



DENTAL







PRESCRIPTION





Member Guide

AMERIPLAN DENTAL®,
VISION, PRESCRIPTION &
CHIROPRACTIC PLAN IS
NOT INSURANCE.

IT IS A DISCOUNT MEDICAL PLAN!

YOU MUST USE AN
AMERIPLAN® DENTIST,
PHARMACY, VISION PROVIDER
OR CHIROPRACTOR AND
PAY WHEN YOU
RECEIVE SERVICES.

DISCLOSURES TO CONSUMERS:

- This Plan is **NOT** Insurance.
- The Plan provides discounts at certain heathcare providers for medical services.
- The Plan does NOT make payments directly to the providers of medical services.
- The Plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the Discount Medical Plan Organization.
- Name, address and specialty of discount medical card program providers in your service area are available before purchase and upon request by logging on to www.ameriplanusaprovidersearch.com or calling the AmeriPlan® Consumer Information Center at 1-800-647-8421.

AmeriPlan® Corporation
5000 Legacy Drive Suite 300 • Plano, Texas 75024
A DISCOUNT MEDICAL PLAN ORGANIZATION

Louisiana Residents Only:

La.R.S. 22:1260.7.(C)(1)(b) – The range of discounts for medical services provided under the plan will vary depending on the type of provider and medical service received.

La.R.S. 22:1260.7.D.2.k – If the member remains dissatisfied after completing the organization's complaint system, the plan member may contact the state insurance department.

Oklahoma Residents Only:

If you cancel your membership within the first thirty (30) days of receipt of the discount card and this Membership Information Guide, you will receive reimbursement of the periodic charges you paid. The return of all periodic charges will be made within thirty (30) days of the date of cancellation. If all periodic charges have not been paid within thirty (30) days, interest shall be assessed and paid on the proceeds at a rate of the Treasury Bill rate of the preceding calendar year, plus two (2) percentage points.

Maryland Residents Only:

Some discounts under the Physician and Hospital Referral Plan are not applicable in Maryland. Discounts are not available for all In-Patient procedures and certain Outpatient Procedures under Maryland law. Out-patient procedures at network hospitals such as laboratory and diagnostic services are eligible for the discount.

Massachusetts Residents Only:

This medical discount plan does not meet the minimum creditable coverage requirements under Massachusetts law.

North Carolina Residents Only:

AmeriPlan® Corporation maintains a surety bond in compliance with N.C.G.S. 66-135 with Travelers Casualty and Surety Company of America, 1 Tower Sq., Hartford, CT 06183.

You, the member, may cancel this contract at any time prior to midnight of the third business day after your activation date. To cancel you must notify the company in writing of your intent to cancel.

TABLE OF CONTENTS

1 General Membership Information

- 1 Membership Cards
- 2 Membership Satisfaction, Complaints and Concerns
- 3 Billing and Service Problems
- 3 AmeriPlan® Satisfaction Guarantee & Membership Cancellation by Member
- 3 Membership Cancellation by AmeriPlan®
- 4 Moving or Traveling?
- 4 Arbitration of Claims

5 AmeriPlan® Dental Program

- 5 Selecting/Changing Program Dentist
- 5 If you need a Specialist
- 5 What to expect on your first visit
- 6 Missed Appointments
- 6 Exclusions and Limitations

7 AmeriPlan® Vision Program

- 7 How to use this program
- 7 Replacement Contact Lenses
- 8 QualSight LASIK Vision Correction

9 AmeriPlan® Prescription Program

- 9 How the Retail Pharmacy Program works
- 9 Included Drugs
- 9 Generic Drug Savings
- 9 Home Delivery Pharmacy Program
- 10 How the Home Delivery Pharmacy Program works
- 10 How do I participate?
- 10 Using the Home Delivery Pharmacy Program for the first time
- 11 Refilling your prescription
- 11 Medication Payment
- 11 Prescription Monitoring

12 AmeriPlan® Chiropractic Program

- 12 How to use this program
- 12 Life line Screening
- 13 AmeriPlan® Healthcare Hearing Program
- 14 Non-Medical Benefits

16 Dental Appendix

16 Dental Terms and Definitions

19 AmeriPlan Dental Fee Schedule & Map

■ GENERAL MEMBERSHIP INFORMATION

This Member Information Guide and Member Cards constitute the entire agreement between you and AmeriPlan®.

AmeriPlan® Corporation was created to help its members enjoy good health and save money on health care, dental care, prescription drugs, vision and chiropractic care. The Programs are easy to use. You pay the Network health care provider directly for all professional services and get instant savings. There are no claim forms and no waiting for reimbursements, just great savings.

This is a Discount Medical Program, **NOT INSURANCE**, you are responsible for payment of provider fees for services.

Your health insurance is your primary coverage. This supplemental program may duplicate services and products under your insurance. AmeriPlan® Corporation does not guarantee the quality of services or products offered by Network providers beyond confirming that the required professional licenses are held in active status.

MEMBERSHIP CARDS

Two permanent membership cards are included with the Dental Plus individual and household memberships. Both cards will be in the member's name and include your membership identification number.



If your card is lost or stolen, or if it has an error, call toll free: 1-800-647-8421 or email: customersupport@ameriplanusa.com

AMERIPLAN APP

Save time and phone calls, by accessing your membership information and maintain some control over your account. Simply download the Ameriplan App through iTunes or Google Play and access the exisiting member portion of the app, then click "existing members register here", complete all the fields (you will need access to your member ID card) and hit the register button. Once this is completed you will have access to your account.

Take a moment and explore all the things you can do:

- Change your address, your phone number or email address
- Add or Delete your household members.
- View your draft date, amount and make changes to your drafing information.
- View your electronic ID card.
- Locate a provider

Share a link with other household members so they may access their benefits and member ID card

You may also contact us, by clicking the "Contact Us" link, select the appropriate department, tell us your question and select the submit button. Your secure message will be sent to the selected department. You may expect a response with in 24 to 48 hours. Don't forget to enter your cell number for text updates.

For Household memberships only:

Any household member may use the household membership card. If you would like to add new household members to your membership, log on to your member portal call: 1-800-647-8421 or email: customersupport@ameriplanusa.com.

Whenever you go to your participating healthcare provider, be sure to take one of the cards to show that you are an AmeriPlan® member.

MEMBERSHIP SATISFACTION, COMPLAINTS AND CONCERNS

Your complete satisfaction is very important to us, therefore, AmeriPlan® has instituted an *Inquiry & Complaint Resolution Procedure*.

You may contact AmeriPlan® regarding any aspect of the AmeriPlan® discount health care card program. Your inquiries or complaints may be made by one of these four methods:

- Calling AmeriPlan® Corporation Member Services at: 1-800-647-8421
- Sending an email to: complaints@ameriplanusa.com
- Sending a facsimile to: **469-229-4598**
- Writing us at:

AmeriPlan® Corporation Member Services Department 5000 Legacy Drive Suite 300, Texas 75024

Examples of complaints include, but are not limited to, the following:

- Difficulty locating provider in area that accepts discount card.
- Did not receive discount.
- Difficulty getting network provider to accept discount card.
- Question concerning ACH draft or Credit Card payments.
- Difficulty terminating membership or obtaining refund.
- Other (Explain).

