

Dental, Vision & Hearing Plan Comparison



	Aetna Protection Series DVH	Cigna Flexible DVH	Choice	ManhattanLife DVH Legacy	Mutual of Omaha Dental
Issue Ages	Ages 18-89	Ages 18-89		Ages 18-85	Ages 19-99
Age Bands	<ul style="list-style-type: none"> • 18-25 • 26-50 • 51-70 • 71+ 	<ul style="list-style-type: none"> • 18-49 • 50-89 		<ul style="list-style-type: none"> • 18-39 • 40-54 • 55-64 • 65-74 • 75-85 	<ul style="list-style-type: none"> • Community Rated
Rate Groups	<ul style="list-style-type: none"> • Individual • Individual + Spouse • Individual + Child(ren) • Family 	<ul style="list-style-type: none"> • Individual • Individual + Spouse • Individual + Child(ren) • Family 		<ul style="list-style-type: none"> • Individual • Family 	<ul style="list-style-type: none"> • Individual
Benefit Amount Options	<ul style="list-style-type: none"> • \$1,000-\$2,000 (\$500 increments) • \$100 Deductible 	<ul style="list-style-type: none"> • \$1,000-\$4,000 or \$5,000 (\$500 increments) • \$0, \$50 or \$100 Deductible 		<ul style="list-style-type: none"> • \$1,000, \$1,500, \$3,000, & \$5,000 • \$100 Deductible 	<ul style="list-style-type: none"> • \$1,000 or \$1,500 • \$50 or \$100 Deductible
In Network Claims	Careington Discounted Rate	Careington Discounted Rate		Careington Discounted Rate	DenteMax Network
Out of Network Claims	MAC - Only network charge level is paid/reimbursed.	Pays based on in-network contract fees.		100% of UCR	Preferred - 80% of UCR Protection - Pays based on in-network contract fees.
Preventative Services	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% • \$100 Deductible 	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3 - 80% • Year 4+ - 90% • \$0, \$50 or \$100 Deductible 		<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% • \$100 Deductible 	<ul style="list-style-type: none"> • Year 1 and after 100% • Preferred - Deductible does not apply • Protection - \$100 Deductible
	Waiting Period - 0 Months	Waiting Period - 0 Months		Waiting Period - 0 Months	Waiting Period - 0 Months

	Aetna Protection Series DVH	Cigna Flexible DVH	Choice	ManhattanLife DVH Legacy	Mutual of Omaha Dental
Basic Services	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% • \$100 Deductible 	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3 - 80% • Year 4+ - 90% • \$0, \$50 or \$100 Deductible 		<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% • \$100 Deductible 	<ul style="list-style-type: none"> • Year 1+ - Preferred - 50% Protection - 80% • \$0 or \$100 Deductible
	Waiting Period - 0 Months	Waiting Period - 0 Months		Waiting Period - 0 Months	Waiting Period - 0 Months
Major Services	<ul style="list-style-type: none"> • Year 1 - 0% • Year 2+ - 60% • \$100 Deductible 	<ul style="list-style-type: none"> • Year 1 - 0% • Year 2+ - 60% • \$0, \$50 or \$100 Deductible 		<ul style="list-style-type: none"> • Year 1 - 0% • Year 2 - 70% • Year 3+ - 80% • \$100 Deductible 	<ul style="list-style-type: none"> • Year 1 - 0% • Year 2+ - 50% • \$50 or \$100 Deductible
	Waiting Period - 12 Months	Waiting Period - 12 Months		Waiting Period - 12 Months	Waiting Period - 12 Months
Implants	Excluded	Excluded		Excluded	<ul style="list-style-type: none"> • Year 1 - 0% • Year 2+ - 50% Lifetime Max - \$2,000 or \$3,000
Vision Coverage	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% • \$100 Deductible • Pays up to \$200 during any 2 policy years 	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3 - 80% • Year 4+ - 90% • \$0, \$50 or \$100 Deductible • Vision Savings max during any two policy years: \$200 		<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3+ - 80% • \$100 Deductible • Pays up to policy year maximum benefit 	<ul style="list-style-type: none"> Rider • Up to \$50 every calendar year for one eye exam (no wait) • Up to \$150 every 2 calendar years for eyeglasses or contact lenses (6 month wait)
	Waiting Period - 6 Months	Waiting Period - 6 Months		Waiting Period - 6 Months	
Hearing Coverage	<ul style="list-style-type: none"> • Year 1 - 0% • Year 2 - 70% • Year 3+ - 80% • \$100 Deductible • Pays up to \$500 during any one policy year 	<ul style="list-style-type: none"> • Year 1 - 60% • Year 2 - 70% • Year 3 - 80% • Year 4+ - 90% • \$0, \$50 or \$100 Deductible • Hearing savings max during one policy year is \$500 		<ul style="list-style-type: none"> • Year 1 - 0% • Year 2 - 70% • Year 3+ - 80% • \$100 Deductible • Pays up to policy year maximum benefit 	None
	Waiting Period - 12 Months	Waiting Period - 12 Months		Waiting Period - 12 Months	

	Aetna Protection Series DVH	Cigna Flexible DVH	Choice	ManhattanLife DVH Legacy	Mutual of Omaha Dental
Sample Rate*					
Age 64	\$31.28	\$35.38		\$35.08	\$33.53**
Age 72	\$36.80	\$35.38		\$37.58	\$33.53**
Street Level Commission	50%	55%		40%	50%

* Sample rate is for an individual \$1,000 policy year maximum dental, vision and hearing plan with \$100 deductible in 76108 zip code.

** Sample rate ONLY includes dental and vision coverage.