Vantage Point Benefits

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www.vpdental.com

Vantage Point | Individent And VISION PLANS | Self

Individuals Families Self Employed

LIMITATIONS AND EXCLUSIONS: The information contained herein is intended as an easy-to-read summary. Additional limitations and exclusions may apply to covered services. In the event of inconsistencies with insurers certificate, the certificate will control. This is not a contract and is not intended to serve as required legal notification.

TDA Total Dental Administrators





What matters most to you about Dental Insurance?

Freedom to Choose

Vantage Choice gives you the freedom to choose any dentist. The plan covers preventive care immediately and provides discounts during the waiting period.

Immediate Care

Vantage Care provides you with immediate access to all plan benefits. There are no waiting periods, deductibles or maximums.

Low Monthly Cost

Vantage Access is a Discount Dental Plan that offers reduced rates on dental services. It is an affordable alternative to dental insurance.

Your Dental Health

Emphasis On Preventive Care.

Individuals with dental plans are more likely to seek regular dental care that can help prevent future costly and painful treatment. Vantage Point Benefits' mission is to provide dental plans that emphasize preventive and diagnostic care. Good dental health is essential to your overall well-being, and you now have access to quality care at a price you can afford. These three plans have been designed to help you maintain optimal dental health.

oticare	Opt	icare Plar	n: 15-1000
	<u>Monthly</u> ingle \$10.82 wo Party \$21.01 amily \$26.94	<u>An</u> Single Two Party Family	<u>nually x 12</u> \$ 9.73 \$116. \$18.95 \$227. \$24.25 \$291.
VANTAGE POIN	T Select Network	Broad Network	Out-of- Network
Eye Exam			
Eyeglass exam Contact exam Dilation Contact Fitting	\$15 Co-pay \$15 Co-pay 100% Covered 100% Covered	\$25 Co-pay \$25 Co-pay Retail Retail	 \$35 Allowance \$35 Allowance Included above Included above
Lenses Single Vision Bifocal (FT 28) Trifocal (FT 7x28)	100% Covered 100% Covered 100% Covered	\$10 Co-pay \$10 Co-pay \$10 Co-pay	♦\$85 Allowance for lenses, options and coatings.
Lens Options			
*Progressive (Standard no-line) *Premium Progressive Options Glass Lenses Polycarbonate High Index	\$30 Co-pay 20% Discount 15% Discount \$40 Co-pay \$80 Co-pay	\$50 Co-pay No Discount 15% Discount 25% Discount 25% Discount	
Coatings Scratch Resistant Coating Ultra Violet protection Other Options <i>A/R, edge polish, tints, mirrors, etc</i>	100% Covered 100% Covered Up to 25% Discount	\$10 Co-pay \$10 Co-pay Up to 25% Discount	
Frames			
Allowance Based on Retail Pricing	\$100 Allowance	\$80 Allowance	♦\$60 Allowance
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts			
Contact benefits is in lieu Of lens and frame benefit. Additional contact purchases: ***Conventional *** Disposables	\$100 Allowance Up to 20% off Up to 10% off	\$80 Allowance Retail Retail	♦\$60 Allowance
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery	\$250 Off Por Evo	Not Covered	Not Covered
	\$250 Off Per Eye	NUL COVEIEU	

Summary of Benefits	Vantage Co-Insuranc	e Plan (a)	Vantage Care Co-Payment Plan (b)		Vantage Access Discount Plan (c)		ınt Plan (c)	
or Denents	In-Network	Out-of-Network (d)	In-Network Only		In-Network Only			
Preventive Office visit, cleaning, oral exam and x-rays	100% after \$10 co-pay	80% (d) after \$10 co-pay	100% after \$10 co-pay (*)		60-70% average discount			
Basic Simple extractions and fillings	80% 10-20 % discount in waiting period	60% (d) after waiting period	75-80% average savings (*)		30-40% average discount			
Major Crowns, bridges, dentures, inlays, periodontics, endodontics and oral surgery	50% 10-20 % discount in waiting period	40% (d) after waiting period	50-60% average savings (*)		20-30% average discount			
Orthodontics	15-25% discount	N/A (d)	15-25% discount		15-20% discount			
Waiting Periods	6 months basic / 1	2 months major	None		None			
Deductible	\$50 per person per for basic and m		None		None			
Annual Maximum	\$1,000 per s	subscriber	None		None			
Additional Information	For subscribers ages 65 and older there is a \$25 office co-pay and \$100 deductible per subscriber per calendar year. TDA PPO Network		20% discount on specialist services: Periodontist, Endodontist, Prosthodontist, Pediatrics and Oral Surgeon. DHMO Network (executive plan)		20% discount on specialist services: Periodontist, Endodontist, Prosthodontist, Pediatrics and Oral Surgeon. TDA PPO Network			
Payment Method	Family Size	Monthly	Monthly		Monthly			
All plans allow monthly payments by Visa,	Subscriber	\$26.61	Single	\$16.35		Single	\$6.25	
MasterCard, Discover or automatic bank	Subscriber + 1	\$50.25	Two Party	\$32.70		Two Party	\$8.25	
account withdrawals.	Subscriber + 2	\$67.00	Family	\$53.10		Family	\$10.25	
There is a one-time enrollment fee	Subscriber + 3	\$82.70	 (a) Vantage Choice Plan insured by American National Life Insurance Company of Texas, Galveston, Texas. (b) Vantage Care Plan insured and underwritten by Total Dental Administrators. For complete fee schedule please refer to the plan certificate (*) see co-pay 					
of \$10.00 for all new applications.	Subscriber + 4	\$99.31						
All applications received after the 18th of the month start on	Subscriber + 5	\$115.08	 schedule. (c) Vantage Access Plan is not insurance; it is a reduced fee plan comprised of participating dental providers who have agreed to accept a discounted fee for their services. (d) All payments made by the plan are based on the network fee schedule TDA PPO network. For complete details of the coverage please refer to the plan certificate. Plans may vary by state. 					lan comprised of
the 1st of the following month.	Subscriber + 6 or more	\$144.34						edule TDA PPO
For plan information visit:			Vantage Choice dental insurance policy issued under form series DENT06-POL. Available to members of the National Consumers Advantage Association (NCAA). The benefits illustrated are a summary only; these policies have exclusions and limitations.					
www.vpdental.com								





