

Dental, Vision & Hearing Plan Comparison

Carriers with Day One Coverage on Majors



	Aetna Protection Series DVH Plus	Ameritas Advantage Plus	Manhattan Life DVH Select	Medico
Issue Ages	Ages 18-89	Ages 18+	Ages 18-99	Ages 18-89
Age Bands	<ul style="list-style-type: none"> • 18-25 • 26-50 • 51-70 • 71-89 	No Age Bands	<ul style="list-style-type: none"> • 18-39 • 40-54 • 55-64 • 65-74 • 75-99 	No Age Bands
Rate Groups	<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 • Individual + Spouse • Individual + Child(ren) • Family 	<ul style="list-style-type: none"> • Individual • Individual + Spouse
Benefit Amount Options	• \$1,000-\$5,000 (in \$500 increments)	• \$1,000, or \$2,000	• \$1,000, \$1,500, \$3,000, & \$5,000	• \$1,000 or \$1,500
	• \$100 Deductible	• \$100 Deductible	• \$0 or \$100 Deductible	• \$50 Basic and Major Deductible
In Network Claims	Careington Network	Ameritas Network	Careington Network	Careington Network
Out of Network Claims	80% of UCR	The Lesser of the Maximum Allowable Charge "MAC" or 80% of UCR	80% of UCR	80% of UCR
Preventative Services	<ul style="list-style-type: none"> • Year 1 and after - 100% • Deductible Does Not Apply 	<ul style="list-style-type: none"> • Year 1 and after 100% • Deductible Does Not Apply 	<ul style="list-style-type: none"> • Year 1 and after - 100% • Deductible Does Not Apply 	<ul style="list-style-type: none"> • Year 1 and after - 100% • Deductible Does Not Apply
	Waiting Period - 0 Months	Waiting Period - 0 Months	Waiting Period - 0 Months	Waiting Period - 0 Months

	Aetna Protection Series DVH Plus	Ameritas Advantage Plus	Manhattan Life DVH Select	Medico
Basic Services	• Year 1 - 65% • Year 2+ - 80%	• Year 1 - 65% • Year 2+ - 80%	• Year 1 - 65% • Year 2+ - 80%	• Year 1 + - Gold 50% / Platinum 80%
	Waiting Period - 0 Months	Waiting Period - 0 Months	Waiting Period - 0 Months	Waiting Period - 0 Months
Major Services	• Year 1 - 20% • Year 2+ - 50%	• Year 1 - 20% • Year 2+ - 50%	• Year 1 - 20% • Year 2+ - 50%	• Year 1 - 20% • Year 2+ - 50%
	Waiting Period - 0 Months	Waiting Period - 0 Months	Waiting Period - 0 Months	Waiting Period - 0 Months
Implants	• Year 1 - 20% • Year 2+ - 50% Lifetime Max - \$1,500	• Year 1 - 20% • Year 2+ - 50% Annual Policy Max	• Year 1 - 20% • Year 2+ - 50% Lifetime Max - \$1,500	• Year 1 - 20% • Year 2+ - 50% Lifetime Max - \$1,500
Orthodontia	• Year 1 - N/A • Year 2+ - 50% (Children Only) Lifetime Max - \$1,500	• Year 1 - 15% • Year 2+ - 50% (Children Only) Lifetime Max - \$1,000 or \$2,000	• Year 1 - N/A • Year 2+ - 50% (All Ages) Lifetime Max - \$1,500	N/A
Vision Benefit	Included	Rider	Rider	N/A
Hearing Benefit	Included	N/A	Rider	N/A
Sample Rate*				
Age 64	\$54.19	\$31.80	\$37.32	\$36.80
Age 75	\$56.09	\$31.80	\$41.87	\$36.80
Street Level Commission	50%	30%	40%	50%

* Sample rate is for an individual \$1,000 policy year maximum dental only with \$100 deductible and 100% preventative coinsurance in 76108 zip code.