



# DENTAL – VISION – HEARING QUESTIONNAIRE

The following questions are asked so I can better understand your concerns and make an educated recommendation.

1. When was the **last date** you went to the dentist and what did you have done? \_\_\_\_\_
2. Do you **currently have** any dental work that needs to be done? Describe \_\_\_\_\_
3. How do you **currently pay** for your dental work? \_\_\_\_\_
4. When you had a dental plan thru work **did you go** to the dentist more regularly? \_\_\_\_\_
5. If you needed major dental work would you be able to **pay or would you put it off** if possible? \_\_\_\_\_
6. If you have false teeth or a crown, **how long** have you had them, have they **needed repaired** and are they getting **worn down or loose**? \_\_\_\_\_
7. Do you find **yourself not going** to the dentist regularly because you have to pay out of pocket? \_\_\_\_\_
8. Do you **currently wear glasses** and if so when did you buy your last pair? \_\_\_\_\_
9. Are your glasses **due** for a new prescription? \_\_\_\_\_
10. How often do **you buy a new pair** of glasses? \_\_\_\_\_
11. Do you choose a new pair of glasses **based on the price** because you are paying out of pocket? \_\_\_\_\_
12. Do you currently have **problems hearing** and if so have you seen a doctor yet? \_\_\_\_\_
13. If you currently have **hearing problems**, do you find yourself not getting tested or help because of the cost of new hearing aids? \_\_\_\_\_
14. Do you currently **have hearing aids** and if so when were they purchased? \_\_\_\_\_
15. Have you looked into **replacing or repairing** your current hearing aids? \_\_\_\_\_
16. Describe **important benefits** to you in a Dental, Vision and Hearing plan? \_\_\_\_\_
17. Now I have a better understanding of the type of coverage you need, let me explain the **benefits** provided by the 3 plans currently available in your area.

### **Bronze Plan-\$9.95**

#### **Add Spouse \$5.00**

1 time \$20 Enrollment Fee

**\*FEE BASED PLAN**

<b>NETWORK ONLY PLAN</b>
No Yearly Deductible
20% - 60% Savings Agreement
No Cap and No Limit on Use
No Waiting Period
<b>Sample Fee Schedule</b>
* Cleaning Regular \$118
<b>With Plan \$56</b>
* Root Canal Regular \$1299
<b>With Plan \$676</b>

### **SILVER PLAN W/ TELEMEDICINE -\$12.95**

#### **Add Spouse \$2.00**

1 time \$20 Enrollment Fee

**\*FEE BASED PLAN**

<b>NETWORK ONLY PLAN</b>
No Yearly Deductible
20% - 60% Savings Agreement
No Cap and No Limit on Use
No Waiting Period
<ul style="list-style-type: none"> <li>• <b>24 Hour Doctor / \$0 Co-Pay</b></li> <li>• <b>MD returned call within 3 hours</b></li> <li>• <b>Writes prescription to your local pharmacy</b></li> </ul>

### **GOLD PLAN**

#### **INDIVIDUAL ONLY**

Enrollment Fee Waived

**\$1,000 / \$1,500 Benefit**

**\*\* NO Network \*\***

AGE	PREMIUM
18 – 54	\$31 / \$41
55 – 64	\$33 / \$44
65 – 79	\$35 / \$46
80 – 89	\$38 / \$49

\$100 yearly deductible
1 <sup>st</sup> year 60% coverage
2 <sup>nd</sup> year 70% coverage
3 <sup>rd</sup> year 80% coverage
Day1- fillings, extraction, eye exam
3 month wait for cleanings & examination X-ray
6 month wait eye glasses, contacts
12 month wait bridge, crown root canal, denture, partials, hearing aid
<b>** Bronze Plan included for free</b>

Contact Us at **630-426-9714**

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Agent name: \_\_\_\_\_