



# Enrollment Form for Group Insurance

Underwritten by: **Starmount Life Insurance Company**  
 Administered by: AlwaysCare Benefits, Inc. (a Starmount Life Insurance company)  
 P.O. Box 98100 Baton Rouge, LA 70898-9100, (225)926-2888 or 1-888-729-5433

**1. MEMBER INFORMATION**       A: Add (Enroll)     T: Terminate     C: Change (change of name or coverage)

Group/Policyholder Name Southern University System		Group Number SOUT112	Location		Effective Date
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Member or subscriber)	First Name	M.I.	Birth Date <i>mm / dd / yyyy</i>	Social Security Number
			Birth City:		
			Birth State:		
			U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Street Address		City/State/Zip	Home Phone	Work Phone	Cell Phone
Email:					

Please include me in future communications regarding product offerings.     Yes     No  
 You may opt out at any time by contacting Customer Service.

**COMPLETED BY EMPLOYER**

Date of Hire	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Retiree If part time: Hrs worked per week: _____	Occupation	Class
Salary \$: _____ <input type="checkbox"/> Yearly <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> hourly			

**2. FAMILY INFORMATION (Only those eligible may be enrolled. Use additional paper if needed) (Relationship – If Dependent is not your natural child, attach documentation of legal custody or adoption. If coverage is court ordered, attach a copy of the order.)**  
 Please include an email address for each dependent over Age 18.

	Gender	Relationship	Last Name, First Name, MI, Email Address	Social Security #, Child Handicap Status	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Husband <input type="checkbox"/> Wife Legally recognized <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Domestic Partner	(Spouse) SS#	Email Address:  U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Son <input type="checkbox"/> Stepson <input type="checkbox"/> Daughter <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	(Dependent) SS#	Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No Age when Handicap began: _____	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
						U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Son <input type="checkbox"/> Stepson <input type="checkbox"/> Daughter <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	(Dependent) SS#	Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No Age when Handicap began: _____	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
						U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Son <input type="checkbox"/> Stepson <input type="checkbox"/> Daughter <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	(Dependent) SS#	Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No Age when Handicap began: _____	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
						U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No

**3. BENEFIT ELECTIONS (Employer determines benefits available for election):**  
 (Dental and Vision Underwritten by Starmount Life Insurance Company.)

<input type="checkbox"/> Dental <input type="checkbox"/> High <input type="checkbox"/> Preventive	<input type="checkbox"/> Member Only Monthly Premium \$ _____	<input type="checkbox"/> Member / One Monthly Premium \$ _____	<input type="checkbox"/> Member / Family Monthly Premium \$ _____	<input type="checkbox"/> Waive	
	<input type="checkbox"/> Vision	<input type="checkbox"/> Member Only Monthly Premium \$ _____	<input type="checkbox"/> Member / Spouse Monthly Premium \$ _____		<input type="checkbox"/> Member / Child(ren) Monthly Premium \$ _____

**STATEMENTS AND AGREEMENTS:**

- My dependents are not eligible for coverages I don't have. If I refuse dental or vision coverage, I and/or my dependents may enroll later but this will affect the level of benefits. If I refuse coverage, I cannot enroll after retirement. If the group policy does not require my contribution, I cannot decline any coverage unless the policy indicates otherwise.
- If the group policy requires my contribution: (1) I authorize my employer to deduct from my pay; and (2) I understand that no insurance is in force until the first premium is paid.
- I represent all information on this form and attachments are complete and true to the best of my knowledge. They are part of this request for coverage.
- I agree Starmount Life Insurance Company (the Company) is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, false statements, omissions and/or material misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- I authorize the Company to release data as required by law. If signed in connection with an application, reinstatement or a change in benefits, this form will be valid two years from the date of signature. I may revoke authorization for information not yet obtained. I understand data obtained will be used by the Company for claims administration. Information will not be used for any purpose prohibited by law.
- Explanation of Benefits reflecting claim payments for myself and/or my dependents will be sent to my home address. I also understand collection of social security numbers from myself and/or my dependents will be used by the Company only as allowed by law.
- NOTE for Dental: Coverage for a Late Entrant or Re-enrollee will be limited to those procedures listed under Class A Services in the Schedule of Covered Procedures during the first 24 months after the Late Entrant's or Re-enrollee's Effective Date. (For EHB Plan, applies only to ages 19+)
- NOTE for Vision: Coverage for a Late Entrant or Re-enrollee will be limited to the Vision Examination benefit in the Benefits Summary during the first 24 months after the Late Entrant's or Re-enrollee's Effective Date. These limited coverages also apply to the Late Entrant's or Re-enrollee's Dependents, if enrolled.

