HERBIE WILES
INSURANCE
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TravelMed USA ★
Medical Careers in motion

Group Voluntary Benefits
Effective Dates: Dec 1, 2018 - Nov 30, 2020

UHC Volutnary Dental Plan

PPO - In-Network	PPO - Out-of-Network
Calendar Year Deductible : Individual $50 / Family $150	
Annual Maximum Benefit: **$1,000** / Covered Member This plan also includes a maximum benefit award program. Some of the unused portion of your annual max may rollover to your next benefit period. -See www.myallsaversmember.com	
Preventive Services: Covered at **100%** - Calendar Year **Deductible Waived**	Preventive Services: Covered at **100%** of In-Network Fee Schedule - Calendar Year Deductible Waived
Basic Services: Covered at **80%** after Calendar Year Deductible	Basic Services: Covered at **80%** of In-Network Fee Schedule after Calendar Year Deductible
Major Services Covered at **50%** after Calendar Year Deductible	Major Services Covered at **50%** of In-Network Fee Schedule after Calendar Year Deductible
Provider Locator: www.myallsaversmember.com; Log In to Member Portal	

RATE SUMMARY	Per Pay Period (52)
Employee Only	**$5.10**
Employee + Spouse	**$10.19**
Employee + Child(ren)	**$10.16**
Employee + Family	**$15.93**

DENTAL — UnitedHealthcare®

UHC Voluntary Vision Plan

Includes Out of Network Benefits		
Benefit Summary	**In Network**	**Out-Of-Network**
Vision Exam (Basic Exam)	$10 Copay	$40 Allowance
Materials	$25 Copay	See below
Lenses *(Basic Lenses)* -Lens Treatments will be addtl. cost		
Frequency	Once Every 12 Months	
Single Vision	$25 Copay	$40 Allowance
Bifocal	$25 Copay	$60 Allowance
Trifocal	$25 Copay	$80 Allowance
Lenticular	$25 Copay	$80 Allowance
Contacts		
Frequency	Once Every 12 Months	
Medically Necessary	$25 Copay	$210 Allowance
Elective	$105 Allowance	$105 Allowance
Frames		
Frequency	Once Every 24 Months	
Frames	$130 Allowance after $25 Copay	$45 Allowance
Provider Locator: www.myallsaversmember.com; Log In to Member Portal		

RATE SUMMARY	Per Pay Period (52)
Employee Only	**$1.42**
Employee + Spouse	**$2.70**
Employee + Child(ren)	**$3.17**
Employee + Family	**$4.46**

VISION — UnitedHealthcare®

AllyHealth TeleDoc	Your Cost /Weekly Pay
Quality healthcare on *YOUR* schedule! No copays! Unlimited use! Board Certified, US based doctors! For your entire family!	**$1.85 WOW!**

TELEDOC

Access to doctors and pediatrcians 24/7 by video, phone, or email

Common Treated Conditions: Acne, Allergies, Asthma, Cold & Flu, Sore Throat, Fever, Headache, Infections, Insect Bites, Diarrhea, Ear Infection, Sinus Infection, Skin Inflammations, Urinary Tract Infection, and more…

Medical Cost Advocate: Your expert source to review and negotiate out of pocket health care costs. Professional negotiators advocate for you, Negotiating directly with medical providers, Medical and dental negotiating before and after procedures, Save 20 - 50% on most bills, No up-front cost -Save or the service is free, and more...
Visit: www.medicalcostadvocate.com; or Call: (866) 769 - 9707

Prescription Discount Card Program: Free Employee Rx Savings, 10% to 85% Rx discounts, Online Drug Price Check Utility tool, Over 65,000 participating pharmacies…

Contact Member Services: member-services@allyhealth.net;
Phone: (888) 565 - 3303; or www.allyhealth.net

This illustration is intended to highlight some of the provisions of the plans offered by your employer. In case of a conflict between the Group Master Contract, Certificate of Coverage, and this illustration, then the Group Master Contract and Certificate of Coverage will govern.