All inquiries and complaints will be addressed within 24-48 hours of receipt, excluding weekends and holidays, during regular business hours. If the issue is of an urgent matter, call Member Services and you will be transferred to the department that can address your issue immediately. To validate your complaint, you must include your membership number and a complete description of your dissatisfaction.

Upon receipt of a valid complaint, AmeriPlan® will take the following actions to resolve your inquiry:

- Record your name and address.
- Date received.
- Member number.
- Code Type of Complaint (see examples, above)

- Send you a written acknowledgment of receipt of your complaint within 5 days.
- Obtain and review the records relating to your complaint.
- Make a resolution of your complaint and inform you of such within 30 days of receipt of your complaint.

Should your complaint pertain to an un-resolvable "quality of care" issue, the patient liaison will supply you with the name, telephone number and address of the appropriate agency in your state to direct your complaint.

BILLING AND SERVICE PROBLEMS

If there is a problem with your payment or if you wish to change your payment method, call Member Services toll free at **1-800-550-9726** and tell us what we can do to assist you.

AMERIPLAN® SATISFACTION GUARANTEE & CANCELLATION BY MEMBER

If you are not satisfied within 30 days of receiving your membership cards, there are three valid ways to cancel your membership:

- In writing to: AmeriPlan® Bank and Credit Card Department 5000 Legacy Drive Suite 300, Plano, Texas 75024.
- By facsimile to: 469-229-4595.
- By email to: cancel@ameriplanusa.com

You must include your member number on all cancellation requests. You will receive a refund of the membership fee paid, except the one-time enrollment fee and money paid for healthcare services and products received from providers.

After the first 30 days you may cancel your membership at any time by using any of the three valid cancellation methods listed above. You must include your member number to validate your cancellation request. No membership fees will be collected after 30 days from receipt of a valid cancellation.

NO TELEPHONE CANCELLATION REQUESTS WILL BE ACCEPTED.

MEMBERSHIP CANCELLATION BY AMERIPLAN®

AmeriPlan® can cancel a membership for any of these reasons:

- If a member or a dependent member permits or commits fraud by unauthorized use of the membership card(s).
- If there is a chronic unsatisfactory provider/patient relationship. Cancellation will occur only after reasonable efforts are made to establish and maintain satisfaction between both parties. If cancellation is necessary, the member will be notified prior to cancellation and the member's account will be credited or a refund check issued for any unused portion of the membership dues.
- If the Programs are withdrawn nationally or from the geographic area where the member lives.

If a membership is cancelled, the participating providers will complete any work covered that began before the cancellation date. The member must pay the provider's usual fees for any work that is done after the cancellation date.

For residents of Florida, Nevada and Oklahoma:

If you cancel your membership and you paid either quarterly or annually, you will receive a prorated refund of your membership fee based on the number of unused months.

For residents of Arkansas, Colorado, Maryland and Tennessee:

If you cancel your membership within 30 days, the membership fee and one-time administrative charge will be refunded.

MOVING OR TRAVELING?

Log on to your Member Portal or Contact Member Services at **469-229-4501** or **1-800-647-8421** to change your address. If you are traveling and need the services of an AmeriPlan® Provider, Member Services will be glad to assist you. When traveling refer to the fee schedule map in this guide to determine the appropriate fee schedule.

ARBITRATION OF CLAIMS.

Any issue, dispute, claim or controversy (collectively, the "Claim") between you and AmeriPlan, arising out of or relating to your membership, shall be resolved by binding arbitration at the AmeriPlan headquarters in Plano, Texas. The Claim shall be governed by the laws of the State of Texas.

A party alleging a Claim shall send to the party against whom the Claim is asserted a written notice of its intention to submit the Claim to confidential and binding arbitration (the "Demand") under the Commercial Rules of Arbitration of the American Arbitration Association (AAA). The Demand shall be sent to the other party no later than ten (10) business days prior to filing the Demand with the AAA office authorized to administer the arbitration.

An award may be confirmed by a court of competent jurisdiction, the right of either party to appeal confirmation of the award shall be governed by the provisions of the Federal Arbitration Act.

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■ AmeriPlan Dental® Program

- You select the dentist of your choice in the AmeriPlan® network.
- 15% to 80% savings on dental procedures performed by a program dentist.
- Special savings on specialist work such as braces, oral surgery, root canals, gum treatment and children's dental work.
- No waiting period before you can use the program.
- No limits to the number of visits prescribed by your dentist.
- All ongoing dental problems are accepted except for orthodontic treatment in progress.
- You know the discount amount you will pay.
- No paperwork, no insurance companies to deal with.

SELECTING OR CHANGING PROGRAM DENTIST

AmeriPlan's® dentists meet all the state board requirements for the state in which they practice. It is best to establish yourself and your family members as patients with a program dentist as soon as possible. Therefore, should you have a dental emergency you will be a patient of record. Should you need help in selecting a dentist, you may access the AmeriPlan® Web site, www.ameriplanusaprovidersearch.com, or call Member Services at 469-229-4501 or 1-800-647-8421. We can tell you about office hours, handicapped accessibility, where the dentist went to school and other facts about the dental office.

IF YOU NEED A SPECIALIST*

Your regular program dentist is called a general dentist and does several types of dental procedures, sometimes including treatment that is also done by a specialist. A program specialist is a dentist with an advanced degree who specializes in one area of dentistry such as root canals, braces, or oral surgery, etc. If you need special dental treatment, your program general dentist may send you to see an AmeriPlan® specialist where you will receive reduced fees for treatment. Exception would be for orthodontics, as you may go directly to this specialist.

* All specialists may not be available in all areas.

WHAT TO EXPECT ON YOUR FIRST VISIT

When you call for your first appointment with a program dentist, identify yourself as an AmeriPlan® member and give the appointment scheduler your member ID number. Always have your AmeriPlan® card available for the dental office staff at the time of any dental appointment. Present your card upon arrival as the dental office staff will contact AmeriPlan® to verify your active status. On your first visit you will be asked to complete a patient questionnaire and medical history, including all current medications. A comprehensive exam and x-rays will enable your program dentist to evaluate your dental needs.

Then the dentist and/or office staff personnel will discuss a proposed treatment plan and the corresponding AmeriPlan® fees. You may or may not receive a teeth cleaning at this appointment, depending upon the dental office policy.

If you have not had your teeth cleaned in over a year or have existing periodontal problems, you may require a deeper cleaning. This will cost more than the regular cleaning. An infection control fee may be assessed at every appointment to cover precautions used to protect your health against the transfer of communicable diseases.

