

# ONEplus

## Cleaning Plus Vision Plan



### Dental cleanings plus vision care with no waits!

*"I like the routine services that the vision and dental benefits cover. I know that routine maintenance cuts the chance of a big bill later on!" — Dental/Vision Plan Member*

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

Our new **Cleaning Plus Vision** 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 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 200,000+ dentist access points.†

† 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.

### Covered Procedures and Waiting Periods:

#### Preventive Services (Class A): No waiting period.

- Routine exams and cleanings (2 per 12 months)
  - 1 additional cleaning or periodontal maintenance 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.‡

‡‡ Not an insured benefit.

#### PLAN DETAILS

Deductible	No deductible!		
<b>Coinsurance:</b> The plan pays the following percentages of maximum allowable charges for each class:	Class A	Preventive	50%
<b>Benefit Year Maximums:</b> (Class A benefits)	\$1,000		

### 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.*



## 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.



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



## MONTHLY DENTAL + VISION PLAN RATES

ADULT (ages 19 - 64)	Zone 1	Zone 2	Zone 3	Zone 4
Individual	\$12.39	\$12.75	\$13.79	\$14.20
Individual + Spouse	\$24.78	\$25.49	\$27.57	\$28.39
Individual + Children	\$28.34	\$29.29	\$31.89	\$32.98
Family	\$43.69	\$45.11	\$49.03	\$50.65
SENIOR (ages 65+)	Zone 1	Zone 2	Zone 3	Zone 4
Individual	\$13.64	\$14.03	\$15.17	\$15.61
Individual + Spouse	\$27.29	\$28.07	\$30.34	\$31.23
Individual + Children	\$29.60	\$30.58	\$33.27	\$34.39
Family	\$46.20	\$47.68	\$51.80	\$53.49

## RATE ZONES BY STATE, ZIP

Plans are not available in all states. Please visit [www.DentalForAll.com](http://www.DentalForAll.com) to run a quote and see plan availability.

State	ZIP	Zone	State	ZIP	Zone	State	ZIP	Zone
Alabama	all	1	Indiana	460-466, 469, 473, 479	2	North Dakota	all	2
Alaska	all	4	Iowa	all	2	Ohio	all	1
Arizona	all	2	Kansas	all	2	Oklahoma	all	1
Arkansas	all	1	Kentucky	all	1	Oregon	all	4
California	all	3	Louisiana	all	1	Pennsylvania	150-179, 182, 184-188	1
Colorado	805-807, 811-815	2	Maine	all	3	Pennsylvania	180-181, 183, 189-196	3
Colorado	800-804, 808-810, 816	3	Maryland	206-207, 210-219	2	Rhode Island	all	3
Connecticut	all	4	Maryland	208-209	3	South Carolina	all	3
Delaware	all	4	Massachusetts	10-16	3	South Dakota	all	2
District of Columbia	all	4	Massachusetts	17-27	4	Tennessee	all	1
Florida	320-329, 335-338, 342-347	1	Michigan	all	2	Texas	754-759, 764-769, 776-785, 788, 790-799	1
Florida	330-334, 339-341, 349	3	Minnesota	556-567	2	Texas	733, 750-753, 760-763, 770-775, 786-787, 789	2
Georgia	304-310, 312-319	1	Minnesota	550-555	4	Utah	all	1
Georgia	300-303, 311	3	Mississippi	all	2	Vermont	all	3
Hawaii	all	3	Missouri	all	1	Virginia	239-243, 245-246	2
Idaho	all	2	Montana	all	2	Virginia	201, 220-238, 244	3
Illinois	607-610, 612-629	1	Nebraska	all	1	Washington	all	4
Illinois	600-606, 611	2	Nevada	all	3	West Virginia	all	1
Indiana	467-468, 470-472, 474-478	1	New Hampshire	all	3	Wisconsin	all	2
			New Jersey	all	3	Wyoming	all	2
			New Mexico	all	2			
			North Carolina	all	3			



8485 Goodwood Blvd. • Baton Rouge, Louisiana 70806-7878  
1-888-729-5433 • [www.DentalForAll.com](http://www.DentalForAll.com)

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Underwritten 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 1-888-729-5433, Ext. 2013 for state availability.