

No Waiting Period!

ONEplus

Administered by:



Individual Dental and Vision Coverage

Do you currently have individual or group dental coverage that is ending?

Submit proof of similar coverage and qualify for AlwaysCare ONEplus with No Waiting Period!*

- ▶ Three dental plan options available.
- ▶ Fully insured vision plan providing coverage for eye exams and eyewear materials.



HOW THE DENTAL PLAN WORKS

Coverage for over 300 dental procedures!

Each plan option pays a flat dollar amount per covered dental procedure outlined in the policy. You can visit any provider, and we will pay the lesser of the provider's actual charge or the amount listed on the Schedule of Covered Dental Procedures.[†] Visit a network dentist and see your benefit dollars stretched even further.

[†]Subject to policy deductible, annual maximum and limitations and exclusions.

Preventive Services (no waiting period)

- Routine exams (2 per 12 months)
- Prophylaxis (simple cleaning) (2 per 12 months)
- Full mouth x-ray (1 per 5 years) (D0210, D0277, D0330)
- Bitewing x-rays (max 4 films per 12 months)
- Services for children to age 16
 - Space maintainers (1 per lifetime, per quadrant or arch)
 - Fluoride (1 per 12 months)
 - Sealants (permanent molars, 1 per 36 months)
- Oral cancer screening (max 1 per 12 months for age 40+)

Other Services (12 month waiting period applies)

- Fillings (12 month waiting period does not apply to fillings)
- Simple extractions
- Oral surgery (surgical extractions & impactions)
- Emergency pain (1 per 12 months)
- Periodontics
- Crowns, bridges, and dentures
- Inlays and onlays
- Endodontics (root canals)

SAMPLING OF COVERED DENTAL PROCEDURES AND SCHEDULE AMOUNTS

Procedure	Value Plan	Standard Plan	Preferred Plan
Periodic Oral Evaluation (D0120)	\$19	\$27	\$35
Prophylaxis (Adult) (D1110)	\$36	\$52	\$67
Filling (D2140)	\$39	\$56	\$72
Root Canal (D3330)	\$171	\$242	\$313
Crown (D2750)	\$167	\$237	\$306

Benefit Year Maximum (Applies to all services)

\$1,000 per person per benefit year

Deductible (Does not apply to preventive services)

\$50 Annual. Maximum 3 per family

Plus, Receive More Benefits At No Additional Cost to Policyholders!

- ▶ **Hearing Savings Plan** - 30-60% discounts on major name brand hearing instruments and accessories.
- ▶ **Pharmacy Discount Card** - save up to 75% on prescriptions and more.

* To qualify, you must have been enrolled in a plan with similar coverage within 63 days of your application date. Proof of similar coverage, with coverage for major services, is required to be submitted within 30 days of your effective date. Discount dental plans do not apply. If proof of similar coverage is not received within 30 days of the effective date of coverage, you will automatically be switched the AlwaysCare Individual Dental plan with a 12 month waiting period on other services and notified of your new rate.

VISION PLAN - OUTLINE OF BENEFITS

Freedom of Choice

We offer a national network of participating vision providers. The provider panel includes independent optometrists and ophthalmologists, as well as regional and national retail chains (including Walmart Vision Center, Sam's Club Optical, Costco,[†] Pearle Vision, Target, Sears, JCPenney and Visionworks). Also, you may choose different providers for vision exam and materials purchases.

Additional Savings!

Save on additional pairs of glasses, contact lenses and more! Our Value Added or Service Plus providers offer special negotiated fees and discounts for extra purchases of lenses and coatings, frames, contact lenses and other products.

SERVICES (IN-NETWORK)		OUT-OF-NETWORK ALLOWANCE
Co-Pays		
Exam (Once per 12 months)	\$15	Up to \$35
Materials	\$20	See below
Standard Plastic Lenses (Once per 12 months)		
Single Vision	Covered by Co-pay	Up to \$25
Bifocal	Covered by Co-pay	Up to \$40
Trifocal	Covered by Co-pay	Up to \$50
Lenticular	\$80 Allowance	Up to \$50
Progressive	\$70 Allowance	Up to \$40
Frames (Once per 12 months) Choose any frame available at provider locations	\$120 retail frame	Up to \$50
Contact Lenses (Once per 12 months) (Includes fit, follow-up and materials)	\$20 co-pay	
In lieu of eyeglass lenses & frames		
• Elective	Up to \$120 retail	Up to \$100 retail
• Medically necessary	Up to \$210 retail	Up to \$210 retail

[†] Special payment and reimbursement terms apply for material purchases at Costco.

MONTHLY RATES

When Does Your Coverage Start?

Your coverage start date is determined by the date the application is received.[‡]

- If your application is received on or before the 25th of the month, coverage will start on the 1st of the next month.
- If your application is received after the 25th of the month, coverage will start on the 1st of the following month.

The first premium payment will be processed immediately. Future premium payments will be processed automatically between the 2nd and 10th of the month for which premium is due.

[‡]If the initial premium is not successfully processed, you will be notified and coverage will not be put in force.

MONTHLY DENTAL AND VISION RATES FOR ADULTS AGES 19-64*

	Value Plan	Standard Plan	Preferred Plan
Individual	\$26.28	\$34.62	\$42.95
Individual + Spouse	\$52.56	\$69.23	\$85.90
Individual + Children	\$55.50	\$73.03	\$90.55
Individual + Family	\$87.20	\$114.76	\$142.33

MONTHLY DENTAL AND VISION RATES FOR SENIORS AGES 65+*

	Value Plan	Standard Plan	Preferred Plan
Individual	\$32.04	\$42.61	\$53.18
Individual + Spouse	\$64.08	\$85.22	\$106.36
Individual + Children	\$61.26	\$81.02	\$100.78
Individual + Family	\$98.71	\$130.75	\$162.79

*Rates are determined by the primary insured's age when the policy is issued. Rates vary in RI, NV, MN and WA. Rates and benefits may vary by state.



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Underwritten by Starmount Life Insurance Company and administered by AlwaysCare Benefits, Inc. (a Starmount Life Insurance company). Please Note: A full listing of covered procedures will be provided with your policy. This form is not a contract of insurance. This is a brief description of the plan and should be used only as a guide. It does not contain complete plan details. Terms and conditions, including a complete list of benefits, limitations and exclusions, are defined in the policy issued following enrollment in the plan. If questions arise concerning coverage, the policy will govern. Not available in all states. Rates and benefits may vary by state. Call 1-888-729-5433, Ext. 2013 for state availability.