MISSED APPOINTMENTS

A missed appointment without a 24-hour notice will incur an additional charge. Most dental offices have cancellation policies in place that will take precedence.

EXCLUSIONS AND LIMITATIONS

- Services for injuries or conditions that are covered under Workmen's Compensation or Employers Liability Laws.
- Cost of dental care covered under automobile, medical, no fault or similar type insurance.
- Services that cannot be performed because of the general health of the patient.
- Any hospital or medical charges of any kind, except for general anesthesia, performed in a dental office.
- Out of pocket or expenses for dental procedures performed by an out-ofnetwork dental office.
- Reduced fees will not be honored if dental treatment is already in progress or if the patient's membership is no longer valid.
- Any member accepted for orthodontic treatment through the program must remain a member for the full duration of their treatment or risk additional charges from their program orthodontist.
- A patient's existing dental or medical condition may necessitate extra precautionary procedures and require additional charges.
- Any treatment not specifically included in the skill and learning of the Plan dentist.
- Discount on dentist's cost of implant fixtures.
 - * This program is not insurance coverage and does not reimburse you or the dentist.

AmeriPlan® Vision Program

The AmeriPlan Vision program is administered by Coast to Coast Vision. The Vision Plan has contracted with over 12,000 eye care professionals nationwide to give you 20% to 60% discounts on eyeglasses, contact lenses, and other items offered at retail prices.

Since the AmeriPlan Vision program is not insurance, there are no forms to fill out, claims to file, or waiting periods. All frames, lenses, and specialty items such as tints, scratch resistant coatings, and ultraviolet protection are available. There is no limit on eyewear selection or the number of times the member and their family may use the membership during the year. Members can use their own doctors or any Plan doctor for an eye exam.

Savings on eye exams are available in some areas through a plan doctor ONLY. Members should ask the Plan Administrator's Customer Service Representative if savings on exams are available in their area.

The AmeriPlan®/Coast to Coast Vision program also contracts with optometrists and ophthalmologists (M.D.s) in selected markets across the United States to provide our members with discounts on eye exams and surgical procedures (including RK & ALK surgery).

HOW TO USE THE AMERIPLAN® VISION PROGRAM

- Participating Vision providers in your area may be located at: www.ameriplanusaprovidersearch.com or by calling 1-800-647-8421, Monday through Thursday from 8:30am to 5:00pm and Friday 8:30am to 4:00pm CST. Give the operator your member number located on the front of your membership card.
- The Customer Service representative will ask for your zip code, then give you the participating optical locations in your area. If you would like your eye care professional to be contacted about participating as a provider in our program, please give the operator his or her name, address & telephone number.
- You must show your AmeriPlan®/Coast to Coast membership card to the eyewear provider at the time of your visit to receive your savings.

Your satisfaction is fully guaranteed. If for any reason you are not completely satisfied with a purchase at the retail locations, simply return the merchandise within 30 days for exchange or full refund. If you find a lower price anywhere else on the same complete pair (lenses and frames) of prescription eyeglasses within 30 days of purchase at a participating location, the difference will be cheerfully refunded.

REPLACEMENT CONTACT LENSES (Mail Order Only)

Replacement contact lenses can be ordered through the Mail Order Service at a 10% to 40% discount. All major brands of soft lenses are available, including disposables, torics, and bifocals. Gas permeable materials are also available.

- Call 1-800-878-3901, Monday through Friday, 7am to 7pm and Saturday 8am to 5pm CST for a price quote or to place an order. Give the operator the brand name and type of lenses you wear.
- Federal law requires you to mail or fax a copy of your prescription to the contact lens company before you can place an order. Their address is: Contact Lens, P.O. Box 810255, Farmers Branch, Texas, 75381.
- Once a valid doctor's contact lens prescription is received, you and your family may place orders as often as you wish prior to the expiration date of the prescription.

Most orders are shipped within 24 hours via overnight delivery, and can be paid for by Visa, MasterCard, money order, or check. If for any reason you are not completely satisfied with a purchase through the mail, simply return the merchandise within 30 days for exchange or full refund.

Mail order replacement contact lenses services are not available in the state of New Jersey.

QUALSIGHT LASIK VISION CORRECTION

QualSightsm is a vision correction management company that has contracted with a nationwide network of Board Certified Ophthalmologists to perform LASIK vision correction in a managed care environment. QualSightsm is unique in that the LASIK vision correction procedure is provided with pricing that represents a 40% to 55% savings when compared to the national average cost of LASIK.

LASIK can provide a cure instead of just treating the condition. LASIK surgery is a highly successful surgical procedure used to treat near-sightedness (myopia), far-sightedness (hyperopia), and astigmatism. Additionally, QualSightsm has contracted with providers for an additional laser procedure, Custom LASIK, that addresses for some patients corneal irregularities and aberrations which if not treated could cause, for example; reduced night vision, halos, glare, etc.

Members access the program by calling QualSightsm at 1-888-582-6695 and talk to a QualSightsm Care Manager. The Care Manager will conduct a preliminary screening to ensure the member is a potential candidate for LASIK. They will also review local physicians' credentials and the member selects the physician. The Care Manager will also discuss the financial aspect (deposit and financing if requested) for the selected procedure. A fully refundable deposit is collected and an appointment scheduled with the selected physician. The member will have a pre-operative exam including a clinical screening to qualify the member for the procedure. On the day of the procedure the member will pay the remaining balance and the physician will submit an electronic claim to QualSightsm.

The post-operative exam will be conducted by the physician and the QualSightsm Care Manager will actively monitor the progress of the member. QualSightsm also collects outcomes from the doctor to assist in network management; and for analysis and reporting to Plan Sponsors and the provider community.

Patient satisfaction surveys are conducted on all patients and summary results are also provided to the Plan Sponsor.

In addition, access to the QualSightsm network will entitle members to obtain the basic LASIK procedure for \$945 per eye (\$1890 for both eyes). This represents a savings of 48% to the individual receiving LASIK over the current national average cost of \$1814 per eye. A Custom LASIK upgrade is an additional \$405 per eye for a total cost of \$1350 per eye (\$2700 for both eyes). This represents a savings of 46% to the individual receiving Custom LASIK over the current national average cost of \$2500 per eye.*

QualSightsm also offers a "Lifetime" Retreatment option to AmeriPlan® members.

For additional information or providers in your area please contact QualSight $^{\rm sm}$ Care Management Center at 888-582-6695.

■ AmeriPlan® Prescription Program

We are pleased to offer you the AmeriPlan® Prescription Program. The Retail Pharmacy Program will save you money on most prescription drugs at tens of thousands of retail pharmacies nationwide. The Prescription Home Delivery Service Program should save you money on maintenance type medication to treat chronic health conditions. These programs are an open formulary which provide you with cost savings and up-to-date prescription drug monitoring for your protection.

Discounts offered through the use of the AmeriPlan® pharmacy discount card are NOT insurance or a Medicare Prescription Drug Plan and are NOT intended as a substitute for insurance.

