

ONEplus

Fee Schedule Plan

"This is the first time I had either dental or vision benefits and it's a great feeling knowing I can take care of my eyes and teeth with affordable coverage."

— Dental/Vision Plan Member



Affordable Individual Dental and Vision Coverage

- ▶ Available for individual or worksite sales. ONE bill and ONE website when other AlwaysCare group benefits are offered.
- ▶ Three dental plan options available and no waiting periods on preventive services!
- ▶ Coverage starts as low as \$19.24 per month.
- ▶ Fully insured, optional vision plan providing coverage for eye exams and eyewear materials.

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.

HOW THE DENTAL PLAN WORKS

With over 300 covered dental procedures, your clients are covered!

Each plan option pays a flat dollar amount per covered dental procedure outlined in the policy. Members 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.[†] Members can visit a network dentist and see their 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
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 Maintainer (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

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*No waiting period plans available with proof of qualifying coverage. Dental discount plans excluded. See website for details. Waiting periods do not apply in Washington.



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, clients 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.

Independent eye doctors plus local, regional and large national retail providers including:



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.



MONTHLY DENTAL RATES — ADULTS (AGES 19-64*)

	Value Plan	Standard Plan	Preferred Plan
Individual	\$19.24	\$27.25	\$35.27
Individual + Spouse	\$38.48	\$54.51	\$70.54
Individual + Children	\$40.85	\$57.88	\$74.90
Family	\$64.10	\$90.81	\$117.52

MONTHLY DENTAL RATES — SENIOR (AGES 65+*)

	Value Plan	Standard Plan	Preferred Plan
Individual	\$24.18	\$34.25	\$44.32
Individual + Spouse	\$48.35	\$68.50	\$88.65
Individual + Children	\$45.79	\$64.87	\$83.95
Family	\$73.98	\$104.80	\$135.62

MONTHLY DENTAL & VISION RATES — ADULTS (AGES 19-64*)

	Value Plan	Standard Plan	Preferred Plan
Individual	\$25.52	\$33.54	\$41.55
Individual + Spouse	\$51.04	\$67.07	\$83.10
Individual + Children	\$54.29	\$71.31	\$88.33
Family	\$85.14	\$111.85	\$138.56

MONTHLY DENTAL & VISION RATES — SENIOR (AGES 65+*)

	Value Plan	Standard Plan	Preferred Plan
Individual	\$30.85	\$40.92	\$50.99
Individual + Spouse	\$61.69	\$81.84	\$101.99
Individual + Children	\$59.61	\$78.69	\$97.77
Family	\$95.79	\$126.62	\$157.44

*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.



This product is available with online customization.

For more details, contact your Sales Representative or call
1-888-729-5433, Ext. 192.

P.O. Box 98100 • Baton Rouge, Louisiana 70898-9100
1-888-729-5433 • www.AlwaysCareONEplus.com

Policy Form Series IDN-2009

Underwritten by Starmount Life Insurance and administered by AlwaysCare Benefits. This is a brief description of the plan. It does not include all benefits, limitations or exclusions. For more complete information, please refer to the policy which will be issued when coverage becomes effective. Not available in all states.

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