

## Elite Education Platinum & Enhanced Gold Plans

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Outline of Benefits	Platinum Plan	Enhanced Gold Plan
Plan	Choose any dentist, however, select a participating provider for discounted fees and no balance billing.	Choose any dentist; however, select a participating provider for discounted fees and no balance billing.
Coinsurance % (A/B/C/D)	100 / 80 / 50 / 50	100 / 80 / 25 / 25
Deductible	\$50 per person, per benefit year. Applies to Class B, C.	\$50 per person, per benefit year. Applies to Class B, C.
Carryover Benefit	Included	Included
Benefit Year Maximum	\$2000 per calendar year for Class A, B, C.	\$1250 per calendar year for Class A, B, C and D.
Class A (no waiting period)	<b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Routine Exams (2 / 12 mos)</li> <li>• Prophylaxis* (2 / 12 mos)</li> <li>• Bitewing X-rays (max 4 films, 1 / 12 mos)</li> <li>• Space Maintainers to age 16 (1 / 24 mos)</li> <li>• Fluoride Treatment to age 16 (1 / 12 mos)</li> <li>• Sealants to age 16 (permanent molars only, 1/36 mos)</li> <li>• Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 months for age 40+)</li> </ul>	<b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Routine Exams (2 / 12 mos)</li> <li>• Prophylaxis* (2 / 12 mos)</li> <li>• Bitewing X-rays (max 4 films, 1 / 12 mos)</li> <li>• Space Maintainers to age 16 (1 / 24 mos)</li> <li>• Fluoride Treatment to age 16 (1 / 12 mos)</li> <li>• Sealants to age 16 (permanent molars only, 1/36 mos)</li> <li>• Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 months for age 40+)</li> </ul>
Class B (no waiting period)	<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Oral Surgery (surgical extractions and impactions)</li> <li>• Emergency Pain (1 / 12 mos)</li> <li>• Fillings</li> <li>• Anesthesia (subject to review, covered with complex oral surgery)</li> <li>• Simple Extractions</li> <li>• Full mouth/panoramic x-rays (1 / 24 mos)</li> <li>• Repairs: Crown, Dentures, and Endosteal Implants</li> </ul>	<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Emergency Pain (1 / 12 mos)</li> <li>• Fillings</li> <li>• Simple Extractions</li> <li>• Full mouth/panoramic x-rays (1 / 24 mos)</li> </ul>
Class C (12-month waiting period)	<b>Major Services</b> <ul style="list-style-type: none"> <li>• Simple and Surgical Periodontics (gum treatments)</li> <li>• Endodontics (root canals)</li> <li>• Inlays and Onlays</li> <li>• Crowns, Bridges, Dentures and Endosteal Implants</li> </ul>	<b>Major Services</b> <ul style="list-style-type: none"> <li>• Simple and Surgical Periodontics (gum treatments)</li> <li>• Endodontics (root canals)</li> <li>• Inlays and Onlays</li> <li>• Crowns, Bridges, Dentures and Endosteal Implants</li> <li>• Oral Surgery (surgical extractions and impactions)</li> <li>• Anesthesia (subject to review, covered with complex oral surgery)</li> <li>• Repairs: Crown, Dentures, and Endosteal Implants</li> </ul>
Class D (12-month waiting period, subject to takeover benefits)	<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• Separate Lifetime Maximum: \$1000</li> <li>• Annual Maximum: \$500</li> <li>• Dependent children to age 19 only</li> </ul>	<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• Aggregate Lifetime Maximum: \$1000</li> <li>• Annual Maximum: \$500</li> <li>• Dependent children to age 19 only</li> </ul>
Rates	Platinum Plan Premiums	Enhanced Gold Plan Premiums
Employee Only	\$29.86	\$23.64
Employee & Spouse	\$59.72	\$49.12
Employee & Child(ren)	\$65.70	\$52.46
Employee & Family	\$95.44	\$76.68

This is only an outline. This outline provides a very brief description of some of the important features of the dental policy. This is not the policy and only actual policy provisions prevail. The Elite Education rates above become effective for new groups beginning with a 05/01/13 effective date. Rates are guaranteed 24 months from the new business effective date. Members must enroll for a minimum of 12 months.

\* Coverage is enhanced to include one additional cleaning or periodontal maintenance per 12 months, if member is in 2<sup>nd</sup> or 3<sup>rd</sup> trimester of pregnancy. Written proof must be submitted at the time of the claim.

### **Dental Carryover Benefit & how it works**

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: Platinum Plan:** Carryover Benefit \$400, Threshold Limit \$800, Carryover Account Limit \$1,500. **Gold Plan:** Carryover Benefit \$300, Threshold Limit \$600, Carryover Account Limit \$1200.

### **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.
- If the effective date of an Insured's dental coverage is within the three months prior to the start of this plan's next Policy Year, this benefit rider will not apply to the Insured until the next Policy Year. And:
- 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 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 for more information.

**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 1-888-729-5433 Ext. 2013 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.