HOW THE RETAIL PHARMACY PROGRAM WORKS

- To locate a participating network pharmacy in your area, go to: www.ameriplanusaprovidersearch.com or call customer support at 1-866-451-9636, Monday through Friday 8:00am to 5:00pm MTN.
- Take your prescription and your AmeriPlan® card to your participating pharmacy. Be sure to present your card before your prescription is filled. The pharmacist must see your membership card and enter your unique group and identification number for you to receive your preferred pricing.
- The Plan administrator, will calculate the preferred drug pricing for your medications and will electronically relay this information to the pharmacy.
- Pay the total cost of your prescriptions as indicated by the pharmacist at the time of purchase.

You may or may not receive a savings on some high volume or maintenance drugs. These medications are normally already reduced at the retail level.

INCLUDED DRUGS

This program includes most legend drugs which, by federal law, require a physician's prescription. Additionally save on over-the-counter medications like smoking cessation aids and diabetic supplies. You must receive a prescription from your physician and it must be processed by the pharmacist.

GENERIC DRUG SAVINGS

A generic drug is the chemical copy of a brand name prescription drug. On average, generic drugs cost about 50% less than brand name drugs and, like their brand name counterparts, they are:

- Dispensed in the same dosage,
- Taken in the same way, and
- Packaged in the same unit strength.

HOME DELIVERY PHARMACY PROGRAM (HDPP)

- Your medications are dispensed by registered home delivery pharmacists.
- Medications are shipped to you by USPS 1st Class. (Express shipping is available for an added charge).
- You can track your prescriptions by calling toll-free at 1-866-451-9636.

HOW THE HOME DELIVERY PHARMACY PROGRAM WORKS

You may participate in the AmeriPlan® RX Home Delivery Pharmacy Program (HDPP) if you take maintenance medications. A maintenance medication is taken regularly to treat acute or chronic health conditions, such as high blood pressure, ulcers or diabetes. This mail service gives you significantly discounted prices on your maintenance prescription medications.

Once you are an active member in the HDPP, you may call for price quotes over the phone on maintenance medications. These price quotes are valid for that day only. Prices can be subject to change without notice. Please have your group and ID numbers, prescription and dosage information ready when you call the AmeriPlan® HDPP line toll-free at 1-866-451-9636.

HOW DO I PARTICIPATE?

- Call the AmeriPlan® HDPP dedicated Customer Service line toll-free at 1-866-451-9636.
- A Customer Service representative will enroll you over the phone to use the AmeriPlan® HDPP.
- Representatives are available Monday through Friday from 8am to 5pm MTN.
- Refills may be filled by mail and phone. Customer care reps are available 24 hours a day, seven days a week by calling toll free 1-866-451-9636.

For your long-term prescription needs:

If you need medication on an ongoing basis, such as to treat asthma or diabetes, you can ask your doctor to prescribe up to a 90-day supply for home delivery, plus 3 refills for up to 1 year.

USING THE HOME DELIVERY PHARMACY PROGRAM FOR THE FIRST TIME

Ask your doctor to write a new prescription for up to a 90-day supply, plus 3 refills (if appropriate) for up to 1 year. Prescriptions may be submitted:

By fax: Ask your doctor to fax your prescription to: 1-888-830-3608. Only your doctor may fax a prescription. Please be sure to give your doctor your Member ID number, which is on your prescription ID card. You will be billed later.

Your medication will be delivered to you within 7 to 11 days after you mail your order. Standard shipping is included in the cost of your prescription. When placing your order, you should have at least a 14-day supply of that medication on hand to hold you over. If you do not have enough medication, you may need to ask your doctor for another prescription for a 14-day supply to be filled at your participating retail network pharmacy. For Customer Support call 1-866-451-9636.

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REFILLING YOUR PRESCRIPTION

You can easily refill your home delivery prescriptions, by telephone, or by mail. Have your Member ID number (which is on your prescription ID card) and your prescription number for the medication handy.

- By telephone: Call 1-866-451-9636 to speak with a live technician.
- By mail: Use the refill order form that will accompany your prescription and mail them with your payment.

To make sure that you don't run out of your medication, remember to reorder 14 days before your medication runs out. You can find the refill date on your prescription bottle, and on the refill slip that comes with every order.

PAYING FOR YOUR MEDICATION

You may pay by Visa, MasterCard, Discover/NOVUS, or by check or money order.

PRESCRIPTION MONITORING

Occasionally a prescription drug may cause a problem. The problem may be predicable, perhaps avoidable, if your physician and pharmacist are aware of your medical history, current medications and the many different combinations that cause harmful drug reactions. The AmeriPlan® Prescription Program includes a special prescription monitoring service called drug utilization review. This process electronically alerts your pharmacist to important information, such as your individual drug history, the possibilities of interaction among various drugs and how long it has been since your last prescription was filled. If the potential for drug-related illness exists, an alert message is sent to your pharmacist. The pharmacist can then inform you, check with your doctor, or make a professional judgment whether to dispense your prescription.

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AmeriPlan® Chiropractic Program

The AmeriPlan Chiropractic® program is administered by Chiropractic Plans of America®

- 30%-50% savings on chiropractic care through our network of more than 7500 private chiropractors.
- Free initial consultation
- 50% savings on diagnostic services and x-rays (if necessary)
- 30% savings on treatments and most other services

HOW TO USE THIS PROGRAM:

- To locate a participating Chiropractor in your area, go to: www.ameriplanusaprovidersearch.com or call Member Services at 1-800-647-8421, Monday through Thursday 8:30am to 5:00pm and Friday 8:30am to 4:00pm cst.
- If your chiropractor is not currently participating in our program, please give the customer service representative his/her name, address and telephone number, and we will forward it to the Chiropractic Plans of America® Provider Relations Department. They will contact the chiropractor's office about joining our growing network of professionals.
- Call the participating chiropractor to set up an appointment. Be sure to tell the office you are a "Chiropractic Plans of America®" member.
- You must show your AmeriPlan®/CPA membership card at the time of visit to receive the discount.

■ Life Line Screening

Life Line Screening can evaluate your risk for several of today's most critical, and often undiagnosed, healthcare problems. In less than an hour, you can be screened with painless, non-invasive, advanced ultrasound technology for stroke and other disease prevention. The screenings are performed by highly qualified and skilled technologists and reviewed by a board-certified physician. You'll receive a confidential written report within 21 days and are encouraged to share the results with your doctor. The screenings are offered locally at community sites coast-to-coast.

- Stroke / Carotid Artery Screening
- Abdominal Aortic Aneurysm (AAA) Screening
- Peripheral Arterial Disease (PAD) Screening
- Osteoporosis Screening

To find a screening location near you visit the Life Line website at www. lifelinescreening.com/ameriplan or call 1-888-753-1138 and mention code: BHGW-029. The discount will automatically be applied to your appointment.

