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.
- Any treatment performed by a person other than a Dental Practitioner.
- Orthodontic treatment. (Not included unless, orthodontic benefits are included in the plan.)
- Services performed by anesthesiologists or anesthetists or intravenous sedation.
- Prescription drugs except as otherwise covered in the Benefits section.
- Dental implants or the removal of implants.
- 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 except as covered in the Orthodontic Services Benefit. ("except as covered in the Orthodontic Services Benefit" only included in plans that offer orthodontic services.)
- 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.
- 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 a 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.

limitations and exclusions

- 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.
- Coverage is renewable to age 65 provided: there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or National General Accident & Health's 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.

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.

Summary of benefits

This is a brief description of your coverage. Policies have exceptions and limitations that may limit coverage. For a complete description of benefits, exceptions and limitations, please read your Outline of Coverage and your policy. The premium rate may vary between plans. Coverage ceases upon termination of the policy.

Passive Network States: Mississippi and Texas. In Passive Network states, plans provide Members access to network discounts, with no cost-sharing differences applied if a Member uses 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 plan provides limited benefits. The limited health benefits plan does not provide comprehensive medical coverage. It is basic or limited benefits policy and is not intended to cover all medical expenses. This plan is not designed to cover the costs of a serious or chronic illness.

Allstate®
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, WV and WY.

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Copay plan not available in NH. Copay 2 is not available in CA, ID, MO, OH, OR, PA.
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