**AUTHORIZATION AND AGREEMENT:** I hereby declare that all the statements made in this application are, to the best of my knowledge and belief, true and complete, and that they are the basis on which insurance requested by me may be issued. I understand that coverage will not become effective until the Company grants its underwriting approval if required. I understand that there is no coverage for a Pre-existing Condition except as described in the Certificate of Insurance.

I hereby authorize any licensed physician, psychologist, medical practitioner, hospital, clinic, pharmacy benefit manager or other medically related facility, insurance company or its reinsurer, MIB, Inc., formerly known as Medical Information Bureau, or other organization, institution, or person that has any records or knowledge of me or my physical or mental health, drug or alcohol use history, other insurance coverage or employment status, or that of any member of my family whose name appears in the application to which this is attached, to give the Company and its affiliates or authorized representative any such information. I authorize Starmount Life Insurance Company, or its reinsurers, to make a brief report of my protected health information to MIB. This information will be used to determine eligibility for insurance. I understand that I may revoke this authorization at any time by sending a written revocation to the Company at the address above. Such revocation will not affect any action taken or information released prior to the revocation, and will not affect any legal right the Company has to contest an insurance policy / certificate, or to contest a claim under an insurance policy / certificate. I understand that if I revoke this authorization, the Company may not be able to process my application, and may not be able to make any benefit payments due under any existing policy, certificate, or other binding agreement. I understand that once this information is received by the authorized person/organization, then this information may be subject to re-disclosure, and may no longer be protected by federal privacy laws. I agree that a photocopy of this form shall be as valid as the original, and that it shall be valid for 12 months from the date signed. I also understand that I or a person authorized to act on my behalf is entitled to receive a copy of this authorization form and that I may cancel this Authorization at any time by notifying the company in writing, subject to the rights of any individual who acted in reliance on this Authorization prior to my notice of revocation. I also certify that the producer and I, if applicable, also certify that I have read, or have had read to me, this completed application and that I realize any false statements or misrepresentation in it may result in loss of coverage under the policy. I certify that I have received the Notice of Disclosure of Information that is provided at the end of this Enrollment Form. A copy of this form will be as valid as the original. After this form is completed and signed, make one copy for the Policyholder and a copy of page one only for the Member.

In the past 12 months, have you had continuous group coverage providing like or similar benefits (for yourself and/or your dependents) with a prior carrier?  
 Yes  No If yes, please provide: Policyholder \_\_\_\_\_ and Insurance Company \_\_\_\_\_

**Important!** If declining any coverage for yourself or any dependent, give reason. Covered under:  Spouse's group coverage  
 Individual insurance  other coverage offered by my employer  other \_\_\_\_\_

**WARNING:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I declare that the information I have completed on this enrollment form is complete and true. I have read and understand the statements and understand an agent or broker cannot guarantee coverage, revise rates, benefits, or provisions without written approval from the Company.

Your Signature: x \_\_\_\_\_ Date signed \_\_\_\_\_

Spouse's Signature: x \_\_\_\_\_ Date signed \_\_\_\_\_

**Notice of Disclosure of Information**

Information regarding your insurability will be treated as confidential. Starmount Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Starmount Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumer about MIB may be obtained on its Website at [www.mib.com](http://www.mib.com).