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■ AmeriPlan® Healthcare Hearing Program

In an effort to maintain its position as the leading discount health program provider in the country, AmeriPlan® has addressed another critical and growing healthcare need. There are currently more than 28 million Americans with some form of hearing disorder and that number is growing annually. Hearing disorders do not have any boundaries, such as age, income levels, geography or any other factors. Everyone is susceptible and anyone can be struck. For those who are not yet affected, it may seem like a minor matter, but it is not.

Early detection and preventative care is important in the arena of hearing health. AmeriPlan® is very proud to have assembled the best hearing resources available in the country today and to offer these services through, AmeriPlan® Healthcare Hearing Services. AmeriPlan® Healthcare members can expect to save from 25% to 40% on their hearing services.

ALL AMERICAN HEARING

All American Hearing is a nationwide network of hearing care professionals comprised of top researchers, technology providers and patient practices. These professionals are friendly, knowledgeable, trust worthy and are committed to making your journey to better hearing both comfortable and satisfying.

AmeriPlan Health members will not be charged for testing and evaluation, and will receive a 50% discount off the manufacturers suggested retail price on hearing aids, repairs and batteries. To find a location near you, call 1-866-629-7657.

EAR PROFESSIONALS INTERNATIONAL CORPORATION

Ear Professionals International Corporation (EPIC) is another one of AmeriPlan Healthcare's hearing services and product provider. EPIC has a network of more than 2,500 audiologists and 750 physicians. These professionals are available to diagnose and treat your hearing issues. To find a location near you, call 1-800-394-0181.

By assembling these great resources, AmeriPlan® has created a hearing care network of more than 4,000 professionals across the country. There is service available almost anywhere.

CONNECT HEARING

Connect Hearing is one of the nation's leading providers of Audiological and hearingaid services with a nationwide network of full service hearing centers. All of the latest digital technologies and models are available through this program, including Completely-In-the-Canal, In-the Ear and Behind-the-Ear models. AmeriPlan Health members will receive:

- 35% discount off Connect Hearing's hearing aid prices
- Exclusive two year supply of hearing aid batteries with purchase
- Complimentary initial Audiological (hearing) evaluation
- Two year manufacturer's warranty, including a one-time replacement for loss or damage
- Unlimited follow-up visits during the useful life of the hearing aid for cleaning and check ups
- 100% Service Satisfaction Guarantee within the first 60 days
- A complimentary hearing evaluation every two years

www.connecthearing.com

1-800-675-5485

Non-Medical Benefits

AmeriPlan® CashbackSaver.com www.ameriplancashbacksaver.com

Save money - while earning cash rebates on all your purchases, just think about it ... what a great way to shop!

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^{*} The "Procurement Card" discount program is available in the retail store ONLY!

■ Dental Appendix

COMMON DENTAL TERMS AND DEFINITIONS

Abscess: an infected, inflamed area containing pus, usually caused by a problem tooth.

Abutment: a tooth or root that is fitted with a crown to support a bridge or partial denture.

Alloy: a mixture of two or more metals. Several alloys are used to repair teeth: noble (mostly silver), high noble (mostly gold) and "base" metals. The cost of a filling or crown depends on which alloy is used.

Amalgam: a metal alloy used in filling cavities.

Base metal: *metal alloys used for partials or crowns which contain no precious metals.*

Bitewing x-ray: films of upper and lower teeth used to check for decay between teeth and under qums.

Bonding: a cosmetic procedure that restores damaged teeth.

Bridge: a non-removable replacement for missing teeth made with crowns and pontics. **Cavity:** tooth decay caused by bacteria which, if not treated, can destroy the tooth.

Cephalometric x-ray: used to make precise measurements for braces.

Crown: *an artificial tooth or cap which covers a tooth weakened by decay.* **Denture:** *an artificial substitute for natural teeth and surrounding tissues.*

Diagnostic photographs: pictures taken by the dentist to plan treatment, particularly for

Diagnostic cast: a mold or "study model" of the mouth made by taking an impression of the teeth.

Endodontics: the treatment of tooth pulp disease and infections of the root canal.

Filling: a durable material (gold, a resin, or amalgam) used to fill a cavity and halt decay.

Fluoride: a compound used in water and dental products and procedures to reduce tooth decay.

Full mouth x-rays: 12 to 18 films taken when needed to check on dental disease.

Gingiva: gum tissue.

Gingivectomy: the surgical removal of diseased or inflamed gum tissue.

Gingivitis: an early stage of gum disease that causes inflammation.

Impacted tooth: *a tooth that does not come through the gum normally.*

Inlay: A precision cast filling that is cemented in a prepared cavity, usually made of gold or porcelain.

Malocclusion: an abnormal alignment of the teeth.

Onlay: a precision cast filling, usually made of gold or porcelain, covering the entire chewing surface of the tooth; larger than an inlay.

Oral surgery: a dental specialty limited to the surgical removal of teeth and the treatment of disease, deformities, and defects of the jaws and associated structures.

Orthodontics: *the alignment of teeth, usually through the use of braces.*

Osseous surgery: repair of the bone structure supporting the teeth that has been damaged by gum disease.

Panoramic x-ray: a complete view of the teeth, jaws and surrounding bone on one film.

Partial denture: removable artificial teeth that keep the remaining natural teeth from changing position and improve chewing ability.

Pediatric Dentistry: a dental specialty limited to treatment of children from birth through adolescence.

Pedicle soft tissue: *graft replacement of damaged gum tissue.*

Periapical x-ray: *close-up of an individual tooth and the surrounding tissue.*

Periodontal disease: qum disease.

Periodontics: *the prevention and treatment of gum disease.*

Periodontitis: a more severe gum disease that can lead to tooth loss in adults.

Plaque: a sticky, nearly clear layer of bacteria on teeth.

Pontic: an artificial tooth used in bridges.

Prophylaxis: a teeth cleaning to remove tartar, plaque and stains.

Prosthodontics: a dental specialty limited to the restoration to the natural teeth and/or

the replacement of missing teeth.

Pulp: the live tissue within the tooth.

Pulp capping: the use of medicine on a decayed part of a tooth to protect the pulp and help healing.

Pulpotomy: partial or complete removal of damaged dental pulp to relieve pain. A root canal is usually recommended to save the tooth.

Quadrant: one-fourth of the mouth.

Reline: to add new material on the underside of a denture to improve the fit and chewing ability.

Resin filling: a tooth-colored plastic material used instead of alloys for a less noticeable, more natural appearance.

Root canal: a treatment used on a tooth with damaged pulp to stop infection and save the tooth. The pulp is completely removed, the inside of the tooth is sterilized and sealed to prevent infection.

Scaling and root planing: a thorough cleaning of tooth surfaces below the gum line to eliminate inflammation and control disease, usually performed during several visits and under local anesthetic.

