



AHCP *Dental*

AHCP Dental Plans, offered through your licensed agent, can protect you and your family on both routine and major dental expenses. These plans offer you access to affordable dental care, which is a vital component of general health and well-being. We offer two dental plans to meet your needs and your budget – AHCP Comprehensive Dental and AHCP Saver Dental.

As a member of an AHCP Dental Plan, you have the option to visit the dentist of your choice. Both AHCP Dental Plans provide members a choice of over 81,000 providers from the DenteMax network. By visiting a provider in the DenteMax network you can maximize your benefit while reducing out-of-pocket expenses. DenteMax network providers will offer benefits at a discounted rate, saving you additional money beyond the benefit of your plan.

The AHCP Dental Plans are offered through membership in the America's Health Care Consumer Association – an association committed to helping Americans save money on everyday expenses, including healthcare.

Choose an AHCP Dental Plan and join today!

AHCP *Saver Dental*

Featuring our lowest annual deductible and the most affordable rates, the AHCP Saver Dental Plan offers the most economical way to protect your family and save on your dental expenses. The plan provides extensive coverage for the most typical dental procedures, such as cleanings and exams, while also offering protection on more costly procedures such as root canals and bridges.

At network dental providers, diagnostic & preventive dental work, including exams and cleanings are covered at 80%; Basic procedures, including fillings are covered at 40%; and Major procedures such as crowns, are covered at 20%. When using in-network providers, member is only responsible for co-insurance; there is no balance billing for in-network.

The AHCP Saver Dental provides the following benefits to you and your family:

- \$25 annual deductible per covered person
- 80% coverage on Diagnostic & Preventive procedures*
- 40% coverage on Basic procedures*
- 20% coverage on Major procedures*
- No waiting period for Diagnostic, Preventive and Basic procedures
- 12-month waiting period for Major procedures
- Generous Annual maximum of \$1,000 per covered person

AHCP *Comprehensive Dental*

The AHCP Comprehensive Dental plan provides your family with increased protection. At network dental providers, diagnostic & preventive dental work, including exams and cleanings, are covered at 100%; Basic procedures, including fillings, are covered at 80%; and Major procedures such as crowns, are covered at 50%. When using in-network providers, member is only responsible for co-insurance; there is no balance billing for in-network.

The AHCP Comprehensive Dental Plan provides the following benefits to you and your family:

- Immediate coverage from your effective date
- 100% coverage on Diagnostic & Preventive procedures*
- 80% coverage on Basic procedures*
- 50% on Major procedures*
- No waiting periods on Diagnostic, Preventive, and Basic procedures
- No waiting periods on Major procedures, with proof of current dental insurance
- Low annual deductible of \$50 for an individual with a maximum of \$150 for a family
- High annual benefit maximum of \$1,500 per covered person

The AHCP Comprehensive Dental plan has a 12 month waiting period for Major Services. However, you may obtain a credit to waive this waiting period if you submit valid proof of current fully insured coverage. Your prior plan must have been a fully insured plan that covered major services (e.g.- crowns, bridges, dentures, etc.). Discount plans are not considered valid prior coverage. Proof of prior coverage must be received by AHCP Dental within 30 days of your effective date or prior to your first scheduled dentist visit, whichever is first. For more information about valid proof and submitting, please visit www.dental.ahcp-ausa.com.

**At a participating DenteMax Network provider. Out of network benefits are calculated based on the Maximum Allowable Charges as set by the plan. Benefits are calculated using a Maximum Allowable Charge. Maximum Allowable Charges are limitations on billed charges and are based on fees paid to Network Providers in the geographic area where the expenses are incurred.*

For Out of Network Providers, members are responsible for amounts charged by the provider that exceed benefits, and may be required to remit payment at the time of service.

These programs not available in all states.

Overview of Benefits

Program Features



Dental Plan Description

Annual Calendar Year Maximum	\$1,000	\$1,500
Calendar Year Deductible	\$25 Per Individual	\$50 Per Individual \$150 Per Family
Does Deductible apply to Diagnostic & Preventive?	Yes	No
Waiting Periods on Major Type Procedures	Yes	No (with proof of current coverage)

Dental Insurance Benefits

Diagnostic & Preventative*

Oral Evaluations, Bitewing X-Rays, Lab and Other Diagnostic Tests, Prophylaxis, Fluoride Treatment, Sealants	80%	100%
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Basic*

Fillings, General Services (including Emergency Treatment), Space Maintainers, Simple Extractions	40%	80%
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Major*

Oral Surgery (includes Surgical Extractions), Periodontics, Endodontics, Inlays/Onlays/Crowns & Bridges, Dentures & other Removable Prosthetics, Fixed Prosthetics	20%	50%
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Association Membership Benefits

AHCCA Association Membership	*	*
Vitamin Discounts	*	*
Fitness Program	*	*
Online Health Survey	*	*
Hearing Aid Discounts	*	*
Car Rental	*	*
Emergency Medical Card		*
Online Health Information Search		*
Roadside Assistance		*

One Time Enrollment Fee	\$10.00		\$10.00	
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Recurring Monthly Price	Individual	Family	Individual	Family
	\$25.00	\$47.50	\$45.00	\$97.50

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AHCP Dental is a product of America's Health Care/Rx Plan Agency (AHCP). AHCP licensed agents receive compensation for promoting America's Health Care Consumer Association (AHCCA) and selling memberships in the association. The AHCP Dental Plans are not affiliated with any state or federal government agencies. Features and providers are subject to change.

AHCP is a subsidiary of Access Plans USA, Inc., a publicly traded company on NASDAQ under the trading symbol AUSA. Access Plans specializes in marketing health and life insurance products to individuals, self-employed and small business owners, and developing and marketing non-insurance healthcare programs that are specifically designed to meet the needs of our nation's uninsured, underinsured and uninsurable.

Notices:

The Dental Plan is provided to you through a group policy (Policy Form NDNGRP 04/06 IL) issued to the America's Health Care Consumer Association and insured by National Guardian Life Insurance Company, a company that has been providing quality benefits & services since 1910 and is not affiliated with The Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.

This information is a brief description of the important features of the plan. Complete terms and conditions of coverage are set forth on policy form issued to **America's Health Care Consumer Association**. The dental product may vary by State and may not be available in all States.

For more information visit www.accessplansusa.com.

