



**INFORMATION PACKET
FOR AGENT USE ONLY**





Apex Dental Agent Checklist

1. Complete the Apex Dental Assisted Contracting form, then send to:
kristen@simkt.com
 - a. E&O: minimum \$1,000,000
2. Attend a Friday Training Webinar. Choose a date and time to attend:
https://us02web.zoom.us/webinar/register/WN_ABedrbExQ7KiY-Kchr607w
3. All agents must obtain an Arizona license to sell Apex Dental.
 - a. Here is how to apply for a nonresident Arizona license:
<https://pdb.nipr.com/my-nipr/frontend/identify-licensee>
 - b. Click individual or business if you have an agency.
 - c. Proceed with the application. If you need assistance obtaining your Arizona license, call: (855) 674-6477
 - d. Send proof of licensure (copy of the license) to: kristen@simkt.com
 - e. Sell 5 apps within 90 days and get reimbursed for the cost of the license.
 - i. Send a copy of your Arizona license once 5 apps are sold to:
marketing@hfgagents.com
4. Agent Support: kristen@simkt.com or call 346-460-5451
5. Member Support: 346-460-5451
6. Providers & Claims: 877-493-6282



Maximum Allowable Charge-MAC PLAN (100/80/50)

Annual Benefit - Per Person.....\$1,500

Percentage of Covered Benefits Per Policy Year

| | <u>TYPE I</u> | <u>TYPE II</u> | <u>TYPE III*</u> |
|--------------------------------|---------------|----------------|------------------|
| DURING THE 1ST YEAR | 100% | 80% | 0% |
| 2ND YEAR AND THEREAFTER | 100% | 80% | 50% |

* 12-month waiting period

Deductible Per Person \$25/visit

This deductible applies to Type I, II and III services *Dependent Children Covered to Age 26*

Payment is based upon allowable charges in the area in which service is rendered.

Services provided at a non-contracted provider will most likely incur charges beyond what the contracted provider would charge for the same procedure.

TYPE I (PREVENTIVE SERVICES)

Including:

- No waiting period
- Routine Exams (one per 6 months)
- Prophylaxis (cleanings-one per 6 months)
- Emergency exams for dental pain (minor procedures)
- Fluoride treatments for dependent children under age 19 (one per 12 months)
- Bitewing X-rays (once per 6 months)

TYPE III (MAJOR SERVICES)

Including:

- 12 month waiting period
- Major restorative services (crowns and inlays)
- Prosthetics (bridges, dentures)
- Replacement of prosthodontics, dentures, crowns and inlays
- Denture relines
- Space Maintainers
- General anesthesia (for services dentally necessary)
- Endodontics/root canal therapy
- Periodontics
- Oral Surgery
- Implants

TYPE II (BASIC SERVICES)

Including:

- No waiting period
- Simple restorative services (fillings)
- Simple extractions
- Palliative treatment for dental pain, local anesthesia
- Sealants for children ages 6-15 (one per tooth)
- Periapical X-rays
- Full mouth or panorex X-rays (one per 36 months)

Maximum Allowable Charge-MAC PLAN (100/80/50)

Annual Benefit - Per Person.....\$3,000

Percentage of Covered Benefits Per Policy Year

| | <u>TYPE I</u> | <u>TYPE II</u> | <u>TYPE III*</u> |
|--------------------------------|---------------|----------------|------------------|
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- Denture relines
- Space Maintainers
- General anesthesia (for services dentally necessary)
- Endodontics/root canal therapy
- Periodontics
- Oral Surgery
- Implants

Maximum Allowable Charge-MAC PLAN (100/80/50)

Annual Benefit - Per Person.....\$5,000

Percentage of Covered Benefits Per Policy Year

| | <u>TYPE I</u> | <u>TYPE II</u> | <u>TYPE III*</u> |
|--------------------------------|---------------|----------------|------------------|
| DURING THE 1ST YEAR | 100% | 80% | 0% |
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Deductible Per Person \$25/visit

This deductible applies to Type I, II and III services *Dependent Children Covered to Age 26*

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Including:

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- Endodontics/root canal therapy
- Periodontics
- Oral Surgery
- Implants

