

### Dental coverage that grows with you!

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

Our **Increasing Max 2.0** plan rewards you with an increasing annual maximum and **no** waiting periods.



#### HOW THE DENTAL PLAN WORKS

#### Increasing Max 2.0 Plan †

This plan offers **no** waiting periods and 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 283,000+ dentist access points. ‡ Services not covered by your plan may still be eligible for in-network discounts from providers who offer discounts. ‡

#### 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:	<b>Preventive/Basic/Major</b> Year 1: 100%/80%/10% Year 2: 100%/80%/25% Year 3+: 100%/80%/50%
<b>Benefit Year Maximums:</b> (Class A, B, and C benefits apply toward the annual benefit maximum)	Year 1: \$1,000 Year 2: \$1,250 Year 3+: \$1,500

† 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 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 24 months)
- 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): No 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)

\*If member is in 2nd or 3rd trimester of pregnancy may have 1 additional periodontal maintenance in lieu of an additional cleaning.

## 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) Materials	\$15 \$20	Up to \$35 See below
<b>Standard Plastic Lenses</b> (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
<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)  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

<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.

*\*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

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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.