ONEplusUltimate Max Plan





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

Our **Ultimate Max 2.0** plan gives you a \$2,000 annual maximum for each person covered by your plan, plus <u>no</u> application fees and no administrative fees.



HOW THE DENTAL PLAN WORKS

Ultimate Max 2.0 Plan

This plan offers you our richest annual maximum—\$2,000 per covered person. Members further reduce out-of-pocket costs for any services through our national network of 323,000+ dentist access points¹. Services not covered by your plan may still be eligible for innetwork discounts from providers who offer discounts[‡]. Out-of-network benefits are paid at the networknegotiated rate. You may be billed for remaining amounts up to the billed charges.

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	70%	
	Class C	Major	40%	
Benefit Year Maximums: (Class A, B, and C benefits apply toward the annual benefit maximum)	\$2,000			

[‡] 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 per 12 months if member is in 2nd or 3rd trimester of pregnancy**
- X-rays
 - Bitewing x-rays (Up to 4 films; 1 per 12 months)
 - Full mouth / panoramic x-rays (1 per 5 years)
- Children's Services (up to age 14)
 - Fluoride treatment (1 per 12 months)
 - Sealants (1 per 36 months)
- Adjunctive Pre-Diagnostic Oral Cancer Screening (for age 40+; 1 per 12 months)

Basic Services (Class B): No waiting period.

- Space maintainers (Up to age 14; 1 per 24 months)
- Simple restorative services (Fillings)
- · Simple extractions
- · Emergency treatment

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

- 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)

^{*}In VT, maximum waiting period is 6 months.

^{**}If member is in 2nd or 3rd trimester of pregnancy may have 1 additional periodontal maintenance in lieu of an additional cleaning. Periodontal maintenance is a Major service and subject to the 12-month waiting period.

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.

*The Hearing Savings Plan and Pharmacy Discount Card are not insurance nor are they intended to replace insurance. These programs are VOID WHERE PROHIBITED BY LAW.



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.

Starmount internal data (2017). Access points are sites where network dentists see patients.
 Some dentists may be available at more than one access point.

Policy Form Series IDN2016P. 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 (800) 294-0432 for state availability.

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8485 Goodwood Blvd. • Baton Rouge, Louisiana 70806-7878 (800) 294-0432 • www.DentalForAll.com