Limitations and Exclusions

Covered Expenses Will Not Include and No Benefits Will be Payable:

1. For any treatment which is for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
2. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items, unless required because of an accidental bodily injury sustained while the Insured is covered. Replacement is not covered if the item can be repaired.
3. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of natural teeth during the same period of continuous coverage. But the extraction of a third molar (wisdom tooth) will not qualify the item for payment. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth. Coverage does not include the part of the cost that applies specifically to replacement of teeth extracted prior to the period of coverage.
4. For addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth extracted during the same period of continuous coverage.
5. For any expense incurred or procedure begun before the Insured's current period of continuous coverage.
6. For any expense incurred or procedure begun after the Insured's insurance under this section terminates, except for a prosthetic appliance, fixed bridge, crown, or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance ends.
7. To duplicate appliances or replace lost or stolen appliances.
8. For appliances, restorations or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat jaw fractures or disturbances of the temporomandibular joint.
9. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
10. For broken appointments or the completion of claim forms.
11. For orthodontia service or for any services associated with orthodontic therapy when this optional coverage is not elected and the premium is not paid.
12. For sealants which are:
 - a. not applied to a permanent molar;
 - b. applied before age 6 or after attaining age 16; or
 - c. reapplied to a molar within three years from the date of a previous sealant application.
13. For subgingival curettage or root planing (procedure numbers 4220 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
14. Because of an Insured's injury arising out of, or in the course of, work for wage or profit.
15. For an Insured's sickness, injury or condition for which he or she is eligible for benefits under any Workers Compensation Act or similar laws.
16. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
17. For services which are not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
18. Because of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
19. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
20. For any services related to: equilibration, bite registration or bite analysis.
21. For crowns for the purpose of periodontal splinting.
22. For charges for: any implants; overdentures; precision or semi-precision attachments and associated endodontic treatment; other customized attachments; or specialized prosthodontic techniques or characterizations.
23. For charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.
24. For procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
25. Services or supplies provided by a family member or a member of the Insured's household.

Note: This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. See your certificate for details.

Predetermination of Benefits: As a service to protect the Insured, First Continental Life & Accident Insurance Co. will provide predetermination of benefits for recommended treatment plans that exceed \$300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps Insured's better understand their coverage. The Insured should submit the treatment plan to First Continental Life & Accident Insurance Co. for review and predetermination of benefits before the service begins.

TAKEOVER BENEFITS

Takeover means that you are given credit for waiting periods for like coverage's accumulated under your existing plan. No credit is given for deductibles satisfied under your existing plan.

1. In order to provide Takeover Benefits your employer's current dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan.
2. All employees insured on the effective date with continuous coverage from the prior group dental contract are eligible for Takeover Benefits. Waiting periods will be reduced by the amount of time insured under the prior plan.
3. A minimum of three (3) enrolled members are needed for an employer to be eligible for Takeover Benefits.
4. Takeover Benefits must be requested and are subject to the approval of First Continental Life & Accident Insurance Co.

Submission of Claims:

First Continental Life & Accident Insurance Co.
ATTN: Claims Department
101 Parklane Blvd, Suite 301
Sugar Land, TX. 77478

Verification of Claims:

281-313-7170 (local)
1-877-493-6282 (toll free)

| | |
|---------------------|----------|
| \$1,500 | |
| MEMBER | \$44.01 |
| MEMBER + SPOUSE | \$78.26 |
| MEMBER + CHILD(REN) | \$87.22 |
| FAMILY | \$125.37 |

| | |
|---------------------|----------|
| \$3,000 | |
| MEMBER | \$49.55 |
| MEMBER + SPOUSE | \$87.88 |
| MEMBER + CHILD(REN) | \$97.51 |
| FAMILY | \$136.00 |

| | |
|---------------------|----------|
| \$5,000 | |
| MEMBER | \$56.50 |
| MEMBER + SPOUSE | \$99.16 |
| MEMBER + CHILD(REN) | \$112.00 |
| FAMILY | \$160.73 |

| | |
|---|-------------|
| PREVENTIVE | 100% |
| No waiting period Routine Exams (one per 6 months) Prophylaxis (cleanings-one per 6 months) Emergency exams for dental pain (minor procedures) Fluoride treatments for dependent children under age 19 (one per 12 months) Bitewing X-rays (once per 6 months) | |