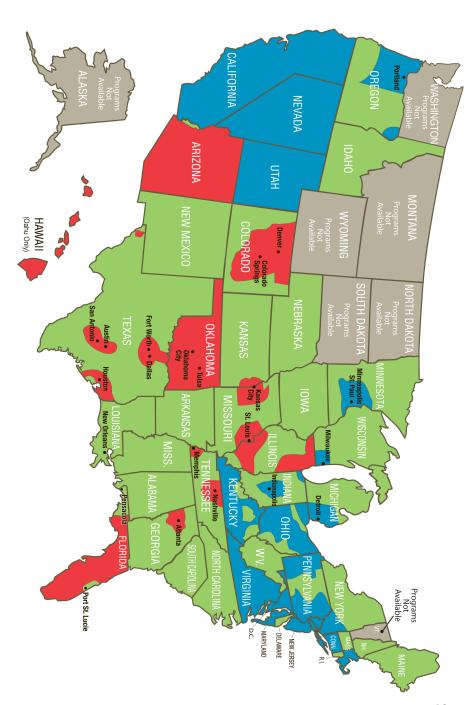
Sealant: *a plastic coating applied to teeth to prevent decay.*

Tartar: mineralized, hardened plaque that cannot be removed by brushing and flossing.

Temporomandibular joints: the left and right hinges that connect the jaw with the skull.

Tooth surface: one of the five sides of a tooth above the gum line.

AMERIPLAN® DENTAL FEE SCHEDULE MAP



RED FEE SCHEDULE

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GENERAL DENTIST FEES

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DIAGNOSTIC TREATMENT

By a General Dentist

DA CODE	TREATMENT Your	cost
D0120	Periodic oral evaluation – established patient	.\$15
D0140	Limited oral evaluation - problem focused	.\$25
D0150	Comprehensive oral evaluation - new or established patient	.\$35
D0180	Comprehensive periodontal evaluation - new or established patient \dots	\$30
D0210	Intraoral - complete series of radiographic images	.\$55
D0220	Intraoral - periapical first radiographic image	.\$12
D0230	Intraoral - periapical each additional radiographic image	.\$10
D0240	Intraoral - occlusal radiographic image	.\$16
D0270	Bitewing - single radiographic image	.\$12
D0272	Bitewings - two radiographic images	.\$16
D0273	Bitewings - three radiographic images	.\$20
D0274	Bitewings - four radiographic images	.\$25
D0330	Panoramic radiographic image	.\$52
D0460	Pulp vitality tests	.\$25
D0470	Diagnostic casts	.\$38

PREVENTATIVE TREATMENT

By a General Dentist

ADA CODE	TREATMENT	Your cost
D1110	Prophylaxis - Adult	\$48
D1120	Prophylaxis- Child	\$30
D1206	Topical application of fluoride varnish	\$25
D1208	Topical application of fluoride	\$15

PREVENTATIVE TREATMENTBy a General Dentist

ADA CODE	TREATMENT	Your cost
D1330	Oral hygiene instructions	\$10
D1351	Sealant - per tooth	\$32
D1510	Space maintainer - fixed - unilateral - per quadrat	
D1516	Space maintainer - fixed - bilateral, mxillary	
D1517	Space maintainer - fixed - bilateral, mandibular	
RESTORA By a General	TIVE TREATMENT Dentist (lab fees billed separately with 25% discount)	
ADA CODE	TREATMENT	Your cost
D2140	Amalgam - one surface, primary or permanent	
D2150	Amalgam - two surfaces, primary or permanent	
D2160	Amalgam - three surfaces, primary or permanent	
D2330	Resin-based composite - one surface, anterior	
D2331	Resin-based composite - two surfaces, anterior	\$96
D2332	Resin-based composite - three surfaces, anterior	\$135
D2391	Resin-based composite - one surface, posterior	\$79
D2392	Resin-based composite - two surfaces, posterior	\$105
D2393	Resin-based composite - three surfaces, posterior	\$145
D2750	Crown – porcelain fused to high noble metal	\$590
D2751	Crown - porcelain fused to predominantly base metal	\$425
D2752	Crown - porcelain fused to noble metal	\$465
D2790	Crown - full cast high noble metal	\$525
D2791	Crown - full cast predominantly base metal	\$400
D2792	Crown - full cast noble metal.	
D2910	Recement inlay, onlay, or partial coverage restoration	\$43
D2920	Recement crown	
D2930	Prefabricated stainless steel crown - primary tooth	
D2931	Prefabricated stainless steel crown - permanent tooth	
D2932	Prefabricated resin crown.	\$130
D2940	Protective restoration	
D2951	Pin retention - per tooth, in addition to restoration	\$25
SPECIAL	RULE FOR IMPLANTS - Discount applies to all dental s	ervices excent
	practitioner's cost of implant fixture.	
ENDODO By a General	NTIC PROCEDURES Dentist	
ADA CODE	TREATMENT	Your cost
D3110	Pulp cap - direct (excluding final restoration)	\$38
D3120	Pulp cap - indirect (excluding final restoration)	
D3220	Therapeutic pulpotomy (excluding final restoration)	
D3310	Root canal - anterior tooth (excluding final restoration)	
D3320	Root canal - bicuspid tooth (excluding final restoration)	

