

ONEplusSM



Individual Dental & Vision Plans



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

- ▶ Eight 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 200,000+ 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 or ONEplus@StarmountLife.com.

PPO Plans

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

For rates and quotes, visit DentalForAll.com.

Fee Schedule Plans

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------|-----------------------|
| Deductible | \$50 annually. Maximum 3 per family. <i>Does not apply to preventive services.</i> | | | |
| Benefit Year Maximums | \$1,000 per person per benefit year | | | |
| Waiting Periods* | Preventive Services: none Other Services: 12 months. <i>Does not apply to fillings.</i> | | | |
| Additional Features | Optional: Fully insured vision plan for eye exams and eyewear materials. Hearing Savings Plan and Pharmacy Discount Card at no additional cost. | | | |
| Sampling of Covered Dental Procedures & Schedule Amounts <i>Over 300 covered procedures and services. Each plan pays a flat dollar amount per dental procedure based on the fee schedule in your policy. Visit one of our in-network providers for additional savings.</i> | Procedure | Benefit paid per procedure by plan[†] | | |
| | | Value Plan | Standard Plan | Preferred Plan |
| | Periodic oral evaluation (D0120) | \$19 | \$27 | \$35 |
| | Prophylaxis - adult (D1110) | \$36 | \$52 | \$67 |
| | Prophylaxis - child (D1120) | \$26 | \$37 | \$48 |
| | Filling, amalgam - one surface (D2140) | \$39 | \$56 | \$72 |
| | Root canal, molar (D3330) | \$171 | \$242 | \$313 |
| | Crown, porcelain (D2750) | \$167 | \$237 | \$306 |
| | Bitewing x-rays - two films (D0272) | \$17 | \$24 | \$31 |
| | Panoramic film (D0330) | \$43 | \$61 | \$79 |
| | Space maintainer - fixed (D1510) | \$132 | \$187 | \$242 |
| Complete denture - maxillary (D5110) | \$189 | \$268 | \$347 | |

*Waiting periods do not apply in Washington State.

†You may be billed for any remaining amount up to the billed charge.

Covered Procedures and Waiting Periods:

Preventive Services include:

- 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 include:

- 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)

Vision Rider available with any plan.

Optional Vision Rider

For Fee Schedule Plans and PPO Plans

| SERVICES (IN-NETWORK) | OUT-OF-NETWORK ALLOWANCE | |
|----------------------------------------------------------------------------------------|---------------------------------|-------------------------|
| Co-Pays Exam (Once per 12 months) Materials | \$15 \$20 | Up to \$35 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) | | |
| In lieu of eyeglass lenses & frames | \$20 co-pay | |
| • Elective | Up to \$120 retail | Up to \$100 retail |
| • Medically necessary | Up to \$210 retail | Up to \$210 retail |

For rates and quotes, visit DentalForAll.com.

All-Star Dental Plan (PPO+EHB)[†]

Available in GA, IN, LA, MO, MS, NC, OH, SC, TX and WI.



All-Star Dental plans are designed to address the needs of families with children 18 and under who are in need of a federally qualified dental plan with essential health benefits (EHB).

Children 18 and under

Covered Procedures and Waiting Periods:

Preventive Services (Class A): No waiting period.

- Routine exams and cleanings (1 per 6 months)
- X-rays
 - Bitewing x-rays (max 4 films; 1 per 12 months)
 - Full-mouth/panoramic x-rays (1 per 5 years: D0210, D0330)
- Fluoride treatment
- Sealants
- Space maintainers

Basic Services (Class B): No waiting period.

- Simple restorative services (fillings)
- Simple extractions
- Resin-based composite restorations (anterior only)
- Emergency pain* (1 per 12 months)
- Non-surgical periodontics - periodontal scaling & root planing
- Endodontics -pulpotomy/pulpal therapy
- Oral surgery (surgical extractions & impactions)

Major Services (Class C): No waiting period.

- Repair of crown, denture or bridge
- Periodontal maintenance & surgical
- Endodontics (root canals)
- Inlays and onlays
- Crowns, bridges and dentures
- Anesthesia (subject to review)

Orthodontia (In-network Only)**: 24-month waiting period.

- Medically necessary

[†] A nonqualified version of this plan is available in MI. Ask your representative for details.

[†] In-network only, except TX and GA.

* Benefit is Class A in NC.

** In-network only, except TX.

| PLAN OPTIONS | CHILD PLAN (18 and under) | ADULT PLAN (Adults and dependent children 19+) |
|-------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------|
| Deductible Applies to Basic (Class B) and Major (Class C) services. | \$75 per child per benefit year | \$50 per person per benefit year |
| Annual Maximum | NONE | \$1,000 yr 1 \$1,250 yr 2 \$1,500 yr 3 |
| Out-of-Pocket Maximum (In-network only)[†] | \$350 per child \$700 maximum for all children | Not applicable |

Adults and dependent children 19+

Covered Procedures and Waiting Periods:

Preventive Services (Class A): No waiting period.

- Routine exams and cleanings (1 per 6 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 (max 4 films; 1 per 12 months)
 - Full-mouth/panoramic x-rays (1 per 5 years: D0210, D0330)
- Adjunctive pre-diagnostic oral cancer screening (for age 40+)

Basic Services (Class B): No waiting period.

- Simple restorative services (fillings)
- Simple extractions
- Resin-based composite restorations (anterior only)

Major Services (Class C): 12-month waiting period.

- Emergency treatment (1 per 12 months)
- Oral surgery (extractions and impacted teeth) & anesthesia (subject to review, covered with complex oral surgery)
- Repair of crown, denture or bridge
- Periodontics
 - Periodontal scaling & root planing
 - Periodontal maintenance
- Endodontics
 - Pulpotomy/pulpal therapy
 - Root canals/apexification
- Inlays and onlays
- Crowns, bridges and dentures



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Policy Form Series IDN-2009, IDN2013P and IDN-EHB2015. 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 plans 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 (800) 294-0432 for state availability.