

ONEplus

Increasing Max Plan



Dental coverage that grows with you!

"It is easy to access and understand coverage information." — Dental Plan Member

Starmount Life's individual dental & vision plans give you exactly the coverage you need to maintain your overall health, whatever your budget or lifestyle.

Our new **Increasing Max** plan rewards you with an increasing annual maximum benefit and no increase in premium, plus no application fees and no administrative fees.

HOW THE DENTAL PLAN WORKS

Increasing Max Plan [†]

This plan rewards your loyalty by increasing your annual maximum from \$1,000 per covered person in year one, up to \$1,500 per person in year three. Members further reduce out-of-pocket costs for any services through our national network of 200,000+ dentist access points. [‡] Services not covered by your plan may still be eligible for in-network discounts from providers who offer discounts.^{##}

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

[‡] 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.

^{##} Not an insured benefit.

Covered Procedures and Waiting Periods:

Preventive Services (Class A): No waiting period.

- 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+)

PLAN DETAILS

Deductible: Applies to Basic (Class B) and Major (Class C) Services.	\$50 per benefit year (Maximum 3 per family)		
Coinsurance: The plan pays the following percentages of maximum allowable charges for each class:	Class A	Preventive	100%
	Class B	Basic	80%
	Class C	Major	50%
Benefit Year Maximums: (Class A, B, and C benefits)	Year 1	Year 2	Year 3+
	\$1,000	\$1,250	\$1,500

Basic Services (Class B): No waiting period.

- Simple restorative services (Fillings)
- Simple extractions

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

- 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)

* Waiting periods do not apply in Washington.



OPTIONAL INSURED VISION PLAN - OUTLINE OF BENEFITS

Freedom of Choice

We offer a national network of participating vision providers. Our 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) Materials	\$15 \$20	Up to \$35 See below
Standard Plastic Lenses (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
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 • Elective • Medically necessary	 \$20 co-pay Up to \$120 retail Up to \$210 retail	 Up to \$100 retail Up to \$210 retail

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

MORE ABOUT YOUR PLAN

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 generic and name-brand prescriptions and more.



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 PLAN RATES

ADULT (ages 19 - 64)	Zone 1	Zone 2	Zone 3	Zone 4
Individual	\$24.98	\$27.15	\$31.68	\$34.16
Individual + Spouse	\$49.95	\$54.30	\$63.35	\$68.32
Individual + Children	\$57.92	\$62.96	\$73.45	\$79.21
Family	\$89.00	\$96.75	\$112.87	\$121.73
SENIOR (ages 65+)	Zone 1	Zone 2	Zone 3	Zone 4
Individual	\$30.95	\$33.64	\$39.25	\$42.33
Individual + Spouse	\$61.89	\$67.28	\$78.49	\$84.65
Individual + Children	\$63.89	\$69.45	\$81.02	\$87.38
Family	\$100.94	\$109.73	\$128.01	\$138.06

MONTHLY VISION PLAN RATES

Optional; available as a rider only.

ADULT (ages 19 - 64)	Zone 1	Zone 2	Zone 3	Zone 4
Individual	\$9.96	\$9.96	\$10.31	\$10.31
Individual + Spouse	\$19.92	\$19.92	\$20.62	\$20.62
Individual + Children	\$20.99	\$20.99	\$21.73	\$21.73
Family	\$32.99	\$32.99	\$34.16	\$34.16
SENIOR (ages 65+)	Zone 1	Zone 2	Zone 3	Zone 4
Individual	\$11.05	\$11.05	\$11.44	\$11.44
Individual + Spouse	\$22.10	\$22.10	\$22.88	\$22.88
Individual + Children	\$22.08	\$22.08	\$22.86	\$22.86
Family	\$35.17	\$35.17	\$36.42	\$36.42

RATE ZONES BY STATE, ZIP

State	ZIP	Zone
Alabama	all	1
Alaska	all	4
Arizona	all	2
Arkansas	all	1
California	all	3
Colorado	805-807, 811-815	2
Colorado	800-804, 808-810, 816	3
Connecticut	all	4
Delaware	all	4
District of Columbia	all	4
Florida	320-329, 335-338, 342-347	1
Florida	330-334, 339-341, 349	3
Georgia	304-310, 312-319	1
Georgia	300-303, 311	3
Hawaii	all	3
Idaho	all	2
Illinois	607-610, 612-629	1
Illinois	600-606, 611	2
Indiana	467-468, 470-472, 474-478	1

State	ZIP	Zone
Indiana	460-466, 469, 473, 479	2
Iowa	all	2
Kansas	all	2
Kentucky	all	1
Louisiana	all	1
Maine	all	3
Maryland	206-207, 210-219	2
Maryland	208-209	3
Massachusetts	10-16	3
Massachusetts	17-27	4
Michigan	all	2
Minnesota	556-567	2
Minnesota	550-555	4
Mississippi	all	2
Missouri	all	1
Montana	all	2
Nebraska	all	1
Nevada	all	3
New Hampshire	all	3
New Jersey	all	3
New Mexico	all	2
North Carolina	all	3

State	ZIP	Zone
North Dakota	all	2
Ohio	all	1
Oklahoma	all	1
Oregon	all	4
Pennsylvania	150-179, 182, 184-188	1
Pennsylvania	180-181, 183, 189-196	3
Rhode Island	all	3
South Carolina	all	3
South Dakota	all	2
Tennessee	all	1
Texas	754-759, 764-769, 776-785, 788, 790-799	1
Texas	733, 750-753, 760-763, 770-775, 786-787, 789	2
Utah	all	1
Vermont	all	3
Virginia	239-243, 245-246	2
Virginia	201, 220-238, 244	3
Washington	all	4
West Virginia	all	1
Wisconsin	all	2
Wyoming	all	2



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Underwritten by Starmount Life Insurance Company. 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.