



REAL BENEFITS - REAL VALUE  
BECOME AN ABH MEMBER.



# ASSOCIATION FOR BETTER HEALTH



## ABOUT ABH

The [Association for Better Health \(ABH\)](#) is a membership organization who serves individuals in 50 states looking to improve their personal and their family's physical, financial, and overall wellbeing.

Through the collective purchasing power of our membership, a holistic benefit program has been developed to enable our members to receive a wide variety of discounts, privileges, and services. Membership benefits are designed to provide the resources, education, and road map to achieve and maintain a healthy lifestyle.

The benefits of membership are specifically designed to allow ABH members to save money on a variety of goods, services, and insurance coverage. Members can take advantage of many programs that will assist with enhancing their overall quality of life.

### HEALTH PROGRAMS

- GymAmerica.com
- LensCrafters Vision Club
- Association Hearing Services
- HealthFitLabs Vitamin Discount

### CONSUMER PROGRAMS:

- 1800Flowers Program
- HopTheShops Program
- LifeLock Identity Theft Protection
- Magazine Discounts Program
- Moving Services Program
- My Association Savings Program
- True Car Auto Buying Service Program
- Travel Program

### BUSINESS PROGRAMS

- ADP Payroll Processing Service
- Credit Card Processing
- Travel Visas & Expedited Passports
- Customized Web Services
- Computer and Digital Equipment
- Integrated Communications
- Office Discounts
- Penny Wise Office Products
- Wireless Traveler
- Constant Contact
- UPS Express Delivery Service

[WWW.ASSOCIATIONFORBETTERHEALTH.ORG](http://WWW.ASSOCIATIONFORBETTERHEALTH.ORG) · (602) 888-8133

Association for Better Health 3800 North Central Avenue, Phoenix, Arizona 85012



# ANNUAL MAXIMUM BENEFIT OPTIONS

## \$1500, \$3000, \$5000

<ul style="list-style-type: none"> <li>• Office Visit</li> </ul>	<ul style="list-style-type: none"> <li>• \$25 Copay per visit</li> </ul>
<b>PREVENTIVE CARE (100% Coverage) No Waiting Period</b>	
<ul style="list-style-type: none"> <li>• Routine Exam (1 in 6 months)</li> <li>• Bitewing X-rays (1 in 6 months)</li> </ul>	<ul style="list-style-type: none"> <li>• Cleaning (1 in 6 months)</li> <li>• Fluoride for Children 19 &amp; under (1-12 months)</li> </ul>
<b>BASIC CARE (80% Coverage) No Waiting Period</b>	
<ul style="list-style-type: none"> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Sealants (age 13 and under)</li> </ul>	<ul style="list-style-type: none"> <li>• Restorative Amalgams</li> <li>• Simple Extractions</li> </ul>
<b>MAJOR CARE* (50% Coverage) 12 Month Waiting Period</b>	
<ul style="list-style-type: none"> <li>• Space Maintainers</li> <li>• Onlays</li> <li>• Implants</li> <li>• Crowns (1 in 10 years per tooth)</li> <li>• Crown Repair</li> <li>• Endodontics (nonsurgical)</li> <li>• Periodontics (nonsurgical)</li> </ul>	<ul style="list-style-type: none"> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>

\*Waiting period for Major services may be waived with proof of prior coverage provided by the member. Proof of prior coverage will only be accepted from the prior carrier within 30 days of effective date on Brightidea Dental, and showing 12 months of continuous fully insured coverage with no lapse. DHMO, discount, or scheduled plan coverage will not be accepted.

## ADDITIONAL SERVICES - DENTAL ADVOCACY

Dental Bill Saver

Dental Locating Services

Price Comparisons

For Dental Advocacy Assistance, email to [advocacy@brightideadental.com](mailto:advocacy@brightideadental.com)

Dental benefits offered and administered by First Continental Life and Accident Insurance Company, 101 Parklane Blvd. Suite 301, Sugar Land, Texas 77478. Only Available in Certain States.

# SCHEDULE OF BENEFITS AND COVERAGE



## LIMITATIONS AND EXCLUSIONS

**Reinstatement:** If a member's coverage terminates, they cannot re-enroll for 12 months from the date of termination.

**Covered expenses will not include and no benefits will be payable:**

1. For any treatment which is for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
2. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items, unless required because of an accidental bodily injury sustained while the Insured is covered. Replacement is not covered if the item can be repaired.
3. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of natural teeth during the same period of continuous coverage. But the extraction of a third molar (wisdom tooth) will not qualify the item for payment. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth. Coverage does not include the part of the cost that applies specifically to replacement of teeth extracted prior to the period of coverage.
4. For addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth extracted during the same period of continuous coverage.
5. For any expense incurred or procedure begun before the Insured's current period of continuous coverage.
6. For any expense incurred or procedure begun after the Insured's insurance under this section terminates, except for a prosthetic appliance, fixed bridge, crown, or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance ends.
7. To duplicate appliances or replace lost or stolen appliances.
8. For appliances, restorations or procedures to:
  - a. alter vertical dimension;
  - b. restore or maintain occlusion;
  - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
  - d. treat jaw fractures or disturbances of the temporomandibular joint.