| | |
|--|------------|
| BASIC | 80% |
| No waiting period Simple restorative services (fillings) Simple extractions Palliative treatment for dental pain, local anesthesia Sealants for children ages 6-15 (one per tooth) Periapical X-rays Full mouth or panorex X-rays (one per 36 months) | |

| | |
|---|------------|
| MAJOR | 50% |
| 12 month waiting period Major restorative services (crowns and inlays) Prosthetics (bridges, dentures) Space Maintainers General anesthesia (for services dentally necessary) Endodontics/root canal therapy Periodontics Implants | |

WAITING PERIOD FOR MAJOR SERVICES CAN BE WAIVED WITH PROOF OF PRIOR COVERAGE





Take Over Benefit/Credit for Prior Coverage

Apex Dental is extending the takeover benefits to new dental members that had prior coverage with a previous dental carrier. These members may qualify to receive credit for the months that they've had coverage and may go towards their 12-month waiting period for Type 3-Major Services. Please submit the proof of prior coverage to apexdental@fcdental.com.

Below are the criteria that will need to be met to be considered for credit of prior coverage.

The prior coverage must be a PPO/MAC plan

The member will need to obtain a letter/certificate from the previous carrier with the following information:

- Carrier Name- [outline of dental plan] 100/80/50
- Effective Date of Coverage: [Coverage DATES]
- Family Coverage for:
 - Self: Member Name, SSN & DOB
 - Spouse: Name DOB
 - Child: Name DOB
 - Child: Name DOB

The letter must be on carrier letterhead and state the type of coverage (include annual maximum and coinsurance), list the names of all covered members and there must be a start date and end date for the coverage.

Proof will not be accepted from the following:

- Bank draft
- Screen shot
- Word document
- There cannot be more than a 30-day break in coverage for the takeover benefits to be extended to the member.
- Any discount dental plans.

Once documentation has been submitted allow 72 business hours for review. All proof of prior coverage is subject to carrier approval.



Treat your hearing loss, easily and affordably



What causes hearing loss?

Hearing loss can be temporary and caused by simple things like ear wax or a cold. It can also be permanent, caused by damage to the tiny hair-like cells in the inner ear as a result of exposure to noise, aging, other health conditions, or certain medications.



When should I get my hearing checked?

Hearing loss can come on so gradually that you may not even notice it's happening. In general, you should have your hearing screened every three to five years, and tested annually if you are over the age of 50 or experiencing any of the following:

- **Consistent exposure** to loud noises.
- **Difficulty understanding** in noisy environments or in groups.
- **Hearing mumbling** or feeling as though people are not speaking clearly.
- **ringing** in your ears.



How can I check my hearing?

Getting your hearing checked is now easier than ever with in-person and at-home options:

- **Virtual screening** allows you to confirm if hearing loss is detected from the comfort of home
- **Professional hearing evaluations** take place in a hearing care clinic setting. A hearing care professional will work with you to complete an in-depth evaluation of your hearing and propose solutions if hearing loss is indicated.

Learn more at www.amplifonusa.com/lp/apexdental



See reverse for your benefit information >

If you think you may have hearing loss, rest easy. Apex Dental has teamed up with Amplifon to offer you quality hearing health care.

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------------------------------|--|---------|---------|---------|---------|
| | Hearing aid options from the top brands with an average savings of 66% off retail pricing. | | | | |
| Amplifon Price (per ear) | \$595 | \$895 | \$995 | \$1,495 | \$1,795 |



New virtual services

Virtual screening – determine need from the comfort of home

Personalized coaching – enhance adjustment and use of hearing aids

On-demand virtual visits – convenient care for non-clinical support

Risk-free trial

Find your right fit by trying your hearing aids for 60 days

Complimentary aftercare

1-year follow-up care - ensures smooth transition to your new hearing aids

2-year battery support - battery supply or charging station to keep you powered

3-year warranty - coverage for loss, repairs, or damage

To learn more, call 866-696-1337 TTY: 711 | Hours: Mon-Fri 8am - 9pm ET
or visit: www.amplifonusa.com/lp/apexdental

You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs.

