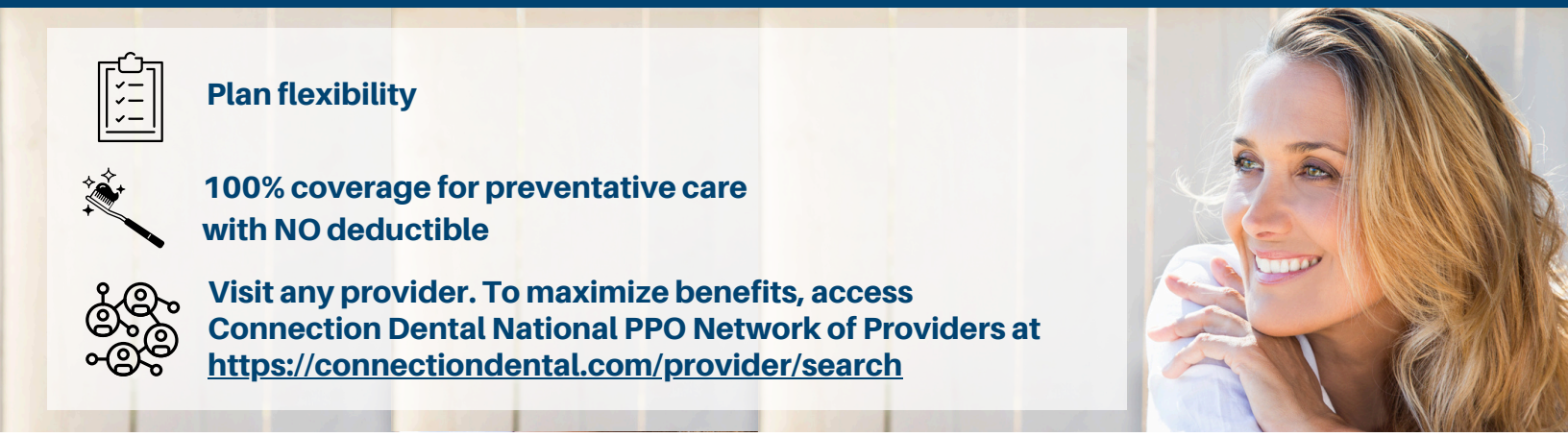
SimpleNext Health Solutions

Dental / Vision

Must be coupled with a SimpleNext Health Program.

DENTAL



Plan flexibility

100% coverage for preventative care with NO deductible

Visit any provider. To maximize benefits, access Connection Dental National PPO Network of Providers at https://connectiondental.com/provider/search

Dependents eligible to remain on plan until age 26. Class D (Ortho) available for dependents under the age of 19.

Deductible per Calendar Year

$100 per person / $300 per family

Coverage Tiers

For preventative, basic, major, and orthodontic services

Tier	Coverage
Preventative	100%
Basic	80% after deductible
Major	50% after deductible
Orthodontic	50% after deductible

*Class C benefits not available for the first 12 months of coverage

Add Dental and/or Vision during the enrollment process.

If you're already a SimpleNext member, you may add Dental and/or Vision.

Maximum Benefit Amount

Class A, B, & C - $2,000 per person per calendar year

Class D - $1,000 per person per calendar year and $2,000 lifetime maximum per person

Dental Pricing

Member	Member +Spouse	Member Child(ren)	Member +Family
$50.00	$80.00	$80.00	$120.00

Rates listed are per month. Must be coupled with a SimpleNext Health Program.

02/27/2025

Class A Services - Preventive

This includes the cleaning and scaling of teeth. Limit of 2 exams each Calendar Year. One bitewing x-ray series,one fluoride treatment for dependent children (under age19), each Calendar Year. One full mouth x-rays every five (5) Calendar Years. Space maintainers for covered Dependent children (under age 19) to replace primary teeth. Sealants on the occlusal surface of a permanent posterior tooth for Dependent (under age 14) once per tooth in any 36 consecutive month period. Emergency palliative treatment for pain. ⁎Some exclusions apply.

