

DENTAL, VISION and HEARING *Insurance Plan*



IMPORTANT FEATURES

- Coverage For You and Your Family
- Two Plans to Choose From
- Low Deductible
- Affordable Premiums
- No Network - Use Any Provider
- 5 Employee Minimum

CABILDO
STAFFING



VOLUNTARY GROUP VISION & HEARING INSURANCE

BENEFIT	PLAN I	PLAN II	ADDITIONAL BENEFIT INFORMATION
VISION EXAM	\$75	\$25	One vision exam per covered person, per 12 month period
FRAMES	\$75	\$25	One pair of frames per covered person, per 12 month period
SPECTACLE LENSES (PAIR) SINGLE BIFOCAL TRIFOCAL LENTICULAR PROGRESSIVE	\$90 \$115 \$180 \$230 \$115	\$30 \$45 \$60 \$90 \$45	One pair of spectacle lenses per covered person, per 12 month period
CONTACT LENSES (PAIR)	\$200	\$100	Once per covered person, per 12 month period. Contact lenses are in lieu of frames and lenses
REFRACTIVE SURGERY (PER EYE)	\$450	\$150	Once per covered person, per lifetime
LOSS OF SIGHT (PER EYE)	\$1,500	\$500	Accidental loss of sight once per covered person, per lifetime
HEARING EXAM	\$75	\$25	Once per covered person, per 12 month period.
HEARING AID (EACH)	\$750	\$250	Plan I, once per 24 month period. Plan II once per 48 month period.
LOSS OF HEARING (EACH EAR)	\$1,500	\$500	Accidental loss of hearing once per covered person, per lifetime

GROUP RATES FOR VISION AND HEARING INSURANCE

COVERAGE LEVEL	PLAN I	PLAN II	ADDITIONAL INFORMATION
EMPLOYEE ONLY EMPLOYEE & CHILD(REN) EMPLOYEE & SPOUSE FAMILY	Monthly \$21.51 \$35.67 \$43.01 \$59.57	Monthly \$ 7.52 \$12.48 \$15.04 \$20.84	Minimum group size is 5 Group Vision & Hearing Certificates, regardless of the number of other Life of Alabama products/policies in force.

VOLUNTARY GROUP DENTAL INSURANCE

BENEFIT	PLAN I	PLAN II	ADDITIONAL BENEFIT INFORMATION
DIAGNOSTIC AND PREVENTATIVE CARE	100% Coinsurance	100% Coinsurance	Initial and Periodic Oral Exams, Prophylaxis (Cleanings/Exams-Limit one every six months), Space Maintainers, X-rays (Limited), Fluoride Treatments (Under age 19), Sealants (Under age 17)
BASIC CARE	80% Coinsurance	80% Coinsurance	Extractions, Recementation of Crowns, Removal of Cysts and Neoplasms, Anesthesia when connected with a cutting procedure, Amalgam and Synthetic Restorations (Fillings), Full and Partial Denture Repair, Repair of Crowns and Bridges, Oral Surgery
MAJOR CARE	50% Coinsurance Subject to a one-year waiting period	None	Endodontics, Periodontics (Gum Disease), Alveolar or Gingival Reconstructions, Crowns, Dentures, Pontics, Bridges, Inlays, Periodontal Cleanings
CALENDAR YEAR MAXIMUM	\$1,200 Per employee and dependent	\$800 Per employee and dependent	Persons eligible for coverage are: you and those eligible dependents who are shown on the application form. An eligible dependent is: your spouse; an unmarried child until the age of 19 (age 24 if he or she is a full-time student). Primary Insured must be working 25 or more hours a week. In Tennessee dependent children are covered until age 24.
DEDUCTIBLE	Basic and Major Care are subject to an annual deductible	Basic Care is subject to an annual deductible	\$50 annual deductible per family member (Limit of 3 per family)
OPTIONAL CHILDREN ORTHODONTIC CARE	50% Coinsurance Subject to a 15 month waiting period. \$400 per year per child. Lifetime Maximum \$1,200	None	Limited to children 6 through 19 years old. Covers diagnosis, orthodontic appliances, and retention. Calendar year deductible \$50 per person. Maximum of 3 per family. Available under Plan I only.

GROUP RATES FOR DENTAL INSURANCE

COVERAGE LEVEL	PLAN I	PLAN II	ADDITIONAL INFORMATION
EMPLOYEE ONLY	Monthly \$28.34	Monthly \$18.50	Minimum group size is 5 Group Dental Certificates, regardless of the number of other Life of Alabama products/policies in force. When offering the Children Orthodontic Care Rider, all employees requesting coverage for dependent children must purchase the Rider.
EMPLOYEE & CHILD(REN)	\$53.13	\$34.75	
EMPLOYEE & SPOUSE	\$53.13	\$34.75	
FAMILY	\$78.43	\$51.21	
CHILDREN ORTHODONTIC CARE RIDER	\$12.10		

TWO PLANS - THREE TYPES OF COVERAGE DENTAL / VISION & HEARING

WHY IS DENTAL, VISION & HEARING INSURANCE IMPORTANT TO YOU?

LICOA's Dental, Vision & Hearing options have made it easy for you to stay healthy through regular care. Plus, keep in mind these unique options can provide three different types of coverage. Preventative care is important for maintaining good health.

- Dentists can identify the first signs of conditions such as diabetes, cancer, respiratory disease and cardiovascular disease in the mouth.
- Eye doctors can detect diabetes, high blood pressure and cholesterol.
- Only about a third of all people with hearing loss are of retirement age. The majority is of school or working age.

LICOA understands that with rising healthcare costs, employees are dealing with reduced health benefits or loss of health benefits completely. This means they have to pay more out of pocket costs.

We are all feeling the effects of these rising costs. LICOA knows the importance of dental, vision and hearing care and the impact they have on a person's overall health.

LICOA gives you the freedom to use any provider. No special provider network.

BENEFITS

YOUR SMILE

Dental services, performed by a licensed dentist, including an examination and cleaning every six months, x-rays, fillings, prophylaxis, bridges, crowns, dentures and outpatient dental surgery prescribed as Medically Necessary.

YOUR VISION

Visits to a physician for a basic eye examination or eye refraction, including a benefit for eyeglasses or contact lenses prescribed by the physician.

YOUR HEARING

Hearing examinations performed by a physician or audiologist, including a benefit for a hearing aid.



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