

ONEplus

Cleaning Plus Vision Plan



2.0

Dental cleanings plus vision care with no waits!

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

Our **Cleaning Plus Vision 2.0** plan helps cover the cost of dental exams and cleanings, annual vision exams and materials allowances for each person covered by your plan!



HOW THE DENTAL PLAN WORKS

Cleaning Plus Vision 2.0 Plan

This plan pays 50% for twice-annual dental exams and cleanings with no deductible and no waiting periods. **Plus, the plan includes a fully insured vision plan** with coverage for an eye exam and a generous allowance for either eyeglasses or contact lenses each benefit year. Members further reduce out-of-pocket costs for any dental services received through our national network of 283,000+ dentist access points.†

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*

Discounts for Non-Covered Services

Services not covered by your plan may still be eligible for in-network discounts from providers who offer discounts.‡

Easy to use:

- No application or administrative fees
- Choose any dentist
- Fast, accurate claims payments to providers
- High customer satisfaction ratings
- Service center open 6 days a week, when you need it

Your coverage includes a fully insured vision plan. See details on next page.

PLAN DETAILS

Deductible:

No deductible!

Coinsurance: The plan pays the following percentages of maximum allowable charges for each class:

Class A

Preventive

50%

Benefit Year Maximums:

\$1,000

† 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.

* May have one additional cleaning. Does not include periodontal maintenance.

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.*



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

Policy Form Series IDN2016P

Underwritten and administered 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 (800) 294-0432 for state availability.