Class B Services - Basic

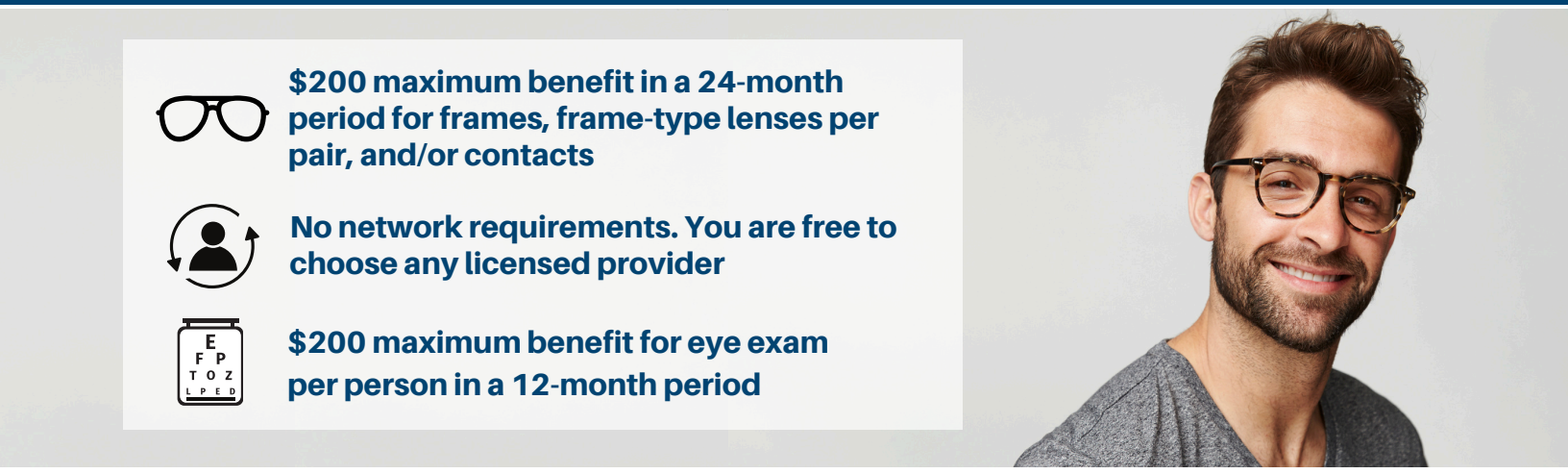
Dental x-rays not included in Class A. Oral surgery limited to removal of teeth, preparation of the mouth for dentures and removal of tooth generated cysts of less than 1/4 inch. Periodontics (gum treatments); endodontics (root canals); extractions (includes local anesthesia and routine post-operative care); recementing bridges, crowns or inlays; fillings (other than gold); general anesthetics, upon demonstration of Medical Necessity; antibiotic drugs. ⁎Some exclusions apply.

Class C Services - Major

Restorations, including inlays, on-lays and foil fillings. The cost of for amalgam, synthetic porcelain or plastic materials will be included. Installation of crowns; installing precision attachments for removable dentures;installing partial, full or removable dentures to replace one or more natural teeth (including all adjustments made during six (6) months following the installation). Addition of clasp or rest to existing partial removable dentures; initial installation of fixed bridgework to replace one or more natural teeth; repair of crowns, bridgework and removable dentures; rebasing or relining of removable dentures;dental implants. Replacing an existing removable partial or full denture of fixed bridgework;adding teeth to an existing removable partial denture or existing bridgework (to replace newly extracted natural teeth) — Applies if either 1) the existing dentur or bridgework was installed at least five (5) years prior to its replacement and cannot currently be made serviceable, or 2) the existing denture is of an immediate temporary nature. Further, replacement by permanent dentures is required and must take place within twelve (12) months from the date the temporary denture was installed. ⁎Some exclusions apply.

⁎Other exclusions may apply and will be explained in the Summary of Benefits in the Articles entitled "General Limitations and Exclusions."

VISION



$200 maximum benefit in a 24-month period for frames, frame-type lenses per pair, and/or contacts

No network requirements. You are free to choose any licensed provider

$200 maximum benefit for eye exam per person in a 12-month period

Vision Pricing

Member	Member +Spouse	Member Child(ren)	Member +Family
$10.00	$15.00	$15.00	$25.00

Rates listed are per month. Must be coupled with a SimpleNext Health Program.

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Class A Services - Preventive

This includes the cleaning and scaling of teeth. Limit of 2 exams each Calendar Year. One bitewing x-ray series,one fluoride treatment for dependent children (under age19), each Calendar Year. One full mouth x-rays every five (5) Calendar Years. Space maintainers for covered Dependent children (under age 19) to replace primary teeth. Sealants on the occlusal surface of a permanent posterior tooth for Dependent (under age 14) once per tooth in any 36 consecutive month period. Emergency palliative treatment for pain. ⁎Some exclusions apply.

Class B Services - Basic

Dental x-rays not included in Class A. Oral surgery limited to removal of teeth, preparation of the mouth for dentures and removal of tooth generated cysts of less than 1/4 inch. Periodontics (gum treatments); endodontics (root canals); extractions (includes local anesthesia and routine post-operative care); recementing bridges, crowns or inlays; fillings (other than gold); general anesthetics, upon demonstration of Medical Necessity; antibiotic drugs. ⁎Some exclusions apply.

Class C Services - Major

Restorations, including inlays, on-lays and foil fillings. The cost of for amalgam, synthetic porcelain or plastic materials will be included. Installation of crowns; installing precision attachments for removable dentures;installing partial, full or removable dentures to replace one or more natural teeth (including all adjustments made during six (6) months following the installation). Addition of clasp or rest to existing partial removable dentures; initial installation of fixed bridgework to replace one or more natural teeth; repair of crowns, bridgework and removable dentures; rebasing or relining of removable dentures;dental implants. Replacing an existing removable partial or full denture of fixed bridgework;adding teeth to an existing removable partial denture or existing bridgework (to replace newly extracted natural teeth) — Applies if either 1) the existing dentur or bridgework was installed at least five (5) years prior to its replacement and cannot currently be made serviceable, or 2) the existing denture is of an immediate temporary nature. Further, replacement by permanent dentures is required and must take place within twelve (12) months from the date the temporary denture was installed. ⁎Some exclusions apply.

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VISION

$200 maximum benefit in a 24-month period for frames, frame-type lenses per pair, and/or contacts

No network requirements. You are free to choose any licensed provider

$200 maximum benefit for eye exam per person in a 12-month period

Pricing

Member	Member +Spouse	Member Child(ren)	Member +Family
$10.00	$15.00	$15.00	$25.00

Rates listed are per month. Must be coupled with a PMBMed Health Plan.

Add Dental and/or Vision during the enrollment process.

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