

Welcome to AlwaysCare! We are pleased to offer Dental benefits for you and your family effective January 1, 2022

Selection of Providers: Members may choose any licensed dental provider. Members have access to our national network of over 170,000 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 or call 1-888-400-9304, for a list of participating providers.

Deductible: Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.	\$50 per benefit year		
Coinsurance: The plan pays the following percentages of maximum allowable charges for each class:	Class A	Preventive	100%
	Class B	Basic	80%
	Class C	Major	50%
	Class D	Orthodontics	50%
Benefit Maximums: (Class A, B, and C benefits).	\$1000 per benefit year		
Monthly Premium Rates*:	Employee Only		\$35.06
	Employee & Spouse		\$72.34
	Employee & Children		\$85.12
	Employee & Family		\$108.28
*Rates valid from 1/1/2022 to 1/1/2023			

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 2nd or 3rd trimester of pregnancy)
- Bitewing x-rays (maximum of 4 films) (1 per 12 months)
- Fluoride treatment for children up to age 16 (1 per 12 months)
- Sealants for children up to age 16 (permanent molars 1 per 36 months)
- Space maintainers for children up to age 16 (1 per 24 months)
- Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 months for age 40+)

Basic Services (Class B): No waiting period.

- Simple restorative services (Fillings) (Benefit allowed for amalgam restorations on posterior teeth)
- Simple extractions
- Oral surgery (extractions and impacted teeth) & Anesthesia (subject to review, covered with complex oral surgery)
- Repair of Crown, Denture, or Bridge
- Emergency treatment (1 per 12 months)

- Full mouth / panoramic x-rays (1 per 24 months)

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

- Inlays and Onlays
- Crowns, Bridges, Dentures and Endosteal Implants (in lieu of an approved 3-unit Bridge)
- Non-surgical Periodontics
- Surgical Periodontics (gum treatments)
- Endodontics (Root Canals)

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

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

NEW! AlwaysCare HearingSM 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: N/A

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 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 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 fraction; (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.

This brochure is a brief overview of the AlwaysCareSM 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.