Health Alliance Plan®
by Henry Ford Health

Dental and vision coverage with Delta Dental and EyeMed

DELTA DENTAL®

POWERED BY eyeMed

Take extra care of your smile by adding dental and vision benefits to any Alliance Medicare Supplement plan for a low cost. All dental and vision services are a bundled optional supplemental benefit package with an additional premium.

Three package options allow for different levels of dental coverage. Each option includes one vision exam and a $175 allowance for vision hardware such as contact lenses, frames or glasses. These optional dental and vision packages can be purchased with any Health Alliance Plan Medicare Supplement plan. Dental services must be provided by a participating dentist*.

You have three great options for dental benefits. Review them below and choose which is best for you.

Optional add-on dental benefits			
	MS 50	**MS 70**	**MS 100****
Combined dental and vision premium	$52.30	$71.00	$69.90
Individual annual maximum	$800	$1,500	$2,500
Diagnostic and preventive services			
• Two exams and cleanings per year • Emergency palliative treatment • Brush biopsy • Bitewing x-rays (one set per year)	100%	100%	100%
• Periodontal maintenance	100%	100%	100%
Basic services			
• Fillings, including white fillings on front and back teeth • Root canals • Repairs to crowns	50%	70%	50%
• Other x-rays	50%	70%	70%
• Treatment of gum disease • Simple extraction • Denture relines • Repairs to bridges or dentures	50%	70%	100%
Major services			
• Crowns and onlays • Bridges, dentures or implant services	50%	50%	50%

* In Packages MS 50 and MS 70, you must use a Delta Dental participating provider in Michigan, Indiana or Ohio to maximize your benefits. Services received from a nonparticipating dentist may result in higher out-of-pocket costs. You will be responsible for the difference between Delta Dental's payment and the amount charged by the nonparticipating dentist.

** Package MS100 is a PPO narrow network plan that offers extensive dental coverage on a limited provider network. Please consult the Delta Dental Provider Directory to ensure your provider participates in the PPO Network. You will be responsible for the difference between Delta Dental's payment and the amount charged by the nonparticipating dentist.

Delta Dental's customer service team is available to help members find a dentist and answer benefit questions. Please call 800-971-4108 (TTY users call 711) Monday through Friday, between 8 a.m. and 6 p.m.

See reverse side for vision benefit details.

This is a solicitation of Alliance Medicare Supplemental insurance. Not connected with or endorsed by the United States Government or the federal Medicare program.

Dental and vision coverage with Delta Dental and EyeMed

Regular eye exams not only help to correct vision problems, but they can also reveal the warning signs of more serious undiagnosed health problems such as hypertension, cardiovascular disease and diabetes. We offer three dental and vision services as optional bundled supplemental benefit package with an additional premium. Each option includes one vision exam and a $175 allowance for vision hardware such as contact lenses, frames or glasses. Below is a summary of the vision benefits covered. This is not a complete list of services: limitations and exclusions may apply. For more information, contact EyeMed customer service at 855-982-7438 (TTY 711) Monday through Saturday between 8 a.m. and 11 p.m. and Sunday between 11 a.m. and 8 p.m.

	MS 50	MS 70	MS 100
Combined dental & vision premiums	$52.00	$68.90	$63.20

Alliance Medicare supplement vision benefit summary	
Exam with dilation as necessary:	$0 copay
Frames, lens & options package: *(Any frame, lens and lens options available at provider location.)*	$175 allowance for frames, lens and lens options, 20% off balance over $175
Contact lenses: (includes materials only)	
Conventional	$0 copay; $175 allowance, 15% off balance over $175
Disposable	$0 copay; $175 allowance, plus balance over $175 allowance
Medically necessary	$0 copay, paid in full
Laser vision correction: Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price
Additional pairs benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used
Frequency: Examination Frame & lenses or contact lenses	Once every 12 months Once every 12 months

Alliance Medicare Supplement Dental Vision package uses a network of vision providers powered by EyeMed, which means every doctor in our network is carefully selected to ensure you have the flexibility to choose from right mix of independent, national retail and regional retail providers, including LensCrafters®, Target Optical®, and Pearle Vision®. Plus, we offer online, in-network options through LensCrafters.com, Ray-Ban.com, Glasses.com, Optimeyes and ContactsDirect.com. To see if your provider is in our network, go to the EyeMed directory @ (HAP.org/eyedoctor).

For more information, please contact Health Alliance Plan Customer Service at **800-873-7526** (TTY: 711).
April 1 through Sept. 30: Monday - Friday, 8 a.m. to 6 p.m.
Oct. 1 through March 31: seven days a week, 8 a.m. to 8 p.m.

No benefits will be paid for services or materials connected with or charges arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products. EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time.

Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy

Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.