

CALL FOR AN APPLICATION FOR YOUR STATE

Why choose AlwaysCare ONE plus?

- Affordable dental and vision coverage for as low as \$25.52 per month
- You choose the plan that is right for you! Three dental plan options available to best meet your family's needs

Plus: Complete vision plan with coverage for exams and materials

Plus: **Hearing Savings Plan at no additional cost to you!** Material discounts between 30-60% on major name brand hearing instruments and accessories. Battery program with discounts up to 40% off retail pricing.

DENTAL PLAN - OUTLINE OF BENEFITS

Freedom of Choice.

Choose any dental provider or visit one of over 100,000 participating provider access points in our network and pay even less. Visit www.AlwaysCareBenefits.com for a listing of participating providers.

Each plan reimburses for covered procedures up to the scheduled amount in your policy. See page 2 for examples.

Benefit Year Maximum.

\$1,000 per person per benefit year (Applies to all services)

Deductible.

\$50 Annual. Maximum 3 per family
(Does not apply to preventive services)

Preventive Services.

- Routine exams (2 per 12 months)
- Prophylaxis (Simple Cleaning) (2 per 12 months)
- Full mouth x-ray (1 per 24 months)
- Space maintainers to age 16 (1 per 24 months)
- Fluoride to age 16 (1 per 12 months)
- Bitewing x-rays (max 4 films per 12 months)
- Sealants to age 16
(permanent molars, 1 per 36 months)
- Adjunctive pre-diagnostic 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)
- Anesthesia
(subject to review, covered with complex oral surgery)
- Emergency pain (1 per 12 months)
- Non-Surgical Periodontics
- Crowns, Bridges, and Dentures
- Surgical Periodontics (gum surgery)
- Inlays and Onlays
- Endodontics (root canals)
- Repairs: Crown, Denture, and Bridge

DID YOU KNOW? Regular dental care is a vital part of your overall wellness plan. According to the American Dental Association, over 120 mental and physical diseases can be detected through the mouth. In fact, periodontitis (the advanced form of gum disease that can cause tooth loss) is associated with cardiovascular disease, stroke and bacterial pneumonia and is best detected with routine dental visits.

How the DENTAL plan works:

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. We will pay the lesser of the provider's actual charge or the amount listed on the Schedule of Covered Dental Procedures, subject to policy year deductible, annual maximum, and limitations and exclusions. The following is a partial listing of the 300+ insured covered dental procedures and schedule amounts. Choose the right plan for you and your family – Value, Standard or Preferred!

SAMPLING OF COVERED DENTAL PROCEDURES		SCHEDULE AMOUNT		
PROCEDURE CODE	DESCRIPTION	VALUE PLAN	STANDARD PLAN	PREFERRED PLAN
Oral Evaluations }				
D0120	Periodic Oral Evaluation	\$19	\$27	\$35
D0150	Comprehensive Oral Evaluation	\$31	\$44	\$57
Prophylaxis (Simple Cleaning) }				
D1110	Prophylaxis - Adult	\$36	\$52	\$67
D1120	Prophylaxis - Child	\$26	\$37	\$48
Radiographs }				
D0210	Intraoral - Complete Series (Including Bitewings)	\$53	\$75	\$98
D0272	Bitewings - Two Films	\$17	\$24	\$31
D0330	Panoramic Film	\$43	\$61	\$79
Sealants }				
D1351	Sealant - Per Tooth	\$21	\$30	\$39
Space Maintainers }				
D1510	Space Maintainer - Fixed - Unilateral	\$132	\$187	\$242
Fillings }				
D2140	Amalgam - One Surface, Primary or Permanent	\$39	\$56	\$72
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$48	\$68	\$88
D2331	Resin - Two Surfaces, Anterior	\$55	\$79	\$102
Palliative (Emergency Treatment)* }				
D9110	Palliative Treatment of Dental Pain - Minor Procedure	\$16	\$23	\$29
Oral Surgery* }				
D7140	Extraction - Erupted or Exposed Root	\$44	\$62	\$81
D7230	Removal of Impacted Tooth - Partially Bony	\$63	\$89	\$116
Endodontics* }				
D3310	Root Canal, Anterior	\$114	\$162	\$209
D3330	Root Canal, Molar	\$171	\$242	\$313
Periodontics* }				
D4260	Osseous Surgery - Per Quadrant	\$170	\$241	\$312
D4341	Periodontal Scaling and Root Planing - Per Quadrant	\$38	\$54	\$70
Single Tooth Restorations* }				
D2750	Crown - Porcelain Fused to High Noble Metal	\$167	\$237	\$306
D2950	Core Build-up, Including Any Pins	\$39	\$56	\$72
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$59	\$83	\$108
Prosthodontics* }				
D5110	Complete Denture - Maxillary	\$189	\$268	\$347
D5213	Maxillary Partial Denture - Cast Metal	\$214	\$303	\$393
D6210	Pontic - Cast High Noble Metal	\$158	\$223	\$289
D6721	Crown - Resin with Predominantly Base Metal	\$148	\$209	\$271

* Waiting period applies.

VISION PLAN - OUTLINE OF BENEFITS

Freedom of Choice.

We offer you a national network of participating vision providers. The provider panel contains 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 EyeMasters).

You may choose different providers for vision exam and materials purchases. Out-of-Network benefits are available. Most participating providers (Walmart Vision Center, Sam's Club Optical & Costco*) offer discounts on items purchased after the insurance benefit has been used.

You can even use your benefits to order contact lenses directly from our website at www.AlwaysCareBenefits.com.

Additional Savings!

AlwaysCare has negotiated special fees with thousands of optical locations for extra purchases of lenses and coatings, frames, contact lenses and other products that may be used in conjunction with your insurance transaction for non-covered services as well as with additional purchases. Providers identified as "Value Added (VA)" or "Service Plus (SP)" in the AlwaysCare Online Directory at [AlwaysCareBenefits.com](http://www.AlwaysCareBenefits.com) offer additional values on these extra products.

DID YOU KNOW?

Daily computer use, stress-related issues and extended work hours increase vision problems for today's workforce. In fact, according to the Vision Council of America, nearly 90% of those who use a computer for at least three hours a day suffer vision problems associated with computer eye strain. Routine vision care is critical to being your best both personally and professionally.

VISION CARE SERVICES

	IN-NETWORK	OUT-OF-NETWORK ALLOWANCES
Co-Pays }		
Exam (Once per 12 months)	\$15	Up to \$35
Materials	\$20	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 Covers a wide selection of frames	Up to \$50
Contact Lenses }		
(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 allowance
• Medically necessary	Up to \$210 retail	Up to \$210 retail allowance

Additional discounts on optical materials purchased through Value Added and Service Plus Providers cannot be combined with other offers and promotions.

* Special payment and reimbursement terms apply for material purchases at Costco.

MORE ABOUT YOUR COVERAGE

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. For example, if we receive it on November 15th coverage will start December 1st.
- If your application is received after the 25th of the month, coverage will start on the 1st of following month. For example, if we receive it on November 26th coverage will start January 1st.

The first premium payment will be processed immediately based on the mode of payment you have selected. Future premium payments will be processed automatically on or about the 2nd 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.



How much does it cost*?

For Adults
(Ages 19 to 64)

MONTHLY DENTAL & VISION RATES			
	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
Individual + Family	\$85.14	\$111.85	\$138.56

For Seniors
(Ages 65 +)

MONTHLY DENTAL & VISION RATES			
	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
Individual + Family	\$95.79	\$126.62	\$157.44

* Your rate is determined by your age when the policy is issued.



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Policy Form Series IDN-2009

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 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.