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## Dental Schedule of Benefits

This section contains provisions which highlight the requirements an Insured may need to satisfy in order to receive benefits. Refer to the Schedule of Covered Procedures or applicable riders to determine class of service for Covered Procedures.

**Coverage Type** Preferred Provider Organization (PPO) plan.

**Eligible Group(s)** All Employees in Active Employment in the United States working a minimum of 30 hours per week.

**Paying for Coverage** Your Employer must make premium contributions for your coverage.

**Deductible** The Deductible is the amount Insureds must pay each Policy Year before benefits will be payable for Basic, and Major Covered Procedures. The Deductible is not applicable to Preventive Covered Procedures.

Deductibles applied for each Insured will count toward satisfying the Per Family Deductible. Once the Per Family Deductible is satisfied, no further Deductibles are required. Only Covered Procedures included in this certificate will count towards satisfying the Deductible.

	<b>Per Insured</b>
<b>Per Policy Year</b>	\$0

	<b>Per Family</b>
<b>Per Policy Year</b>	

If an Insured visits an In-Network Provider, the Insured is responsible for paying the In-Network Deductible. If an Insured visits an Out-of-Network Provider, the Insured is responsible for paying the Out-of-Network Deductible.

**Coinsurance**



**Reimbursement for Covered Procedures**

Reimbursement for Covered Procedures is the lesser of:

- the Providers actual charge; or
- the amount calculated by the applicable Reimbursement Method.

Reimbursement for Covered Procedures is subject to any applicable Deductible, Coinsurance, and Maximum Benefit. Insureds may choose any Provider for treatment and services for Covered Procedures included in this certificate.

**Reimbursement Method**

*In-Network*

In-Network Providers have agreed to accept a negotiated reimbursement from us for Covered Procedures in this certificate and any applicable riders. Insureds will typically have less out-of-pocket expenses when a Covered Procedure is performed by an In-Network Provider.

A listing of In-Network participating Providers is available online at [www.AlwaysAssist.com](http://www.AlwaysAssist.com) or by contacting us directly at (888) 400-9304.

*Out-of-Network*

Out-of-Network Providers have not entered into an agreement with us to limit the charges for any procedures. Reimbursement for Covered Procedures is based on the Usual and Customary Charges. The Insured is responsible for any remaining charges after we have paid our portion.

Usual and Customary Charge is determined by a review of charges within the general geographic area, made for the same Covered Procedure by Providers of similar training or experience. Usual and Customary Charges are periodically reviewed and updated.

**Maximum Benefit**

The Maximum Benefit is the total amount of benefits that will be paid for Preventive, Basic, and Major Covered Procedures on an annual basis.

	<b>Per Insured</b>
<b>Per Policy Year</b>	\$1,500

In the event an Insured reaches the Maximum Benefit, the Insured is responsible for all costs associated with all further Covered Procedures.

**Certificate Riders**

The following riders are attached to this certificate.

Orthodontics Benefit Rider
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The information in this section provides details on the Covered Procedures included in this certificate and any applicable Exclusions and Limitations.

**Start and End of Dental Treatments** For benefits to be payable, Covered Procedures must be started and completed while an Insured's coverage is in force.

A prosthetic dental appliance installed or delivered after an Insured's coverage ends, may be payable for up to 30 days from the date coverage ended.

### *Start of Dental Treatments*

A dental treatment is considered to be started as follows:

- for a full or partial denture, the date the first impression is taken;
- for a fixed bridge, crown, inlay and onlay, the date the teeth are first prepared;
- for a root canal therapy, on the date the pulp chamber is first opened;
- for periodontal surgery, the date the surgery is performed; and
- for all other treatment, the date treatment is rendered.

### *End of Dental Treatments*

A dental treatment is considered complete as follows:

- for a full or partial denture, the date a final completed prosthesis is first inserted in the mouth;
- for a fixed bridge, crown, inlay and onlay, the date the bridge or restoration is cemented in place; and
- for root canal therapy, the date a canal is permanently filled.

**Pre-Estimate** Pre-authorization is not required for any service. If the charge for any treatment is expected to exceed \$300, we recommend that a dental treatment plan be submitted to us by your Provider for a pre-estimate before treatment begins. We may request additional information from an Insured or the Insured's Provider to help us determine benefits payable.

An estimate of the benefits payable will be sent to you and your Provider. The pre-estimate is not a guarantee of the amount we will pay. The pre-estimate process lets an Insured know in advance approximately what portion of the expenses will be covered by benefits. Our estimate may be for a less expensive Alternative Benefit if it will produce professionally satisfactory results.

**See the attached Schedule of Covered Procedures for the procedures included in your coverage.**









## Coordination of Benefits

### *Children of Parents with Joint Custody*

If the joint custody court decree does not specifically state which parent is responsible for the Children's medical expenses, the rules shown for Children of Parents Not Separated or Divorced shall apply.