**Welcome to AlwaysCare! We are pleased to offer vision benefits for you and your family effective 1/1/2019.**

**Did you know?** Routine vision care is critical to being your best both personally and professionally.

**Selection of Providers:** You have access to our national network of independent eye care professionals and large optical retail chains (including Walmart, Sam's Club, Costco\*, Pearle Vision, Target, Sears, JCPenney and Visionworks). You may choose different providers for the vision exam and materials purchases. Visit [www.AlwaysCareBenefits.com](http://www.AlwaysCareBenefits.com) or call 888-400-9304 for a list of participating providers.

**Covered Benefits:**

**Exam:** Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid below.

**Materials:** Each member may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame Benefit:** You may choose any frame within a provider's collection, subject to the retail frame allowance listed below. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Eyeglass Lens Benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered after any applicable materials copay. Plan allowances are listed below for specialty lenses. If the cost is greater than the plan's benefits, you are responsible for the difference.
- **Contact Lens Benefit:** Members electing contact lenses instead of glasses may apply the contact lens allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, you are responsible for the difference. The contact allowance will apply to the retail cost of contact lenses and to any professional fitting fee charged by the provider. Some providers, operating independently of the optical store, may charge separately for the fit and evaluation, permitting the contact lens benefit to be used fully for materials.
- **Laser Vision Correction:** Discounts are available with participating surgery providers across the country (not an insured benefit).

**Benefit Frequencies:**

Examination	Once Every 12 Months
Eyeglass Lenses	Once Every 12 Months
Frames	Once Every 12 Months
Contact Lenses	Once Every 12 Months

**Monthly Rates\*:**

Employee Only	\$7.04
Employee + Spouse	\$14.06
Employee + Child(ren)	\$14.82
Employee + Family	\$23.30

\*Rates valid from 1/1/2019 to 1/1/2020.

Vision Care Services	All Participating Providers	Out-of-Network Allowance
<b>Exam</b>	\$10 Co-pay	Up to \$35
<b>Materials</b>	\$25 Co-pay	
<b>Standard Plastic Lenses:</b> 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>Lens Options:</b> Standard scratch resistant coating Polycarbonate Lenses for children to age 19 only	Covered at Wal-Mart only Covered at Wal-Mart & Sam's Club only	N/A N/A
<b>Frames:</b> Members choose from any frame available at provider locations.	\$120 allowance (\$94 at Wal-Mart, Sam's Club and Costco*)	Up to \$50
<b>Contact Lenses**:</b> (Includes fit, follow-up and materials) Elective Medically Necessary	\$25 Co-pay  Up to \$120 allowance Up to \$210 allowance	  Up to \$100 Up to \$210

\*Special payment and reimbursement terms apply for material purchases at Costco.

\*\*Contact lenses are in lieu of eyeglass lenses and frames.

\*\*\*Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.

## **Other AlwaysVision Specifications**

**Dependent Children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-400-9304.

**Services Not Listed:** If you expect to require a vision service not included on this brochure, it may still be covered. Please contact customer service at 1-888-400-9304 to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

Some providers at optical and/or retail chains, such as Walmart, may charge for a contact lens fit and evaluation separately and apart from your contact lens allowance, leaving the entire allowance for materials.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

### **This plan will not cover:**

- Orthoptics or vision training and any supplemental testing; Plano (non- prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals;
- Medical or surgical treatment of the eyes;
- An eye exam or corrective eye wear required by an employer as a condition of employment;
- Any injury or illness covered under Workers' Compensation or similar law, or which is work related;
- Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance);
- Sub-normal vision aids;
- Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip;
- Charges in excess of Usual and Customary for services and materials;
- Experimental or non-conventional treatments or devices;
- Safety eyewear;
- Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

### **Laser Vision Correction Network**

Membership provides access to preferred pricing. Transactions are handled directly between Members and Providers. Refractive surgery is an elective procedure and may involve potential risks to patients. **This is not an Insured benefit.** AlwaysCare Benefits, Inc. cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Visit [www.AlwaysCareBenefits.com](http://www.AlwaysCareBenefits.com) for a list of participating laser vision correction providers.

