

For the first time, *You Have a Choice!*

SOUTHLAND BENEFIT SOLUTIONS is proud to team up with the Alabama State Employees' Insurance Board (SEIB) to provide you the best in Cancer, Vision, and Dental Benefit packages.

WHY SOUTHLAND?

- Real Customer Service— a friendly PERSON answers the phone each and every time, NOT an automated system
- Now Cancer, Vision, & Dental are available as separate, stand-alone plans
- Proven history with SEIB and PEEHIP (Alabama Educators served since 1983)
- Extensive DentaNet provider network — quality providers and abundant access points throughout Alabama

SOUTHLAND CANCER

- Plan covers Cancer disease only
- Benefits are provided regardless of other insurance.
- Coverage provides \$250 per day for the first 90 consecutive days of hospital confinement for inpatient charges, \$500 per day thereafter.
- Actual surgical charges are paid up to the amounts in the surgical schedule.
- Lifetime maximum benefit for radiation and chemotherapy coverage is \$10,000

SOUTHLAND VISION

- Eye Examination
- Prescription Lenses or Contacts
- Eyeglass Frame
- No Network Requirement, utilize any Eye Care provider
- Plan includes

	Max Benefits
Exam	\$75
	and
Frames	\$75
Lenses	
Single Vision	\$80
Bifocal	\$105
Trifocals	\$150
Lenticular	\$175
or	
Contacts	\$150
or	
Refractive Surgery (per eye)	\$150

You Can Choose!

You can choose any combination of multiple coverage types.

Example — You can choose individual health coverage, and family coverage for dental and/or vision.

Your Benefits. Our Solutions.

Dental Benefits Comparisons

SOUTHLAND DENTAL

- No cost for preventive services
- No and Low-Deductible Plan Options
 - \$0 Individual Plan
 - \$25 Family Plan
- Basic and Major Services Covered Up to 80%
 - 80% Individual Plan
 - 60% Family Plan
- Large Annual Benefit Maximums
 - \$1,250 Individual Plans
 - \$1,000 Family Plan per person per plan year

INDIVIDUAL COVERAGE		FAMILY COVERAGE	
Blue Cross Blue Shield	Southland Dental†	Blue Cross Blue Shield	Southland Dental†
Max. Annual Benefit \$1,500	Max. Annual Benefit \$1,250*	Max. Annual Benefit \$1,500 Per Member	Max. Annual Benefit \$1,000 Per Member*
Deductible \$25 Per Person Annually Limit 3 Deductibles Per Family	Deductible \$0	Deductible \$25 Per Person Annually Limit 3 Deductibles Per Family	Deductible \$25 Per Person Annually Limit 3 Deductibles Per Family
Preventive Covered at 100% of Preferred Dental Fee Schedule with No Deductible	Preventive Covered at 100% of Preferred Dental Fee Schedule with No Deductible	Preventive Covered at 100% of Preferred Dental Fee Schedule with No Deductible	Preventive Covered at 100% of Preferred Dental Fee Schedule with No Deductible
Basic & Major Services Covered at 50% of Preferred Dental Fee Subject to the \$25 Annual Deductible	Basic & Major Services Covered at 80% of Preferred Dental Fee with No Annual Deductible	Basic & Major Services Covered at 50% of Preferred Dental Fee Subject to the \$25 Annual Deductible	Basic & Major Services Covered at 60% of Preferred Dental Fee Subject to the \$25 Annual Deductible

† Orthodontics not covered
*Less than 5% of people exceed a \$1000 annual maximum.

In-Network Cost Savings Examples:

Porcelain Crown

Cost of Service \$625.00

Common Market Plan (Individual & Family)	
Plan Coverage 50%	-\$312.50
Out-of-Pocket Cost	\$312.50
Deductible	\$25.00
Your Total Cost	\$337.50

Southland (Individual)	
Plan Coverage 80%	-\$500.00
Out-of-Pocket Cost	\$125.00
Deductible	\$0.00
Your Total Cost	\$125.00
Southland Savings	\$212.50

SAVINGS of 63%

Southland (Family)	
Plan Coverage 60%	-\$375.00
Out-of-Pocket Cost	\$250.00
Deductible	\$25.00
Your Total Cost	\$275.00
Southland Savings	\$62.50

SAVINGS of 19%

Basic Filling

Cost of Service \$99.00

Common Market Plan (Individual and Family)	
Plan Coverage 50%	-\$49.50
Out-of-Pocket Cost	\$49.50
Deductible	\$25.00
Your Total Cost	\$74.50

Southland (Individual)	
Plan Coverage 80%	-\$79.20
Out-of-Pocket Cost	\$19.80
Deductible	\$0.00
Your Total Cost	\$19.80
Southland Savings	\$54.70

SAVINGS of 73%

Southland (Family)	
Plan Coverage 60%	-\$59.40
Out-of-Pocket Cost	\$39.60
Deductible	\$25.00
Your Total Cost	\$64.60
Southland Savings	\$9.90

SAVINGS of 13%

FIND NETWORK PROVIDERS IN YOUR AREA!

www.southlandseib.com

