HealthSpring℠

Flexible Choice Dental, Vision & Hearing Plus
Supplemental Health and Life Insurance
Insured by Loyal American Life Insurance Company

Helping to Care for How You Smile, See and Hear



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Taking care of your smile, vision, and hearing is an important part of your whole health, but if you don't have the right coverage it can get expensive. Don't let cost be a barrier to getting the care you and your family need.

The average national cost of a routine:

Dental exam = $203[1]

Eye exam =$50–$200[2]

HealthSpring Flexible Choice Dental, Vision & Hearing (DVH) Plus insurance provides coverage that's guaranteed and predictable.

- **Issue ages 18–89** and available for individuals, spouses, and families.
- **No waiting period for dental benefits.**
- **A dental network with over 85,000 providers.**[3]
- **Benefits increase to 90% coverage in year four.**[4]
- **Guaranteed issue** with no health questions and immediate notification of eligibility.
- **60% coverage in years 2+ for major dental services** like crowns, dentures, and root canals.
- **Up to a $5,000 maximum benefit** per policy year per person that covers dental, vision, and hearing.
- **Guaranteed renewable for life** regardless of age, health, or claims, so only you can cancel your policy.[5]

A Flexible Choice DVH Plus policy provides you with a variety of benefits to explore, allowing you to choose the coverage that best suits your needs and budget.

Low deductibles of **$0, $50, or $100** per policy year per person or an optional disappearing deductible.[6]

Eight maximum benefit amount options ranging from **$1,000 to $5,000** per policy year per person.

No waiting period for dental services and optional **100% coverage** for preventive dental services.

1. Synchrony. "Americans May Forgo Dental Treatments Due to Cost, Risking Overall Health, New Synchrony Research Reveals."October 4, 2023. https://www.synchrony.com/contenthub/newsroom/americans-may-forgo-dental-treatments-due-to-cost,-risking-overa.html
2. Vision Center. "What You Need to Know: Eye Exam Costs and Financing Options."Updated on September 24, 2024. https://www.visioncenter.org/pricing/eye-exam-without-insurance/
3. Provider count as of 1/1/2025. Subject to change.
4. Excludes major dental benefits, which increase to and remain at 60% in years 2+.
5. Subject to the company's right to increase premiums on a class basis. The policy cannot be terminated for any reason other than nonpayment of premium or material misrepresentation in the application for insurance. For customers in Pennsylvania, after three (3) years from the date of this policy, no misstatements, except fraudulent misstatements, made by You in the application for the policy shall be used to void the policy or to deny a claim for loss incurred or disability (as defined in the policy) commencing after the expiration of the three (3) year period.
6. The deductible must be met before benefits are paid for any dental, vision or hearing treatment. The optional disappearing deductible feature is only available on a $100 deductible.

Dental benefits

Dental services are paid based on predetermined negotiated rates with our 85,000+ in-network providers. If you choose an out-of-network provider, your Flexible Choice DVH Plus policy will reimburse you up to the in-network negotiated rate.

Vision and Hearing benefits

Coverage includes vision and hearing exams, eyeglasses, contact lenses, hearing aids, and hearing aid repairs. Discounts are available by visiting in-network providers through the Vision and Hearing Discount Plan. There are no annual spending limits or restrictions on how many times you can use the discounts.[7]