### **AlwaysCare Hearing Savings Plan**

- Available at no cost to all AlwaysCare Members
- Material discounts of between 30%-60% on all major name brand hearing instruments and accessories
- Battery program discounts up to 40% off retail pricing

To access call 1-888-400-9304

Underwritten by: Starmount Life Insurance Company  
Administered by: AlwaysCare Benefits, Inc.  
(a Starmount Life Insurance company), The Starmount Building, 8485 Goodwood Boulevard  
Baton Rouge, LA 70806; PH: 1-888-400-9304.  
Policy Forms: Vision – VI-2002 and VI-2007

This brochure is a brief overview of the AlwaysCare vision plan. It does not list all benefits, nor does it list all exclusions and limitations. For more complete information, please refer to the Certificate, or the employer's Master Policy, which will be issued when coverage becomes effective.

Welcome to AlwaysCare! We are pleased to offer Dental benefits for you and your family effective 1/1/2019.

**Selection of Providers:** Members may choose any licensed dental provider. Members have access to our national network of over 270,000 participating access points where they can take advantage of discounts AlwaysCare has negotiated on their behalf. Further, in areas with relatively few participating providers, members have access to our list of an additional 46,000+ "certified" providers who, according to an independent resource, despite not participating in our network, offer excellent value for their customers. Members using participating providers will eliminate balance billing and reduce out-of-pocket expenses. No claim forms needed with participating providers. Visit [www.AlwaysCareBenefits.com](http://www.AlwaysCareBenefits.com) or call 1-888-400-9304 for a list of participating providers.

<b>Deductible:</b> Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.	\$50 per calendar year												
<b>Coinsurance:</b> The plan pays the following percentages of maximum allowable charges for each class:	<table> <tr> <td>Class A</td> <td>Preventive</td> <td>100%</td> </tr> <tr> <td>Class B</td> <td>Basic</td> <td>80%</td> </tr> <tr> <td>Class C</td> <td>Major</td> <td>50%</td> </tr> <tr> <td>Class D</td> <td>Orthodontics</td> <td>50%</td> </tr> </table>	Class A	Preventive	100%	Class B	Basic	80%	Class C	Major	50%	Class D	Orthodontics	50%
Class A	Preventive	100%											
Class B	Basic	80%											
Class C	Major	50%											
Class D	Orthodontics	50%											
<b>Benefit Maximums:</b> (Class A, B, and C benefits).	\$1500 per calendar year; Separate \$1000 Lifetime maximum for Orthodontia (Class D) Services.												
<b>Carryover Benefit:</b>	\$350, Threshold Limit \$700, Carryover Account Maximum \$1250.												
<b>Monthly Premium Rates*:</b>	<table> <tr> <td>Employee Only</td> <td><b>\$28.18</b></td> </tr> <tr> <td>Employee &amp; One</td> <td><b>\$59.09</b></td> </tr> <tr> <td>Employee &amp; Family</td> <td><b>\$93.45</b></td> </tr> </table>	Employee Only	<b>\$28.18</b>	Employee & One	<b>\$59.09</b>	Employee & Family	<b>\$93.45</b>						
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Employee & One	<b>\$59.09</b>												
Employee & Family	<b>\$93.45</b>												
*Rates valid from 1/1/2019 to 1/1/2020.													

