

# ONEplus Preferred Plan



## Affordable Individual Dental Coverage

**Do you currently have individual or group dental coverage that is ending?**

Submit proof of similar coverage and qualify for individual dental insurance with No Waiting Period!\*



### HOW THE DENTAL PLAN WORKS

#### Coverage for 300+ dental procedures!

The plan pays a flat dollar amount per covered dental procedure outlined in the policy (see next page for sample reimbursements). You can visit any provider, and we will pay the lesser of the provider's actual charge or the amount listed on the Schedule of Covered Dental Procedures.<sup>†</sup> Visit a network dentist and see your benefit dollars stretched even further.

<sup>†</sup>Subject to policy deductible, annual maximum and limitations and exclusions. Services not covered by your plan may still be eligible for in-network discounts from providers who offer discounts. Talk to your dentist for more details.

#### Preventive Services

- Routine exams (2 per 12 months)
- Prophylaxis (simple cleaning) (2 per 12 months)
- Full mouth x-ray (1 per 5 years) (D0210, D0277, D0330)
- Bitewing x-rays (max 4 films per 12 months)
- Services for children to age 16
  - Space maintainers (1 per lifetime, per quadrant or arch)
  - Fluoride (1 per 12 months)
  - Sealants (permanent molars, 1 per 36 months)
- Oral cancer screening (max 1 per 12 months for age 40+)

#### Other Services

- Fillings
- Simple extractions
- Oral surgery (surgical extractions & impactions)
- Emergency pain (1 per 12 months)
- Periodontics
- Crowns, bridges, and dentures
- Inlays and onlays
- Endodontics (root canals)

#### Benefit Year Maximum *(Applies to all services)*

\$1,000 per person per benefit year

#### Deductible *(Does not apply to preventive services)*

\$50 Annual. Maximum 3 per family

#### Plus, Receive More Benefits At No Additional Cost to Policyholders!

- ▶ **Hearing Savings Plan** - 30-60% discounts on major name brand hearing instruments and accessories.
- ▶ **Pharmacy Discount Card** - save up to 75% on generic or name-brand prescriptions and other services.

#### 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 25<sup>th</sup> of the month, coverage will start on the 1<sup>st</sup> of the next month.
- If your application is received after the 25<sup>th</sup> of the month, coverage will start on the 1<sup>st</sup> 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.

\*To qualify, you must have been enrolled in a plan with similar coverage within 63 days of your application date. Proof of similar coverage, with coverage for major services, is required to be submitted within 30 days of your effective date. Discount dental plans do not apply. If proof of similar coverage is not received within 30 days of the effective date of coverage, you will automatically be switched the AlwaysCare Individual Dental plan with a 12-month waiting period on other services and notified of your new rate.

**SAMPLING OF COVERED DENTAL PROCEDURES**

**SCHEDULE AMOUNTS**

Procedure Code	Description	Value Plan	Standard Plan	Preferred Plan
<b>Oral Evaluations</b>				
D0120	Periodic Oral Evaluation	\$19	\$27	\$35
D0150	Comprehensive Oral Evaluation	\$31	\$44	\$57
<b>Prophylaxis (Simple Cleaning)</b>				
D1110	Prophylaxis - Adult	\$36	\$52	\$67
D1120	Prophylaxis - Child	\$26	\$37	\$48
<b>Radiographs</b>				
D0210	Intraoral - Complete Series (Including Bitewings)	\$53	\$75	\$98
D0272	Bitewings - Two Films	\$17	\$24	\$31
D0330	Panoramic Film	\$43	\$61	\$79
<b>Sealants</b>				
D1351	Sealant - Per Tooth	\$21	\$30	\$39
<b>Space Maintainers</b>				
D1510	Space Maintainer - Fixed - Unilateral	\$132	\$187	\$242
<b>Fillings</b>				
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
<b>Palliative (Emergency Treatment)</b>				
D9110	Palliative Treatment of Dental Pain - Minor Procedure	\$16	\$23	\$29
<b>Oral Surgery</b>				
D7140	Extraction - Erupted or Exposed Root	\$44	\$62	\$81
D7230	Removal of Impacted Tooth - Partially Bony	\$63	\$89	\$116
<b>Endodontics</b>				
D3310	Root Canal, Anterior	\$114	\$162	\$209
D3330	Root Canal, Molar	\$171	\$242	\$313
<b>Periodontics</b>				
D4260	Osseous Surgery - Per Quadrant	\$170	\$241	\$312
D4341	Periodontal Scaling and Root Planing - Per Quadrant	\$38	\$54	\$70
<b>Single Tooth Restorations</b>				
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
<b>Prosthetic</b>				
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



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Underwritten by 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 1-888-400-9304 for state availability.