

# ONEplus

## Increasing Max Plan

### Dental coverage that grows with you!

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+)

##### 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.

#### PLAN DETAILS

<b>Deductible:</b> Applies to Basic (Class B) and Major (Class C) Services.	<b>\$50 per benefit year</b> (Maximum 3 per family)		
<b>Coinsurance:</b> 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%
<b>Benefit Year Maximums:</b> (Class A, B, and C benefits)	Year 1	Year 2	Year 3+
	\$1,000	\$1,250	\$1,500

## 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,<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)	\$15	Up to \$35
Materials	\$20	See below
<b>Standard Plastic Lenses</b> (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
<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)	\$20 co-pay	
In lieu of eyeglass lenses & frames		
• Elective	Up to \$120 retail	Up to \$100 retail
• Medically necessary	Up to \$210 retail	Up to \$210 retail

<sup>†</sup> 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.<sup>‡</sup>

- 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 2<sup>nd</sup> and 10<sup>th</sup> of the month for which premium is due.

<sup>‡</sup>If the initial premium is not successfully processed, you will be notified and coverage will not be put in force.



8485 Goodwood Blvd. • Baton Rouge, Louisiana 70806-7878  
1-888-729-5433 • www.DentalForAll.com

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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.