**Covered Procedures and Waiting Periods:**

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

- Routine exams (2 per 12 months)
- Prophylaxis (2 per 12 months)
  - (1 additional cleaning or periodontal maintenance per 12 months if member is in 2<sup>nd</sup> or 3<sup>rd</sup> trimester of pregnancy)
- Bitewing x-rays (maximum of 4 films) (1 per 12 months)
- Emergency treatment (1 per 12 months)
- Fluoride treatment for children up to age 16 (1 per 12 months)
- Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 months for age 40+)

**Basic Services (Class B):** No waiting period.

- Full mouth / panoramic x-rays (1 per 24 months)
- Sealants for children up to age 16 (permanent molars 1 per 36 months)
- Simple restorative services (Fillings) (Benefit allowed for amalgam restorations on posterior teeth)
- Simple extractions

**Major Services (Class C):** 12 month waiting period. (Subject to takeover benefits for existing enrollees.)

- Simple Periodontics
- Surgical Periodontics
- Endodontics (Root Canals)
- Space maintainers for children up to age 16 (1 per 24 months)
- Repair of Crown, Denture, or Bridge
- Oral surgery (extractions and impacted teeth) & Anesthesia (subject to review, covered with complex oral surgery)
- Inlays and Onlays
- Crowns, Bridges, Dentures and Endosteal Implants (in lieu of an approved 3-unit Bridge)

**Orthodontics (Class D):** 12 month waiting period. (Subject to takeover benefits for existing enrollees.)

- Maximum annual benefit: \$500
- Separate Maximum lifetime benefit: \$1000
- Up to 25% of lifetime allowance may be payable on initial banding.
- Dependent children to age 19 only.

**AlwaysHearing<sup>sm</sup> Savings Plan**

- Available at no cost to all AlwaysCare Members
- Material discounts between 30%-60% on all major name brand hearing instruments and accessories
- Battery program discounts up to 40% off retail pricing

To access call 1-888-400-9304

### **Dental Carryover Benefit**

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an Insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's Threshold Limit, the Insured will be credited a Carryover Benefit. Carryover Benefits will be accrued and stored in the Insured's Carryover Account to be used in the next benefit year. If an Insured reaches his or her Certificate Year Maximum Benefit, we will pay a benefit from the Insured's Carryover Account up to the amount stored in the Insured's Carryover Account. The accrued Carryover Benefits stored in the Carryover Account may not be greater than the Carryover Account Limit.

**The Limits for this Policy/Certificate are:** Carryover Benefit \$350, Threshold Limit \$700, Carryover Account Limit \$1250.

### **Other Specifications:**

- An Insured's Carryover Account will be eliminated, and the accrued Carryover Benefits lost, if the Insured has a break in coverage of any length of time, for any reason.
- Eligibility for a Carryover Benefit will be established or reestablished at the time the first Qualifying Claim in a benefit year is received for Covered Expenses incurred during that benefit year.
- In order to be eligible to accumulate the Carryover Benefit, an Insured must be enrolled in the plan at least four months prior to the start of the new policy year. Example: If the plan effective date is January 1st, the Insured must be enrolled by September 1st.
- Only claims incurred on or after the start of the next Policy Year will count toward the Threshold Limit.
- Carryover Benefits will not be applied to an Insured's Carryover Account until the Policy Year that starts one year from the date the rider first applies.
- If charges for Class C Services are not payable for an Insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the Insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the Insured until the next benefit year.
- Carryover Benefits will not be applied to an Insured's Carryover Account until the benefit year that starts one year from the date the rider first applies.
- Definitions:
  - "Benefit Year" means Calendar Year or Policy Year, according to the type of plan applicable under the Policy/Certificate to which this rider is attached.
  - "Carryover Account" means the amount of an Insured's accrued Carryover Benefits.
  - "Carryover Account Limit" means the maximum amount of cumulative Carryover Benefits that an Insured can store in his or her Carryover Account.
  - "Carryover Benefit" means the dollar amount, which will be added to an Insured's Carryover Account when he or she receives benefits in a benefit year that do not exceed the Threshold Limit.
  - Qualifying Claim means a claim under Procedure Classes A, B, C and Class D, Orthodontia & must include 1 exam & 1 cleaning.
  - "Threshold Limit" means the maximum amount of benefits for all procedure classes A, B, C and D that an Insured can receive during a benefit year and still be entitled to receive the Carryover Benefit.