Benefits Schedule[8]	
Eligibility	**Ages 18–89, renewable for life**
Policy year maximum (per person)	**$1,000, $1,500, $2,000, $2,500, $3,000, $3,500, $4,000, $5,000**
Deductible (per person)	**$0, $50, $100**
Optional disappearing deductible $100 deductible is reduced by $33.33 per year regardless of whether or not claims are filed.	**Year 1: $100 Year 2: $66.66** **Year 3: $33.33 Years 4+: $0**
Dental	
No waiting period for dental coverage.	
Class 1 – Preventive services Optional 100% for all years. Includes but is not limited to comprehensive or periodic oral evaluations, limited oral evaluation, X-rays (bitewing films), cleanings, and sealants.	**Plan pays** **Year 1: 60% Year 2: 70%** **Year 3: 80% Years 4+: 90%**
Class 2 – Basic services Includes but is not limited to diagnostic consultation, palliative treatment, space maintainers, X-rays, composite resin restoration (filling), basic oral surgery, periodontal scaling and root planing, periodontal maintenance.	
Class 3 – Major services Includes but is not limited to endodontic services, prosthodontic services, restorative services, periodontal surgeries.	**Plan pays** **Year 1: 20% Years 2+: 60%**
Network	**Careington Maximum Care PPO**
Network providers	**85,000+**
Out-of-network	**Pays based on in-network provider contract fees**
Vision	
6-month waiting period, and plan pays up to $200 every 2 years. This benefit will count toward the policy's annual maximum benefit amount.	**Plan pays** **Year 1: 60% Year 2: 70%** **Year 3: 80% Years 4+: 90%**
Hearing	
12-month waiting period, and plan pays up to $500 every year. This benefit will count toward the policy's annual maximum benefit amount.	**Plan pays** **Year 1: 0% Year 2: 70%** **Year 3: 80% Years 4+: 90%**

7. Members must use a provider within the national network in order to receive discounts on vision and hearing services.
8. Actual coverage terms and benefit amounts will vary depending on the terms of your specific policy. Policy terms and conditions apply. For a complete description of the plan coverage, including plan terms, exclusions and limitations, refer to your plan documents.

Customer Example: George

Coverage Type: Family

Annual Maximum: $5,000

Deductible: $0

Years with a Flexible Choice DVH Plus policy: 2

George's daughter fell from a swing set and broke a tooth and her prescription eyeglasses. Without coverage, George would have paid $1,895. With his Flexible Choice DVH Plus coverage and using in-network providers, he only paid **$421.40**.

Without Coverage	Expense	George Pays
Dental Services	$1,665.00	$1,665.00
Vision Services	$230.00	$230.00
Total	**$1,895.00**	**$1,895.00**

With Flexible Choice DVH Plus Coverage and In-Network Savings	Expense	DVH Plus Pays	George Pays
$0 Deductible			$0
In-network Basic Dental Services	$80.00	$56.00 (70%)	$24.00 (30%)
In-network Major Dental Services	$851.00	$510.60 (60%)	$340.40 (40%)
Vision Services	$190.00	$133.00 (70%)	$57.00 (30%)
Total	**$1,121.00**	**$699.60**	**$421.40**

Presented for illustrative purposes only.

Customer Example: Sarah

Coverage Type: Individual

Annual Maximum: $5,000

Deductible: Disappearing

Preventive Dental Services: Disappearing

Years with a Flexible Choice DVH Plus policy: 4

During a routine dental check-up, Sarah was diagnosed with a cavity that required a filling. Without coverage, Sarah would have paid $509 for the check-up and cavity filling visits. With her Flexible Choice DVH Plus coverage and using an in-network provider, she only paid **$11.10**.

Without Coverage	Expense	Sarah Pays
Dental Services	$509.00	**$509.00**

With Flexible Choice DVH Plus Coverage and In-Network Savings	Expense	DVH Plus Pays	Sarah Pays
Disappearing Deductible			$0
In-network Preventive Dental Services	$149.00	$149.00 (100%)	$0
In-network Basic Dental Services	$111.00	$99.90 (90%)	$11.10 (10%)
Total	**$260.00**	**$248.90**	**$11.10**

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Loyal American Life Insurance Company, PO Box 5700, Scranton, PA 18505-5700.

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This is a solicitation for insurance. An insurance agent/producer may contact you. This brochure is designed as a marketing aid and is not to be construed as a contract for insurance. It provides a brief description of the important features of policy form series LY-DVH-BA; and In DE: LY-DVH-BA-DE, In LA: LY-DVH-BA-LA, In OK: LY-DVH-BA-OK, In SC: LY-DVH-BA-SC, In SD: LY-DVH-BA-SD, In VT: LY-DVH-BA-VT, In WY: LY-DVH-BA-WY, In WV: LY-DVH-BA-WV. Product availability varies by state. These policies contain exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. For cost and complete details of coverage, contact your insurance agent/producer or the company.

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