

No Waiting Period!

# Individual Dental Insurance



## Affordable Dental Coverage For You and Your Entire Family

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

Submit proof of similar coverage and qualify for Individual Dental insurance with No Waiting Period!\*



### 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

- 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
- 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
Prophylaxis (Child) (D1110)	\$26	\$37	\$48
Filling (D2140)	\$39	\$56	\$72
Root Canal (D3330)	\$171	\$242	\$313
Crown (D2750)	\$167	\$237	\$306
Bitewing X-rays (two films)(D0272)	\$17	\$24	\$31
Panoramic Film (D0330)	\$43	\$61	\$79
Space Maintaner (D1510)	\$132	\$187	\$242
Complete Denture - Maxillary (D5110)	\$189	\$268	\$347

#### 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

\* 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.

## 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 2<sup>nd</sup> and 10<sup>th</sup> 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 RATES FOR ADULTS AGES 19-64\*

	Value Plan	Standard Plan	Preferred Plan
<b>Individual</b>	\$20.00	\$28.33	\$36.67
<b>Individual + Spouse</b>	\$40.00	\$56.67	\$73.34
<b>Individual + Children</b>	\$42.07	\$59.59	\$77.12
<b>Individual + Family</b>	\$66.16	\$93.72	\$121.29

#### MONTHLY DENTAL RATES FOR SENIORS AGES 65+\*

	Value Plan	Standard Plan	Preferred Plan
<b>Individual</b>	\$25.37	\$35.94	\$46.51
<b>Individual + Spouse</b>	\$50.74	\$71.88	\$93.02
<b>Individual + Children</b>	\$47.43	\$67.20	\$86.96
<b>Individual + Family</b>	\$76.89	\$108.93	\$140.97

*\*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.*

### Plus, Receive More Benefits At No Additional Cost to You!

- ▶ **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.



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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.