**Dependent Children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-400-9304.

**Services Not Listed:** If you expect to require a dental or vision service not included on this brochure, it may still be covered. Please contact customer service at 1-888-400-9304 to confirm your exact benefits.

**Alternate Treatment:** AlwaysCare Benefits, Inc. covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

**Exclusions/Limitations:** AlwaysCare Members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered.

### **The following dental services are not covered:**

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fracture; (v) bite registration; or (vi) bite analysis;
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full-mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

### **Takeover Benefits:**

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us.

Application of takeover benefits is subject to Underwriting review and approval.

New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, certificate of creditable coverage, etc.).

Late entrants: Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with AlwaysCare will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying.

The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

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This brochure is a brief overview of the AlwaysCare<sup>SM</sup> dental plan. It does not list all benefits, nor does it list all exclusions and limitations. For more complete information, please refer to the Certificate, or the employer's Master Policy, which will be issued when coverage becomes effective.

Underwritten by: Starmount Life Insurance Company  
Administered by: AlwaysCare Benefits, Inc.  
(a Starmount Life Insurance company), The Starmount Building, 8485 G400-9304.  
Policy Forms: Dental – DN 2002 and DN 2007



Welcome to AlwaysCare! We are pleased to offer Dental benefits for you and your family effective 1/1/2019.

**Selection of Providers:** Members may choose any licensed dental provider. Members have access to our national network of over 270,000 participating access points where they can take advantage of discounts AlwaysCare has negotiated on their behalf. Further, in areas with relatively few participating providers, members have access to our list of an additional 46,000+ "certified" providers who, according to an independent resource, despite not participating in our network, offer excellent value for their customers. Members using participating providers will eliminate balance billing and reduce out-of-pocket expenses. No claim forms needed with participating providers. Visit [www.AlwaysCareBenefits.com](http://www.AlwaysCareBenefits.com) or call 1-888-400-9304 for a list of participating providers.

<b>Deductible:</b> Maximum 3 per family. Applies to Basic (Class B) Services.	\$50 per calendar year		
<b>Coinsurance:</b> The plan pays the following percentages of maximum allowable charges for each class:	Class A Class B	Preventive Basic	100% 80%
<b>Benefit Maximums:</b> (Class A and B benefits).	\$1500 per calendar year		
<b>Carryover Benefit:</b>	\$350, Threshold Limit \$700, Carryover Account Maximum \$1250.		
<b>Monthly Premium Rates*:</b>	Employee Only		<b>\$17.16</b>
	Employee & One		<b>\$33.92</b>
	Employee & Family		<b>\$65.16</b>

\*Rates valid from 1/1/2019 to 1/1/2020.

**Covered Procedures and Waiting Periods:**

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

- Routine exams (2 per 12 months)
- Prophylaxis (2 per 12 months)
  - (1 additional cleaning or periodontal maintenance per 12 months if member is in 2<sup>nd</sup> or 3<sup>rd</sup> trimester of pregnancy)
- Bitewing x-rays (maximum of 4 films) (1 per 12 months)
- Emergency treatment (1 per 12 months)
- Fluoride treatment for children up to age 16 (1 per 12 months)
- Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 months for age 40+)

**Basic Services (Class B):** No waiting period.

- Full mouth / panoramic x-rays (1 per 24 months)
- Sealants for children up to age 16 (permanent molars 1 per 36 months)
- Simple restorative services (Fillings) (Benefit allowed for amalgam restorations on posterior teeth)
- Simple extractions

**AlwaysHearing<sup>SM</sup> Savings Plan**

- Available at no cost to all AlwaysCare Members
- Material discounts between 30%-60% on all major name brand hearing instruments and accessories
- Battery program discounts up to 40% off retail pricing

To access call 1-888-400-9304

### **Dental Carryover Benefit**

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an Insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's Threshold Limit, the Insured will be credited a Carryover Benefit. Carryover Benefits will be accrued and stored in the Insured's Carryover Account to be used in the next benefit year. If an Insured reaches his or her Certificate Year Maximum Benefit, we will pay a benefit from the Insured's Carryover Account up to the amount stored in the Insured's Carryover Account. The accrued Carryover Benefits stored in the Carryover Account may not be greater than the Carryover Account Limit.

