

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? _____

*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				Silver Plan - \$12.95, Add Spouse \$2.00		Gold Plan, Individual Only	
Careington Dental & Vision				Careington Dental, Vision Plus Telemedicine		Manhattan Life Dental, Vision and Hearing Insurance	
1 time \$20 Enrollment Fee				1 time \$20 Enrollment Fee		Enrollment Fee Waived	
						\$1,000 or \$1,500 Benefit	
Fee Based Network Plan				Fee Based Network Plan		No Network – See any Dentist	
No Yearly Deductible				No Yearly Deductible		AGE	PREMIUM
Maximum Care Discount Plus Network				Bronze Plan Benefits PLUS		18 - 39	\$27.50 / \$36.33
Creates one of the largest dental networks nationally with a focus on neighborhood dentists.				Telemedicine		40 - 54	\$29.75 / \$39.50
				DialCare is a modern, easy-to-use		55 - 64	\$31.92 / \$41.83
				Telemedicine solution for non-emergency		65 – 74	\$34.17 / \$45.17
Discounts of 5% to 60% below the reasonable and customary charges.				illnesses and general care. Members have		75 – 85	\$39.25 / \$45.17
No Cap or Limit on Use				Direct access to state-licensed and fully		\$100 Annual Deductible	
No Waiting Periods – Day 1 Coverage				Credentialed physicians, via phone or video consultations.		Coverage year 1 = 60%	
				Physicians available 24/7 365		Coverage year 2 = 70\$	
Sample Procedure Cost				What conditions can be treated?		Coverage years 3+ - 80%	
Adult Cleaning				Allergies, Fever, Respiratory infections,		Day 1 coverage: Cleaning, x-ray, fillings, extractions (other than	
Regular Cost	Plan Cost	Savings	%	Asthma, Gout, Sinus infections, Bronchitis,		“full mouth”)	
\$126	\$53	\$73	58%	Sinus infections, Insect bites, Cold & flu,		6 month waiting: eye refraction,	
Composite (white) Filling						eyeglasses and contact lenses	
Regular Cost	Plan Cost	Savings	%	Prescriptions		12 month waiting: bridges, crowns	
\$201	\$87	\$114	57%	Savings between 15% to 60% off the retail		full dentures or partials,	
Molar Root Canal				Price of generic drugs and 10% to 25% off		full mouth extractions, and	
Regular Cost	Plan Cost	Savings	%	the retail price of brand name drugs at		root canals & hearing services	
\$1,382	\$647	\$735	53%	Over 68,000 participation pharmacies.		Family Rates are Available	