Risk-free trial - 100% money-back guarantee if not completely satisfied, no return or restocking fees

Follow-up care - for one year following purchase. **Batteries** - two-year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - exclusions and limitations may apply. Contact Amplifon 866-696-1337 for details.

Virtual screening does not take the place of a diagnostic exam by a licensed professional. Not all virtual services are available on all products.


Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Apex Dental and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any third-party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

Never dread a trip to the pharmacy again!

Join the ApexRx Assurance Plan, no registration required – simply download our free mobile app!
Our real-time price finder gives you the most accurate discounts in seconds.


Get the most up-to-date savings – up to 88% off the retail price – at more than 70,000 pharmacies nationwide.

How to Save with ApexRx:




STEP 1

Using the app or website, search for your medication, dosage, & quantity



STEP 2

Choose your price & show the card at the pharmacy



STEP 3


Save instantly & on future refills!

Scan to download the free ApexRx app for prescription savings and peace of mind on the go:
Or click here.



The table below shows recent pharmacy transactions by ApexRx cardholders.

| Medication | Qty | Retail | ApexRx Price | ApexRx Savings | Pharmacy |
|--------------------------------|-----|-----------|--------------|----------------|-------------------------|
| AMLODIPINE BESYLATE 2.5 MG TAB | 90 | \$133.99 | \$19.33 | \$114.66 86% | RITE AID |
| CELECOXIB 200 MG CAPSULE | 180 | \$1364.62 | \$15.96 | \$1348.66 99% | HANNAFORD FOOD AND DRUG |
| PHENAZOPYRIDINE 200 MG TAB | 90 | \$359.29 | \$7.65 | \$351.64 98% | WALGREENS |
| DEXTROAMP-AMPHET ER 15 MG CAP | 10 | \$68.99 | \$12.70 | \$56.29 82% | HY-VEE |
| FENOFIBRATE 134 MG CAPSULE | 90 | \$186.95 | \$23.94 | \$163.01 87% | PUBLIX PHARMACY |
| LACOSAMIDE 200 MG TABLET | 30 | \$580.99 | \$18.91 | \$562.08 97% | CVS PHARMACY #11241 |
| SILDENAFIL 20 MG TABLET | 90 | \$1289.50 | \$11.75 | \$1277.75 99% | FOOD LION PHARMACY |
| SIMVASTATIN 20 MG TABLET | 90 | \$253.99 | \$21.74 | \$232.25 91% | RITE AID |
| ATORVASTATIN 10 MG TABLET | 90 | \$271.69 | \$20.31 | \$251.38 93% | WALGREENS |
| MINOXIDIL 2.5 MG TABLET | 90 | \$31.09 | \$10.35 | \$20.74 67% | CVS INSIDE TARGET |



Prescription Savings Program

ID#: AV40909102
GRP: ZA4290
BIN: 610312
PCN: 01

Please show this card at the pharmacy on every visit.

This program is not insurance.

Pharmacy Services: 1-844-479-5377



This card is already active for YOU!

No expiration date. No personal information required. Everyone is eligible to save with the ApexRx prescription savings card!

This is not insurance. Void where prohibited by law.