**The Limits for this Policy/Certificate are:** Carryover Benefit \$350, Threshold Limit \$700, Carryover Account Limit \$1250.

### **Other Specifications:**

- An Insured's Carryover Account will be eliminated, and the accrued Carryover Benefits lost, if the Insured has a break in coverage of any length of time, for any reason.
- Eligibility for a Carryover Benefit will be established or reestablished at the time the first Qualifying Claim in a benefit year is received for Covered Expenses incurred during that benefit year.
- In order to be eligible to accumulate the Carryover Benefit, an Insured must be enrolled in the plan at least four months prior to the start of the new policy year. Example: If the plan effective date is January 1st, the Insured must be enrolled by September 1st.
- Only claims incurred on or after the start of the next Policy Year will count toward the Threshold Limit.
- Carryover Benefits will not be applied to an Insured's Carryover Account until the Policy Year that starts one year from the date the rider first applies.
- If charges for Class C Services are not payable for an Insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the Insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the Insured until the next benefit year.
- Carryover Benefits will not be applied to an Insured's Carryover Account until the benefit year that starts one year from the date the rider first applies.
- Definitions:
  - "Benefit Year" means Calendar Year or Policy Year, according to the type of plan applicable under the Policy/Certificate to which this rider is attached.
  - "Carryover Account" means the amount of an Insured's accrued Carryover Benefits.
  - "Carryover Account Limit" means the maximum amount of cumulative Carryover Benefits that an Insured can store in his or her Carryover Account.
  - "Carryover Benefit" means the dollar amount, which will be added to an Insured's Carryover Account when he or she receives benefits in a benefit year that do not exceed the Threshold Limit.
  - Qualifying Claim means a claim under Procedure Classes A and B and must include 1 exam & 1 cleaning.
  - "Threshold Limit" means the maximum amount of benefits for all procedure classes A, B, C and D that an Insured can receive during a benefit year and still be entitled to receive the Carryover Benefit.

**Dependent Children:** Dependent age guidelines vary by state. Please refer to your 1-888-400-9304.

**Services Not Listed:** If you expect to require a dental or vision service not included on this brochure, it may still be covered. Please contact customer service at 1-888-400-9304 to confirm your exact benefits.

**Alternate Treatment:** AlwaysCare Benefits, Inc. covers the least expensive most commonly used and accepted American Dental

Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

**Exclusions/Limitations:** AlwaysCare Members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal Implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on Implants will also be covered. Other implants or implant related services are not covered.

### **The following dental services are not covered:**

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fracture; (v) bite registration; or (vi) bite analysis;
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full-mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

### **Takeover Benefits:**

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us.

Application of takeover benefits is subject to Underwriting review and approval.

New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, certificate of creditable coverage, etc.).

**Late entrants:** Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with AlwaysCare will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying.

The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

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This brochure is a brief overview of the AlwaysCare<sup>SM</sup> dental plan. It does not list all benefits, nor does it list all exclusions and limitations. For more complete information, please refer to the Certificate, or the employer's Master Policy, which will be issued when coverage becomes effective.

Underwritten by: Starmount Life Insurance Company  
Administered by: AlwaysCare Benefits, Inc.  
(a Starmount Life Insurance company), The Starmount Building, 8485 Goodwood Boulevard  
Baton Rouge, LA 70806; PH: 1-888-400-9304.  
Policy Forms: Dental – DN 2002 and DN 2007