PERIODONTIC PROCEDURESBy a General Dentist

D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis
PROSTHODONTICS By a General Dentist (lab fees billed separately ADA CODE TREATMENT with 25% discount) Your cost D5110 Complete denture - maxillary (upper)
PROSTHODONTICS By a General Dentist (lab fees billed separately ADA CODE TREATMENT with 25% discount) Your cost D5110 Complete denture - maxillary (upper)
By a General Dentist ADA CODE TREATMENT D5110 Complete denture - maxillary (upper)
By a General Dentist ADA CODE TREATMENT D5110 Complete denture - maxillary (upper)
ADA CODE TREATMENT D5110 Complete denture - maxillary (upper). \$700 D5120 Complete denture - mandibular (lower). \$700 D5130 Immediate denture - maxillary (upper). \$740 D5140 Immediate denture - mandibular (lower). \$740 D5211 Maxillary (upper) partial denture - resin base. \$515 D5212 Mandibular (lower) partial denture - resin base. \$515 D5410 Adjust complete denture - maxillary (upper). \$30 D5411 Adjust complete denture - mandibular (lower). \$30 D5421 Adjust partial denture - maxillary (upper). \$30 D5422 Adjust partial denture - mandibular (lower). \$30 D5710 Rebase complete maxillary (upper) denture. \$265 D5711 Rebase complete mandibular (lower) denture. \$265 D5720 Rebase maxillary (upper) partial denture. \$240 D5721 Rebase mandibular (lower) partial denture. \$240 D6930 Recement fixed partial denture . \$55
D5110 Complete denture - maxillary (upper)
D5120 Complete denture - mandibular (lower). \$700 D5130 Immediate denture - maxillary (upper). \$740 D5140 Immediate denture - mandibular (lower). \$740 D5211 Maxillary (upper) partial denture - resin base. \$515 D5212 Mandibular (lower) partial denture - resin base. \$515 D5410 Adjust complete denture - maxillary (upper). \$30 D5411 Adjust complete denture - mandibular (lower). \$30 D5421 Adjust partial denture - maxillary (upper). \$30 D5422 Adjust partial denture - mandibular (lower). \$30 D5710 Rebase complete maxillary (upper) denture. \$265 D5711 Rebase complete mandibular (lower) denture. \$265 D5720 Rebase maxillary (upper) partial denture. \$240 D5721 Rebase mandibular (lower) partial denture \$240 D6930 Recement fixed partial denture \$555 ORAL SURGERY
D5130 Immediate denture - maxillary (upper)
D5140 Immediate denture - mandibular (lower). \$740 D5211 Maxillary (upper) partial denture - resin base. \$515 D5212 Mandibular (lower) partial denture - resin base. \$515 D5410 Adjust complete denture - maxillary (upper). \$30 D5411 Adjust complete denture - mandibular (lower). \$30 D5421 Adjust partial denture - maxillary (upper). \$30 D5422 Adjust partial denture - mandibular (lower). \$30 D5710 Rebase complete maxillary (upper) denture. \$265 D5711 Rebase complete mandibular (lower) denture. \$265 D5720 Rebase maxillary (upper) partial denture. \$240 D5721 Rebase mandibular (lower) partial denture \$240 D6930 Recement fixed partial denture \$555 ORAL SURGERY
D5211 Maxillary (upper) partial denture - resin base
D5212 Mandibular (lower) partial denture - resin base. \$515 D5410 Adjust complete denture - maxillary (upper). \$30 D5411 Adjust complete denture - mandibular (lower). \$30 D5421 Adjust partial denture - maxillary (upper). \$30 D5422 Adjust partial denture - mandibular (lower). \$30 D5710 Rebase complete maxillary (upper) denture. \$265 D5711 Rebase complete mandibular (lower) denture. \$265 D5720 Rebase maxillary (upper) partial denture. \$240 D5721 Rebase mandibular (lower) partial denture \$240 D6930 Recement fixed partial denture \$555 ORAL SURGERY
D5410 Adjust complete denture - maxillary (upper)
D5411 Adjust complete denture - mandibular (lower)
D5421 Adjust partial denture - maxillary (upper)
D5422 Adjust partial denture - mandibular (lower)
D5710 Rebase complete maxillary (upper) denture
D5711 Rebase complete mandibular (lower) denture
D5720 Rebase maxillary (upper) partial denture
D5721 Rebase mandibular (lower) partial denture
D6930 Recement fixed partial denture
ORAL SURGERY
By a General Dentist
ADA CODE TREATMENT Your cost
D7111 Extraction, coronal remnants - deciduous (primary) tooth
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) . \$68
D7210 Surgical removal of erupted tooth requiring removal of bone and/or
sectioning of tooth, and including elevation of mucoperiosteal flap
if indicated
D7220 Removal of impacted tooth - soft tissue

SPECIAL RULE FOR IMPLANTS - Discount applies to all dental services except practitioner's cost of implant fixture.

ORTHODONTIC TREATMENT

By a General Dentist

ADA CODE	TREATMENT	our cost
D8660	Pre-orthodontic treatment vist	\$150
D8080	Comprehensive orthodontic treatment (Braces) under 19	. \$2,450
D8090	Comprehensive orthodontic treatment (Braces) 19 and over	\$2,600
D8210	Removable appliance therapy (each up to 2 years)	\$325
D8220	Fixed appliance therapy	\$525

Listed orthodontic fees are for a General Dentist's usual and customary services for full banded Class 1 malocclusion cases. Any orthodontic treatment that requires unusal or ancillary services or is extended because of lack of patient cooperation will have an additional charge. Orthodontic services are offered on a space and time availability basis and are not available to any person who is currently in treatment or has been in treatment in the past 6 months. Broken or lost appliances will be an additional charge.

Invisalign discounts may not apply

ADJUNCTIVE GENERAL SERVICES

By a General Dentist

ADA CODE	TREATMENT	Your cost
D9999	Failed appointment	\$25
D9110	Palliative (emergency) treatment of dental pain - minor procedure.	\$50
	Consultation - provided by dentist other than requesting dentist. Office visit for observation (during regular hours) no other services	\$50
	performed	\$30
D9440	Office visit - after regularly scheduled hours	\$80
D9999	Infection control	\$10

- •Lab fees billed separately with 25% discount.
- •Dentist will discuss fees and treatment plan with patient prior to treatment.
- Dentist may charge additional fees for procedures that present unusual difficulties and circumstances.
- •If the Dentist's usual and customary fee is less than the AmeriPlan/Dental Plans of America scheduled fee, the Dentist will charge the lower fee.

SPECIALIST FEE SCHEDULE To be used by Dentists who have aquired an advanced degree. Including:

Orthodontists
Periodontists
Endodontists
Prosthodontists
Pedodontists
Oral Surgeons

Fees shall be discounted 25% from the Specialists usual and customary fees.

TEAL FEE SCHEDULE

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GENERAL DENTIST FEES

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DIAGNOSTIC TREATMENT

By a General Dentist

ADA CODE	TREATMENT	Your cost
D0120	Periodic oral evaluation – established patient	\$16
D0140	Limited oral evaluation - problem focused	\$25
D0150	Comprehensive oral evaluation - new or established patient \dots	\$39
D0180	Comprehensive periodontal evaluation - new or established pati	ent \$37
D0210	Intraoral - complete series of radiographic images	\$65
D0220	Intraoral - periapical first radiographic image	\$17
D0230	Intraoral - periapical each additional radiographic image	\$12
D0240	Intraoral - occlusal radiographic image	\$17
D0270	Bitewing - single radiographic image	\$16
D0272	Bitewings - two radiographic images	\$25
D0273	Bitewings - three radiographic images	\$29
D0274	Bitewings - four radiographic images	\$34
D0330	Panoramic radiographic image	\$55
D0460	Pulp vitality tests	\$25
D0470	Diagnostic casts	\$45

PREVENTATIVE TREATMENT

By a General Dentist

ADA CODE	TREATMENT	Your cost
D1110	Prophylaxis - Adult	\$55
D1120	Prophylaxis- Child	\$42
D1206	Topical application of fluoride varnish	\$25
D1208	Topical application of fluoride	\$20