| VISION CARE SERVICES | IN-NETWORK MEMBER COST | OUT-OF-NETWORK REIMBURSEMENT |
|---|--|--|
| Vision Examination (includes Refraction) Retinal Imaging | Covered in full after \$10 copay Up to \$45 member out-of-pocket maximum | Up to \$35 N/A |
| Contact Lens Fit and Follow-up Standard Contact Lens Fitting Custom Contact Lens Fitting | Up to \$50 member out-of-pocket maximum Up to \$75 member out-of-pocket maximum | N/A N/A |
| MATERIALS* | \$25 copay (Materials copay applies to frame or spectacle lenses, if applicable.) | |
| Frame Allowance (Up to 20% discount above frame allowance.) | \$150 allowance | Up to \$50 |
| Standard Spectacle Lenses Single Vision Bifocal Trifocal Lenticular | Covered in full after \$25 copay Covered in full after \$25 copay Covered in full after \$25 copay Covered in full after \$25 copay | Up to \$25 Up to \$40 Up to \$50 Up to \$80 |
| Preferred Pricing Options Level 1 Option Package | | |
| Polycarbonate (Single Vision/Multi-Focal) | \$40/\$44 member OOP maximum | N/A |
| Standard Scratch-Resistant Coating | \$17 member OOP maximum | N/A |
| Ultra-Violet Screening | \$15 member OOP maximum | N/A |
| Solid or Gradient Tint | \$17 member OOP maximum | N/A |
| Standard Anti-Reflective Coating | \$45 member OOP maximum | N/A |
| Standard Progressives (Level 1/2) | \$50 Allowance (\$75/\$110 member OOP maximum) | Up to \$40 |
| Premium Progressives | \$50 allowance + 20% off retail | Up to \$40 |
| Plastic Photochromic (Single Vision/Multi-Focal) | \$70/\$80 member OOP maximum | N/A |
| Polarized | \$75 member OOP maximum | N/A |
| PGX/PBX | \$40 member OOP maximum | N/A |
| Other Lens Options | Provider discount up to 20% | N/A |
| Contact Lenses † (in lieu of frame and spectacle lenses) | | |
| Elective (10% discount on amount exceeding allowance) | \$150 allowance | Up to \$128 |
| Medically Necessary | Covered in full | Up to \$250 |
| Refractive Laser Surgery | Onetime/lifetime \$150 allowance Provider discount up to 25% | Onetime/lifetime \$150 allowance |

RELIABLE & DEPENDABLE

Avésis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avésis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

| Level | Pricing |
|-----------------|----------|
| Member | \$ 11.46 |
| Member + Spouse | \$ 20.25 |
| Member + Child | \$ 21.93 |
| Family | \$ 27.76 |



150150EZ1L1
 Discounts are not insured benefits.
 *At participating Walmart/Sam's locations, retail pricing for your plan is \$82. At participating Costco locations, retail pricing is \$84.99.
 †Prior Authorization is required for medically necessary contacts.

USING OUT-OF-NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting www.avesis.com.

LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avēsis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pair of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State, or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
- 2) Medical or surgical procedures, services, or treatments: not specifically covered under this Rider;
 - a. provided free of charge in the absence of insurance
 - b. payable under any Workers' Compensation law or similar statutory authority
 - c. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

TERMINATION PROVISIONS

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

NOTES AND DISCLAIMERS

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

Insured benefits are administered by Avēsis Third Party Administrators, LLC, Phoenix, AZ



Vision at a Distance

Update Your Vision—and Your Look—From The Comfort Of Home

Introducing Avēsis Vision Delivered, powered by UVP. It's just what you need to keep your vision sharp and your look fresh when visiting your provider for new glasses is inconvenient. Shop online using your in-network benefits—no claim form required. Avēsis Vision Delivered delivers!

Get The Most Out Of Your Vision Insurance Benefits



Call customer service, available 24/7, at 844-244-1184 with any questions or concerns.



Use our virtual try-on tool that shows members how the glasses will look on you.



Enjoy a risk-free shopping experience with free shipping and returns.



Choose from over 6,000 styles of glasses and sunglasses, including designer brands.



Choose state-of-the-art coatings and lenses for all prescription types: blue light blocking, mirrored, polarized, Transitions®, polycarbonate, digital progressive, and thin high-index lenses.

Getting glasses online is easy!

1. Log into your Avēsis account.
2. Click the link to our online portal.
3. Explore thousands of styles.
4. Try on glasses virtually.
5. Complete your order. (You can enter your prescription manually or upload a photo of it to your account.)
6. Enjoy free shipping, free returns, and a risk-free, money-back guarantee.

We've Got You Covered

See for Miles and Miles

Networks are the fabric of a benefits program. Ours is tightly woven—with credentialed, well-respected vision care providers—to bring you insurance coverage you can trust no matter where you travel throughout the entire country.

Set Your Sights on Convenience

Our national network has been built with you in mind! Having a balanced mix of independent and retail ophthalmologists, optometrists, and opticians makes it easy to find the right provider for your eye care needs. With over 80,000 access points, it's no wonder 97 percent of Avēsis members stay in network.

Go the Distance with Us

Visit www.avesis.com and click Provider Search to find a network provider.

