

# ONEplus<sup>SM</sup>



## Individual Dental & Vision PPO Plans



Starmount Life's individual dental & vision plans provide coverage to maintain overall health and fit any budget or lifestyle.

- ▶ **Four fully insured dental plan options**
- ▶ **Fully insured, optional vision plan providing coverage for eye exams and materials available for eligible plans**
- ▶ **National dental network with 270,000+ access points**
- ▶ **National vision network that includes independent providers and retail chains**
- ▶ **Hearing Savings Plan and Pharmacy Discount Card at no additional cost to policyholders**

### About Starmount:

Starmount Life Insurance Company and AlwaysCare Benefits, Inc. provide individual and group ancillary insurance and benefit administration. Together, the two have evolved into one of America's most innovative and fastest-growing privately owned companies.

**For sales and commission information,  
contact your sales representative.**

# PPO Plans

PLAN OPTIONS*	INCREASING MAX	ULTIMATE MAX	PREVENTIVE/BASIC	CLEANING PLUS VISION
<b>Deductible:</b> Maximum 3 per family	<b>\$50 per benefit year</b> <i>Applies to Basic and Major services.</i>	<b>\$50 per benefit year</b> <i>Applies to Basic and Major services.</i>	<b>\$50 per benefit year</b> <i>Only applies to Basic services.</i>	<b>No Deductible</b>
<b>Benefit Year Maximums:</b> Per person, per benefit year	Year 1: \$1,000 Year 2: \$1,250 Year 3+: \$1,500	\$2,000	\$1,000	\$1,000
<b>Coinsurance:</b> Plan pays the following percentages of maximum allowable charges for each class.**	<b>Preventive Services:</b> 100% <b>Basic Services:</b> 80% <b>Major Services:</b> 50%	<b>Preventive Services:</b> 100% <b>Basic Services:</b> 70% <b>Major Services:</b> 40%	<b>Preventive Services:</b> 100% <b>Basic Services:</b> 50%	<b>Preventive Services:</b> 50% <i>Plan covers routine exams and cleanings only.</i>
<b>Waiting Periods†</b>	<b>Preventive Services:</b> none <b>Basic Services:</b> none <b>Major Services:</b> 12 months	<b>Preventive Services:</b> none <b>Basic Services:</b> none <b>Major Services:</b> 12 months	<b>Preventive Services:</b> none <b>Basic Services:</b> none	<b>Preventive Services:</b> none
<b>Additional Features</b>	<b>At no additional cost:</b> • Hearing Savings Plan • Pharmacy Discount Card	<b>At no additional cost:</b> • Hearing Savings Plan • Pharmacy Discount Card	<b>At no additional cost:</b> • Hearing Savings Plan • Pharmacy Discount Card	<b>At no additional cost:</b> • Hearing Savings Plan • Pharmacy Discount Card
<b>Vision:</b> Exam: \$15 Materials: \$20 Frequency: every 12 mos. (Exams, lenses, frames or contacts)	<b>Optional:</b> Fully insured, vision plan for eye exams and eyewear materials	<b>Optional:</b> Fully insured, vision plan for eye exams and eyewear materials	<b>Optional:</b> Fully insured, vision plan for eye exams and eyewear materials	<b>Included:</b> Fully insured vision plan for eye exams and eyewear materials

## Covered Procedures and Waiting Periods:

### Preventive Services (Class A) include:

- Routine exams and cleanings (2 per 12 months)
  - 1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy
- X-rays
  - Bitewing x-rays (1 per 12 months)
  - Full mouth/panoramic x-rays (1 per 24 months)
- Children's services (up to age 16)
  - Fluoride treatment (1 per 12 months)
  - Sealants (1 per 36 months)
  - Space maintainers (1 per 24 months)
- Adjunctive pre-diagnostic oral cancer screening (for age 40+)

### Basic Services (Class B) include:

- Simple restorative services (fillings)
- Simple extractions

### Major Services (Class C) include:

- Emergency treatment
- Oral surgery (extractions and impacted teeth) & anesthesia (subject to review, covered with complex oral surgery)
- Repair of crown, denture or bridge
- Periodontics
- Endodontics (root canals)
- Inlays and onlays
- Crowns, bridges, dentures and endosteal implants (in lieu of an approved 3-unit bridge)

### Vision Rider available with eligible plans.

\* Plan availability varies by state.

\*\* If you use an out-of-network dentist, benefits are paid based on the network-negotiated rate, and you may be billed for any remaining amount up to the billed charge.

† In VT, maximum waiting period is 6 months. Waiting periods do not apply in Washington.

# Fully Insured Vision Add-on



## Comprehensive Vision Coverage

If your chosen plan doesn't come with vision coverage included, all it takes is one click to add coverage to any eligible dental plan.

- ▶ Coverage for eye exams and materials
- ▶ National network of providers, including retail chains
- ▶ Eye exams and materials may be received at the same or separate locations
- ▶ No frame restrictions



### VISION PLAN - OUTLINE OF BENEFITS

#### Freedom of Choice

Our national vision provider network includes independent optometrists and ophthalmologists, as well as regional and national retail chains (including Walmart Vision Center, Sam's Club Optical, Costco,<sup>†</sup> 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
<b>Co-Pays</b> Exam (Once per 12 months) Materials	\$15 \$20	Up to \$35 See below
<b>Standard Plastic Lenses</b> (Once per 12 months)  Single Vision Bifocal Trifocal Lenticular Progressive	  Covered by Co-pay Covered by Co-pay Covered by Co-pay \$80 Allowance \$70 Allowance	  Up to \$25 Up to \$40 Up to \$50 Up to \$50 Up to \$40
<b>Frames</b> (Once per 12 months) Choose any frame available at provider locations	\$120 retail frame	Up to \$50
<b>Contact Lenses</b> (Once per 12 months) (Includes fit, follow-up and materials)  In lieu of eyeglass lenses & frames • Elective • Medically necessary	\$20 co-pay  Up to \$120 retail Up to \$210 retail	  Up to \$100 retail Up to \$210 retail

<sup>†</sup> Special payment and reimbursement terms apply for material purchases at Costco.



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Policy Form Series Policy Form Series IDN2013P and IDN2013PVR  
Underwritten by 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.