

Fully Insured Vision Add-on



Comprehensive Vision Coverage

If your chosen plan doesn't come with vision coverage included, all it takes is one click to add coverage to any eligible dental plan.

- ▶ Coverage for eye exams and materials
- ▶ National network of providers, including retail chains
- ▶ Eye exams and materials may be received at the same or separate locations
- ▶ No frame restrictions



VISION PLAN - OUTLINE OF BENEFITS

Freedom of Choice

Our national vision provider network 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.



8485 Goodwood Blvd. • Baton Rouge, Louisiana 70806-7878
1-888-729-5433 • www.DentalForAll.com

Policy Form Series IDNVR-2009 & Policy Form Series IDN2013PVR
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 1-888-729-5433, Ext. 2013 for state availability.