PREVENTATIVE TREATMENT

Ву а	General	Dentist
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ADA CODE D1330 D1351 D1510 D1516 D1517	TREATMENT Oral hygiene instructions	\$35 \$200 \$225
RESTORA By a General	TIVE TREATMENT Dentist (lab fees billed separately with 25% discount)	
ADA CODE	TREATMENT	Your cost
D2140	Amalgam - one surface, primary or permanent	\$70
D2150	Amalgam - two surfaces, primary or permanent	\$80
D2160	Amalgam - three surfaces, primary or permanent	\$95
D2330	Resin-based composite - one surface, anterior	\$95
D2331	Resin-based composite - two surfaces, anterior	\$115
D2332	Resin-based composite - three surfaces, anterior. $\ldots \ldots$	
D2750	Crown – porcelain fused to high noble metal	\$650
D2751	Crown - porcelain fused to predominantly base metal $ \ldots $	
D2752	Crown - porcelain fused to noble metal	\$600
D2790	Crown - full cast high noble metal	\$550
D2791	Crown - full cast predominantly base metal	\$450
D2792	Crown - full cast noble metal	\$475
D2910	Recement inlay, onlay, or partial coverage restoration	\$50
D2920	Recement crown	\$50
D2930	Prefabricated stainless steel crown - primary tooth	\$135
D2931	Prefabricated stainless steel crown - permanent tooth	\$150
D2932	Prefabricated resin crown	\$155
D2940	Protective restoration	\$55
D2951	Pin retention - per tooth, in addition to restoration	\$30

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ENDODONTIC PROCEDURESBy a General Dentist

ADA CODE	TREATMENT	Your cost
D3110	Pulp cap - direct (excluding final restoration)	\$42
D3120	Pulp cap - indirect (excluding final restoration)	\$42
D3220	Therapeutic pulpotomy (excluding final restoration)	\$90
D3310	Root canal - anterior tooth (excluding final restoration)	\$400
D3320	Root canal - bicuspid tooth (excluding final restoration)	\$450

PERIODONTIC PROCEDURESBy a General Dentist

ADA CODE	TREATMENT	Your cost
D4355	Full mouth debridement to enable comprehensive evalu	ation
	and diagnosis	
D4910	Periodontal maintenance	\$70
PROSTHO		
By a General	,	
	TREATMENT	Your cost
D5110	Complete denture - maxillary (upper)	\$800
D5120	Complete denture - mandibular (lower)	\$800
D5130	Immediate denture - maxillary (upper)	\$820
D5140	Immediate denture - mandibular (lower)	\$820
D5211	Maxillary (upper) partial denture - resin base	\$565
D5212	Mandibular (lower) partial denture - resin base	\$565
D5410	Adjust complete denture - maxillary (upper)	
D5411	Adjust complete denture - mandibular (lower)	
D5421	Adjust partial denture - maxillary (upper)	
D5422	Adjust partial denture - mandibular (lower)	\$40
D5710	Rebase complete maxillary (upper) denture	\$315
D5711	Rebase complete mandibular (lower) denture	\$315
D5720	Rebase maxillary (upper) partial denture	\$290
D5721	Rebase mandibular (lower) partial denture	\$290
D6930	Recement fixed partial denture	\$80
ORAL SUF	RGERY	
By a General		
ADA CODE	TREATMENT	Your cost
D7111	Extraction, coronal remnants - deciduous (primary) tooth	\$60
D7140	Extraction, erupted tooth or exposed root (elevation and/or for	rceps removal). \$75
D7210	Surgical removal of erupted tooth requiring removal of b sectioning of tooth, and including elevation of mucoperi if indicated.	oone and/or osteal flap
D7220	Removal of impacted tooth - soft tissue	
D7230	Removal of impacted tooth - partially bony	

SPECIAL RULE FOR IMPLANTS - Discount applies to all dental services except practitioner's cost of implant fixture.

ORTHODONTIC TREATMENT

By a General Dentist

ADA CODE	TREATMENT You	ur cost
D8660	Pre-orthodontic treatment vist	\$255
D8080	Comprehensive orthodontic treatment (Braces) under 19	\$2,500
D8090	Comprehensive orthodontic treatment (Braces) 19 and over	\$2,650
D8210	Removable appliance therapy (each up to 2 years)	\$375
D8220	Fixed appliance therapy	\$550

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Invisalign discounts may not apply

ADJUNCTIVE GENERAL SERVICES

By a General Dentist

ADA CODE	TREATMENT	Your cost
D9999	Failed appointment	\$25
D9110	Palliative (emergency) treatment of dental pain - minor proceed	dure \$55
	Consultation - provided by dentist other than requesting de Office visit for observation (during regular hours) no other serv	
	performed	\$35
D9440	Office visit - after regularly scheduled hours	\$85
D9999	Infection control	\$10

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Periodontists

Endodontists

Prosthodontists

Pedodontists

Oral Surgeons

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LIME GREEN SCHEDULE

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GENERAL DENTIST FEES

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DIAGNOSTIC TREATMENT

By a General Dentist

ADA CODE	TREATMENT	Your cost
D0120	Periodic oral evaluation – established patient	\$16
D0140	Limited oral evaluation - problem focused	\$24
D0150	Comprehensive oral evaluation - new or established patient	\$49
D0210	Intraoral - complete series of radiographic images	\$80
D0220	Intraoral - periapical first radiographic image	\$20
D0230	Intraoral - periapical each additional radiographic image	\$15
D0240	Intraoral - occlusal radiographic image	\$25
D0270	Bitewing - single radiographic image	\$23
D0272	Bitewings - two radiographic images	\$30
D0273	Bitewings - three radiographic images	\$35
D0274	Bitewings - four radiographic images	\$40
D0330	Panoramic radiographic image	\$75

PREVENTATIVE TREATMENT

By a General Dentist

ADA CODE	TREATMENT	Your cost
D1110	Prophylaxis - Adult	\$50
D1120	Prophylaxis- Child	\$42
D1206	Topical application of fluoride varnish	\$23
D1208	Topical application of fluoride	\$18
D1330	Oral hygiene instructions	\$19
D1351	Sealant - per tooth	\$30

ADJUNCTIVE GENERAL SERVICES

By a General Dentist

ADA CODE	TREATMENT	Your cost
D9999	Infection control	\$10

- Lab fees included in all procedures where required
- •Dentist will discuss fees and treatment plan with patient prior to treatment.
- Dentist may charge additional fees for procedures that present unusual difficulties and circumstances.
- •If the Dentist's usual and customary fee is less than the AmeriPlan/Dental Plans of America scheduled fee, the Dentist will charge the lower fee.
- Special rule for implants: Discount applies to all Dental services except Practitioner's cost of Implant Fixture.
- Invisalign discounts may not apply.

SPECIALIST FEE SCHEDULE To be used by Dentists who have aquired an advanced degree. Including:

Orthodontists
Periodontists
Endodontists
Prosthodontists
Pedodontists
Oral Surgeons

Fees shall be discounted 15% from the Specialists usual and customary fees.

Please be advised that AmeriPlan Health® may receive individual identifiable health information in connection with your program membership. While AmeriPlan Health® is not a "covered entity" for purposes of the Health Insurance Portability and Accountability Act of 1996, it will not disclose, except as permitted or required by law or regulations, nonpublic personal health information about a member unless a written authorization is obtained from the member whose nonpublic personal health information is sought to be disclosed.





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