## LIMITATIONS AND EXCLUSIONS (CONT.)

9. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.

10. For broken appointments or the completion of claim forms.

11. For orthodontia service or for any services associated with orthodontic therapy when this optional coverage is not elected and the premium is not paid.

12. For sealants which are:

- a. not applied to a permanent molar;
- b. applied before age 6 or after attaining age 16; or
- c. reapplied to a molar within three years from the date of a previous sealant application.



13. For subgingival curettage or root planing (procedure numbers 4220 and 4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.

14. Because of an Insured's injury arising out of, or in the course of, work for wage or profit.

15. For an Insured's sickness, injury or condition for which he or she is eligible for benefits under any Workers Compensation Act or similar laws.

16. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.

17. For services which are not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.

18. Because of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.

19. To an Insured if payment is not legal where the Insured is living when expenses are incurred.

20. For any services related to: equilibration, bite registration or bite analysis.

21. For crowns for the purpose of periodontal splinting.

22. For charges for: any overdentures; precision or semi-precision attachments and associated endodontic treatment; other customized attachments; or specialized prosthodontic techniques or characterizations.

23. For charges for myofunctional therapy, orthognathic surgery or athletic mouth guards.

24. For procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.

25. Services or supplies provided by a family member or a member of the Insured's household.

**Note:** This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. See your certificate for details.

# BRIGHT IDEA DENTAL FAQ



## DOES MY DENTAL PLAN HAVE A WAITING PERIOD?

There are NO WAITING PERIODS for Preventive and Basic Dental Care! There is a 12-month waiting period for Major Dental Care. All benefits begin on your effective date.

## WHO IS ELIGIBLE TO PURCHASE THE PLAN?

Anyone age 18 and older in approved states. You can request coverage for your dependents; dependent eligibility varies based on state law.

## DO I HAVE COVERAGE OUTSIDE OF THE STATE I LIVE IN?

Yes, unless it is in Maine, Minnesota, New Hampshire, or Washington.

## ARE MY RATES GUARANTEED?

You'll receive a 30-day notice prior to any rate change (more if required by state law).

## HOW DO I SUBMIT CLAIMS?

You or your dentist submit completed claim forms along with any requested information to the address provided on your member id card. Dentists may submit claims electronically to the contact information provided on your member id card. You may also contact us directly for assistance.

## WHEN WILL I RECEIVE MY INSURANCE ID CARDS?

Member ID cards are generally shipped within 7-10 business days after your enrollment has been processed. Actual receipt of your ID cards may vary, as all ID cards are sent via USPS first class mail. Replacement ID cards may be requested by contacting member services at 1 (800) 979-8266.

## WHAT IS YOUR REFUND/CANCELLATION POLICY?

To receive a refund, submit a written or verbal notice of cancellation to our office. This notice must be received prior to your policy effective date\*.

**Agentra Healthcare Solutions**

**Attn: BrightIdea Dental**

**4201 Spring Valley Road, Suite 1500, Dallas, TX 75244**

**or by calling (800) 979-8266.**

All Cancellation requests will be effective on the next billing period.

## WHAT IF I HAVE MORE QUESTIONS?

Please contact your insurance agent.

\*No refunds are permitted once policy effective date has commenced. No refunds are permitted if any claims have been submitted or filed for any service or product for which you have been enrolled.

# BRIGHT IDEA DENTAL NETWORK



## IN NETWORK

To minimize your out-of-pocket and receive the highest value for your policy maximum, always present your ID card at the time of service to receive the contracted discounts from DentaMax Plus Network.

To locate a participating provider visit: <http://plusnetwork.fclidental.com>

## OUT OF NETWORK

**Option 1:** Member may assign the dental provider the benefits. The dental provider would submit the claim to FCL Dental, receive the compensation and then bill the member the balance owed.

**Option 2:** Member may pay for the services out of pocket then submit the receipt and Explanation of Benefits (EOB) directly to FCL Dental.

**FCL DENTAL  
ATTN: CLAIMS  
101 PARKLANE BLVD., SUITE 301  
SUGAR LAND, TX 77478  
(877) 493-6282  
CLAIMS PAYOR NUMBER: CX090**

## 24/7 ACCESS

Receive \$250 every month you are a member. Access BrightIdea Dental Rewards at [www.brightideadentalrewards.com](http://www.brightideadentalrewards.com)

## GREAT SAVINGS!

Customers browse through the available saving options in their area to choose how they want to use their rewards, exploring hundreds of thousands of local deals, dining options, retail products, hotel stays, and gift cards. With over 300,000 ways to save, there is something for everyone!

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4201 Spring Valley Road, Suite 1500 Dallas, Texas 75244

Underwritten by First Continental Life and Accident  
Dental Network provided through DenteMax Plus  
Only Available in Certain States.