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 S	pouse \$5.0	00	Silver Plan - \$12.95, Add Spouse \$2.00	Gold Plan, Individual Only	
Careington Dental & Vision 1 time \$20 Enrollment Fee				Careington Dental, Vision Plus Telemedicine	Medico Dental-Vision-Hearing Enrollment Fee Waived	
				1 time \$20 Enrollment Fee		
					\$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 Car	re Discount I	Plus Netwo	ork	Bronze Plan Benefits PLUS	18 - 39	\$29 / \$37
Creates one of the largest dental networks				Telemedicine	40 - 54	\$31 / \$41
nationally with a focus on neighborhood				DialCare is a modern, easy-to-use	55 - 64	\$33 / \$44
dentists.				Telemedicine solution for non-emergency	65 – 79	\$35 / \$46
Discounts of 5% to 60% below the				illnesses and general care. Members have	80 – 89	\$38 - \$49
reasonable and customary charges.				Direct access to state-licensed and fully	\$100 Annual Deductible	
No Cap or Limit on Use				Credentialed physicians, via phone or	Coverage year 1 = 60%	
No Waiting Periods – Day 1 Coverage				video consultations.	Coverage year 2 = 70\$	
				Physicians available 24/7 365	Coverage years 3+ - 80%	
Sai	mple Proced	ure Cost		What conditions can be treated?	Day 1 coverage: diagnostic x-rays,	
Adult Cleaning				Allergies, Fever, Respiratory infections,	fillings, nonsurgical extractions	
Regular Cost	Plan Cost	Savings	%	Asthma, Gout, Sinus infections, Bronchitis,	eye exam.	
\$126	\$53	\$73	58%	Sinus infections, Insect bites, Cold & flu,	3 month waiting	: cleaning & x-ray
Composite (white) Filling					6 month waiting: eyeglasses and	
Regular Cost	st Plan Cost Savings % Prescriptions Contacts- up to \$2		200 semiannually			
\$201	\$87	\$114	57%	Savings between 15% to 60% off the retail	12 month waitin	g: bridges, crowns
Molar Root Canal				Price of generic drugs and 10% to 25% off	dentures, root canals, surgical	
Regular Cost Plan Cost Savings %			%	the retail price of brand name drugs at	extractions & hearing services	
\$1,382	\$1,382 \$647 \$735 53%		53%	Over 68,000 participation pharmacies.	Bronze Plan included for FREE	

