

***When is the no waiting period plan available?**

1. You are currently enrolled in an AlwaysCare Group or other Group Dental Plan, and your coverage is terminating¹
2. You are currently enrolled with AlwaysCare Individual Dental coverage²
3. You currently have an individual dental plan with another carrier³

If you meet one of the above criteria, then you have the choice of purchasing AlwaysCare OnePlus with or without waiting periods. An AlwaysCare OnePlus application is required and must be received within 63 days of your existing coverage terminating.

The no waiting period rates may also be available if you are currently enrolled in AlwaysCare OnePlus and request a change to a different plan, such as Standard to Preferred. Contact our customer service team for availability.

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	\$26.28	\$34.62	\$42.95
Individual + Spouse	\$52.56	\$69.23	\$85.90
Individual + Children	\$55.50	\$73.03	\$90.55
Individual + Family	\$87.20	\$114.76	\$142.33

For Seniors
(Ages 65 +)

MONTHLY DENTAL & VISION RATES			
	VALUE PLAN	STANDARD PLAN	PREFERRED PLAN
Individual	\$32.04	\$42.61	\$53.18
Individual + Spouse	\$64.08	\$85.22	\$106.36
Individual + Children	\$61.26	\$81.02	\$100.78
Individual + Family	\$98.71	\$130.75	\$162.79

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

¹ Coverage must offer major services, and proof of coverage is required at the time of application.

² Currently enrolled in policy form series NDNIND2005 or IND-2005

³ If you have individual dental coverage with another carrier, proof of similar coverage is required at the time of application.

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.