Looking for LASIK doctors who participate with us? Visit the QualSight LASIK® website for a list. (www.qualsight.com/-avesis)

Still have questions? Call 800-828-9341.



Here are just a few of the major retailers who participate with Avēsis:

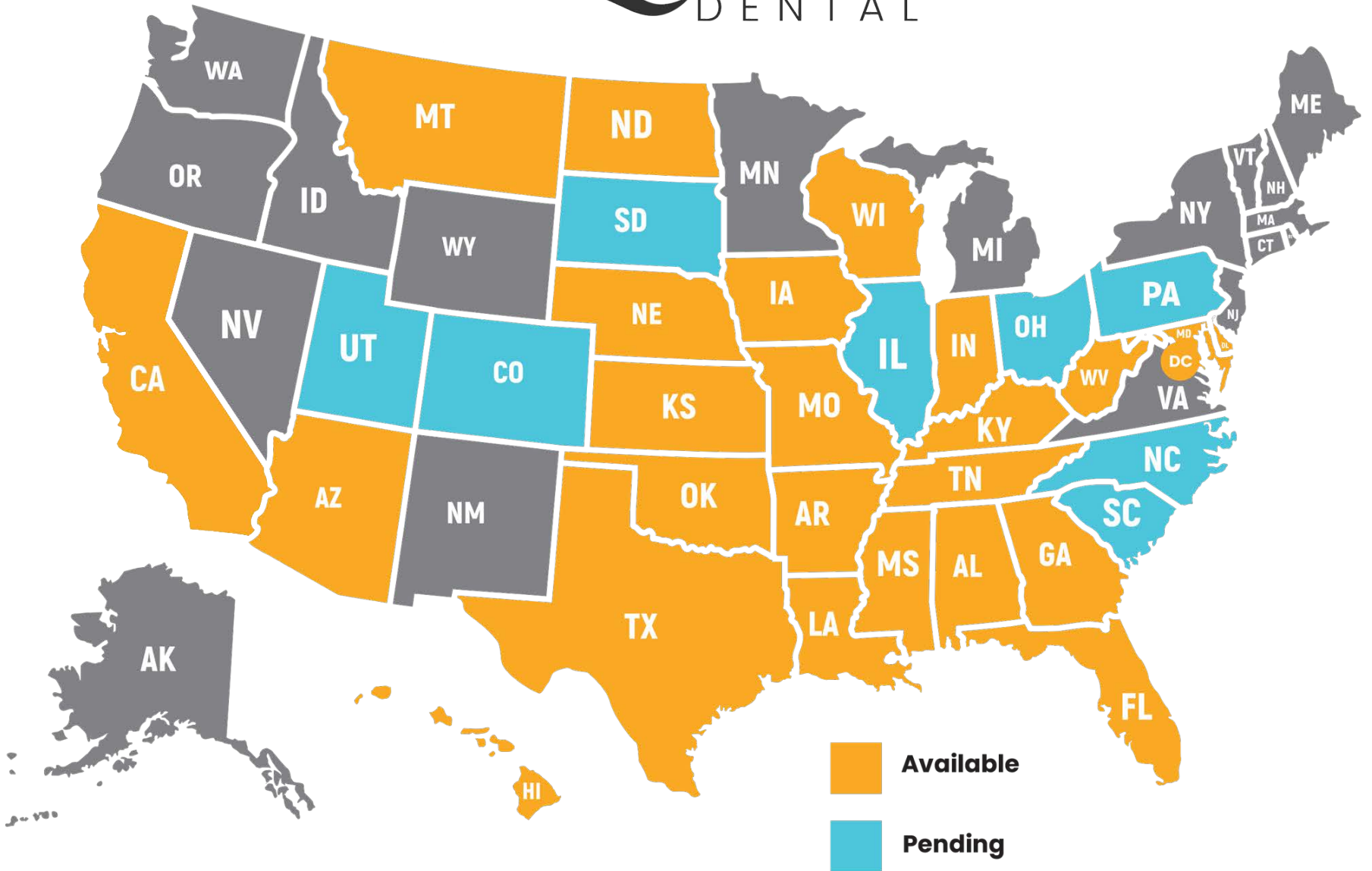
- America's Best Contacts & Eyeglasses™
- Cohen's Fashion Optical®
- Costco® Wholesale
- Eyeglass World®
- Eyemart Express™
- EyeMasters
- For Eyes
- JCPenney Optical
- Midwest Vision Centers
- MyEyeDr.
- Nationwide™ Vision
- Pearle Vision®
- Sam's Club®
- Shopko®
- Sterling Optical®
- SVS Vision Optical Centers
- Target® Optical
- TSO™ Texas State Optical
- Visionworks®
- Walmart®

