



## **Dental, Vision & Hearing Plus**

### **Policy Highlights**

Medico understands that your clients' dental health, eyesight and hearing are a part of their quality of life; unexpected problems can be painful, inconvenient and expensive! We want to make it possible for your client to find an affordable way to protect these assets. Our Dental, Vision & Hearing Plus product is designed to travel well because there is no network requirement.

<b>Issue Ages</b>	18 – 89 age last birthday
<b>Policy Effective Date</b>	The Effective Date can be any day from the 1 <sup>st</sup> through the 28 <sup>th</sup> of the month, and must be less than 90 days after the Application date.
<b>Guarantee Issue</b>	Guarantee Issue – No Underwriting. A short application is used. Online Application available on our electronic application and quoting engine, MyEnroller <sup>SM</sup>
<b>Rates</b>	Unisex rate calculation
<b>Premiums</b> (No Policy Fee)	Automatic Bank Withdrawal: Monthly & Quarterly - premium will be withdrawn within 4 days of the effective date of coverage Direct Bill: Quarterly, Semi-Annual and Annual Credit Card (Visa or Master Card) - premium will be charged within 4 days of the effective date of coverage
<b>Policy Year Deductible</b>	\$100 Policy Year Deductible
<b>Policy Year Maximum</b>	\$1,000 or \$1,500 Policy Year Maximum
<b>Benefits</b>	After satisfaction of the \$100 Policy Year Deductible, the policy will pay the following percentages of Reasonable and Customary Charges for Covered Expenses up to the Policy Maximum Benefit based on the Policy Year: <ul style="list-style-type: none"> <li>• 60% First Policy Year</li> <li>• 70% Second Policy Year*</li> <li>• 80% Third Policy Year and thereafter*</li> </ul> <p>*Major Services paid at 60% in all Policy Years</p>
<b>Covered Expenses Day One</b>	<ul style="list-style-type: none"> <li>• Diagnostic Dental X-Rays</li> <li>• Diagnostic Dental Examinations, Eye Exams or Eye Refraction</li> <li>• Dental Extractions, up to 4 teeth annually-excludes impacted wisdom teeth</li> <li>• Dental Fillings</li> <li>• Emergency Palliative Treatment</li> </ul>
<b>Dental Waiting Periods</b>	<ul style="list-style-type: none"> <li>• Benefits will not be payable for the following items and/or services during the <b>First Three Months</b> following the Policy Date: <ol style="list-style-type: none"> <li>1. Dental Cleanings (2 times per year), X-rays bitewing films, Routine Dental Prophylaxis and Periodontal Maintenance and Periodontal Scaling and Root Planing</li> </ol> </li> <li>• Benefits will not be payable for the following items and/or services during the <b>First Policy Year</b>: (paid at 60% regardless of how long the policy has been in force) <ol style="list-style-type: none"> <li>1. Major Restorative Services, Endodontic Services (including Root Canals), Periodontal Surgery, Fixed Bridges, Inlays/Onlays/Crowns, Full Dentures or Partials.</li> </ol> </li> </ul>
<b>Vision Waiting Periods</b>	<ul style="list-style-type: none"> <li>• Benefits will not be payable for the following items and/or services during the <b>First Six Months</b> following the Policy Date: <ol style="list-style-type: none"> <li>1. Eyeglasses or contact lenses (including the renewal or changing of prescriptions). (Vision benefits are payable up to \$200 during any two Policy Years, subject to the Policy Year Maximum Benefit.)</li> </ol> </li> </ul>
<b>Hearing Waiting Periods</b>	<ul style="list-style-type: none"> <li>• Benefits will not be payable for the following items and/or services during the <b>First Policy Year</b>: <ol style="list-style-type: none"> <li>1. Hearing Exams and Hearing Aids (will not exceed \$500 in any one Policy Year and subject to the Policy Year Maximum Benefit)</li> </ol> </li> </ul>

<b>Provider Services</b>	<p>No Network Requirement – policyholder may see any provider.</p> <p>Medico does provide a Passive Dental PPO. For services provided by a Participating Dentist, we will pay based on the contracted fee for service with the PPO for dental procedures and services after any required Policy Year Deductible and any applicable coinsurance. For a listing of providers visit <a href="http://www.careington.com/co/maxcare">www.careington.com/co/maxcare</a>.</p> <p>For services provided by a Non-Participating Dentist, we will pay on the Reasonable and Customary Charges for dental procedures and services after any required policy year deductible and any applicable coinsurance.</p> <p>Whether the policyholder utilizes a network provider or not, the benefit percentages remain the same.</p>
<b>Exceptions and Limitations</b>	Please refer to the Coverage Schedule for a complete listing of all Exceptions and Limitations
<b>30-Day Right to Examine</b>	The policyholder has 30 days after they have received the policy to examine it and return it to Medico or to the Producer if they are dissatisfied. Medico will refund the premium, minus any claims paid and void the policy.

This policy has limitations and exclusions. For complete details of the coverage, please review the policy contract. Policy availability features and rates may vary by state. Dental, Vision & Hearing insurance is not a substitute for health insurance. This policy may not be appropriate for Medicaid recipients. When used herein, “policy” refers to either the policy or certificate.

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