Why get Vision Insurance?

Eyecare is a critical part of overall healthcare. An eye exam is more than just a means to prescription eyewear; regular comprehensice eye exams can give early detection to many eve and systemic diseases, loweing overall healthcare costs.

Ability to choose any provider

Discounts on additional pairs of eyeglasses LASIK surgery discounts

Example of Savings				
Exam and eyeglasses 15-100c plan	*Retail cost without insurance	Cost with Vision Insurance	Savings	
Eyeglass exam	\$59.95	\$15.00 co-pay	\$44.95	
Standard Lenses	\$49.95	100% Covered	\$49.95	
Scratch Resistant Coating	\$20.00	100% Covered	\$20.00	
Ultra Violet Protection	\$20.00	100% Covered	\$20.00	
Frame	\$150.00	\$50.00	\$100.00	
Totals	\$259.90	\$65.00	Total Savings=	
			\$234.90	

Exam and contact lenses 15-100c plan	*Retail cost without insurance	Cost <i>with</i> Vision Insurance	Savings
Contact exam	\$99.95	\$15.00 co-pay	\$84.95
1-year supply of Contacts	\$279.80	\$179.80	\$100.00
Totals	\$379.79	\$194.80	Total Savings=
			\$184.95

*Based on Standard Optical retail pricing.

* Co-pays for progressive lenses may vary. This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

Discounts

Any item listed as a discount in the benefit outline above is a merchandise discount only and not an insured benefit. Providers may offer additional discounts.

** 50% discount at Standard Optical locations Only. Out of State Network discounts vary from 20% - 35%.

***Must purchase full year supply to receive discounts on select brands. See provider for details.

Out of Network – Allowances are reimbursed at 75% when discounts are applied to merchandise. LASIK(Refractive surgery)

LASIK services are not an insured benefit - this is a discount only. All pre & post operative care is provided by Standard Optical Only

and is based on Standard Optical retail fees.

Plan Highlights and Features

Vantage Choice – CO-INSURANCE PLAN

A fully insured plan that allows for both in and out-of-network benefits.

- · Freedom to choose any dentist · 20 – 30% discount during
- Preventive care covered 100% after a \$10 co-pay
- waiting period
- · Lower rates on services from in-network providers
- · Over 1500 dental providers

Vantage Care – CO-PAYMENT PLAN

A comprehensive plan consisting of well established network dentists.

- · No waiting periods
- · Fixed co-payments for all
- · No deductibles · No annual or lifetime maximums
- dental services · Over 400 dental providers

Vantage Access – DISCOUNT PLAN

This is a reduced-fee Discount Dental Plan. It is not insurance.

- · Discounts on most dental services No annual or lifetime maximums
- · No waiting periods
- · No claim forms to fill out

No deductibles

- · Large provider network

Included Free With All Plans

Vision Discount Plan.

Receive savings up to 30% off retail prices on eyewear products. Plan provides unlimited use and offers easy access to thousands of vision care providers nationwide.

Hearing Services Plan.

Receive savings up to 50% below the suggested retail prices and up to 35% lower than most discount offers. Plan benefits may be shared with any family member.

Prescription Savings Plan.

Receive savings up to 50% on prescriptions at more than 55,000 national and regional pharmacies. Plan benefits may be shared with any family member.

For full details about these discounts and to access benefits please visit vpdental.com. The additional discount products and services described above are available to you as a supplement to your TDA dental plan. Discounts and plans are subject to change without notice.

American National Life Insurance Company of Texas is not responsible for payment of non-contractual benefits. The Vision, Hearing and Prescription Plans are not guaranteed under American National Life Insurance Company of Texas' insurance policy.