Some locations may not offer all services. Full-service or materials-only status can be found through the provider search tool. Please check www.avesis.com prior to scheduling an appointment. Avēsis Incorporated and Avēsis Third Party Administrators, Inc. (Avēsis), are wholly owned subsidiaries of Guardian. Guardian® is a registered service mark of The Guardian Life Insurance Company of America, New York, NY. ©2019 Avēsis Incorporated. ©2019 Guardian. All rights reserved. Used with express permission. QualSight® LASIK is a vision correction benefit management company that provides certain vision correcting procedures through a third-party arrangement between Avēsis and QualSight. #2019-78289 (exp. 5/20).

Rev (05/19) | 044

Avēsis
10400 N. 25th Ave.
Suite 200
Phoenix, AZ 85021

www.avesis.com



For agent use only

Welcome!



Member Name
Address
City, State, Zip

SAMPLE

Dear Fullname,

Attached below is your member identification card. The ID card lists you as the member. If you have elected to cover any of your dependents, the coverage level will be listed on the card. Please verify your name is printed correctly on the card.

Please note: It is imperative to utilize an in-network provider. Reducing your out-of-pocket expenses, by utilizing an in-network provider, will maximize your benefit dollar. Please see the reverse side for easy-to-follow, helpful instructions to locate an in-network provider near you.

Always present your ID card at the time of service to ensure you received the contracted rate.

Our members are our priority! Should you have any questions, please feel free to contact us. For dental claims inquiries, please call 1-877-493-6282, Monday-Friday 8:00 a.m. to 5:00 p.m. CST. For customer service, contact our Member Experience Department at: 346-460-5451.

Thank You,
Heartland Financial Group



DENTAL
INSURANCE CARD

MEMBER NAME: John Doe
GROUP ID: AZ2359 D+
PLAN ID: APEX Dental 1500
EFFECTIVE DATE: 8/1/2021
COVERAGE: Family MEMBER
ID: 10000000



DENTAL
INSURANCE CARD

MEMBER NAME: John Doe
GROUP ID: AZ2361 D+
PLAN ID: APEX Dental 5000
EFFECTIVE DATE: 8/1/2021
COVERAGE: Family MEMBER
ID: 10000000



Plus Network is a combination of three dental networks; Dentemax, United Concordia, and Careington. The combination of these networks has created one of the largest dental PPO network, with over 600,000 providers in the United States.

To locate a provider near you, go to: <http://plusnetwork.fcdental.com>.

You can search for a provider near you using any combination of the following criteria:

- City & State**
- Zip Code**
- Specialty**
- Office Name**
- Dentist's Last Name**

You MUST enter either the Zip Code or City and State for your search.



Always present your ID card at the time of service to ensure you received the contracted rate.



Welcome!



Member Name
Address
City, State, Zip

SAMPLE

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Our members are our priority! Should you have any questions, please feel free to contact us. For vision claims inquiries, please call 1-855-214-6777, Monday-Friday 7:00am to 5:00pm est. For customer service, contact our Member Experience Department at 346-460-5451.

Thank You,
Heartland Financial Group



VISION INSURANCE
CARD



VISION INSURANCE
CARD

MEMBER NAME: John Doe
GROUP ID: AZ2359 D+
PLAN ID: APEX Dental 1500
EFFECTIVE DATE: 8/1/2021
COVERAGE: Family MEMBER
ID: 10000000



MEMBER NAME: John Doe
GROUP ID: AZ2361 D+
PLAN ID: APEX Dental 5000
EFFECTIVE DATE: 8/1/2021
COVERAGE: Family MEMBER
ID: 10000000



For service inquires contact 346-460-5451
For vision claims contact member services 855-214-6777

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