### *Persons in Active/Inactive Employment*

The Plan which covers the person as an active employee or as that employee's dependent, is Primary over the Plan which covers that person as a laid off or retired employee. If the other Plan does not have this rule, and as a result, the Plans do not agree on the order of benefits, this rule is ignored.

### *Longer/Shorter Length of Coverage*

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**Right to Receive  
and Release  
Needed  
Information**

**Right to Make  
Payments to  
Another Plan**

**Right to Recover**

The Carryover Benefit offers Insureds, upon satisfaction of the E Z the E Z th<sup>1</sup> £  
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**Eligibility Waiting Period** The Eligibility Waiting Period is the continuous period of time you must be in an Eligible B

**Enrolling for Coverage**

**Coverage Effective Date**

**Coverage Effective Date for Changes in Coverage**

**Coverage Effective Date if you are not in Active Employment**







**Payment of  
Benefits**

**Change of  
Beneficiary**

**Payment to a  
Minor or  
Incompetent  
Insured**

**Overpayment of  
Claims**

**Underpayment  
of Claims**





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## Legal Actions



## General Provisions

It is a crime if anyone knowingly, and with intent to injure, defrauds, or deceives us. This includes filing a claim or providing information that contains any false, incomplete, or misleading information.

These actions will result in denial of a claim and are subject to prosecution and punishment to the full extent under state and federal law. We will pursue all appropriate legal remedies in the event of insurance fraud.

### **Agency**

For purposes of the policy, your Employer acts on their own behalf or as your agent. Under no circumstances will your Employer be deemed our agent.

### **Communicating with you or your Employer**

To protect our customers, when communicating with others in Writing, we will abide by all applicable privacy laws and regulations.





Changes in coverage made as a result of a Qualifying Life Event must be consistent with the Qualifying Life Event.

For further information regarding Qualifying Life Events, please refer to your Employer's human resource policy.

**Sickness**

An illness or disease.

**Spouse**

The person who is your partner through lawful marriage, civil union, domestic partnership (established by a declaration acceptable to us), or your legally separated Spouse.

Your Spouse may not be insured as both a Spouse and an Employee.

**Starmount Life Insurance Company**

Referred to as "Starmount", "we," "us," or "our."

**Writing or Written**

A record on or transmitted by paper, electronic, or telephonic media consistent with applicable law.

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	6 months must have passed since initial placement/treatment.	
	<b>Limitation</b>	
Basic	Inlay repair necessitated by restorative material failure	<b>D2981</b>
	<b>Frequency</b>	
	Maximum of 1 procedure each per tooth per 12 months.	
	6 months must have passed since initial placement/treatment.	
	<b>Limitation</b>	
Basic	Onlay repair necessitated by restorative material failure	<b>D2982</b>
	<b>Frequency</b>	
	Maximum of 1 procedure each per tooth per 12 months.	
	6 months must have passed since initial placement/treatment.	
	<b>Limitation</b>	

<b>Endodontics</b>		
<b>Procedure Class</b>	<b>Covered Procedure Description</b>	<b>ADA Code</b>
Basic	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	<b>D3220</b>
	<b>Frequency</b>	
	Limited to any 1 of these procedures per tooth, per lifetime.	
	<b>Limitation</b>	
Basic	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	<b>D3230</b>
	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	<b>D3240</b>
	<b>Frequency</b>	
	Maximum of 1 procedure per tooth, per lifetime.	
	<b>Limitation</b>	
Basic	Endodontic therapy, anterior tooth (excluding final restoration)	<b>D3310</b>
	Endodontic therapy, premolar tooth (excluding final restoration)	<b>D3320</b>
	Endodontic therapy, molar tooth (excluding final restoration)	<b>D3330</b>
	<b>Frequency</b>	
	Maximum of 1 procedure per tooth, per lifetime.	
Basic	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	<b>D3332</b>
	<b>Frequency</b>	
	Maximum of 1 procedure per tooth, per lifetime.	
	<b>Limitation</b>	



	Non-Autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	<b>D4275</b>
	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	<b>D4277</b>
	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	<b>D4278</b>
	<b>Frequency</b>	
	Limited to any 1 of these procedure codes per quadrant, per 24 months.	
	<b>Limitation</b>	
Basic	Clinical crown lengthening – hard tissue	<b>D4249</b>
	<b>Frequency</b>	
	Maximum of 1 procedure per tooth, per 60 months.	
	<b>Limitation</b>	
Basic	Periodontal scaling and root planing - four or more teeth per quadrant	<b>D4341</b>
	Periodontal scaling and root planing - one to three teeth per quadrant	<b>D4342</b>
	<b>Frequency</b>	
	Maximum of 1 procedure per quadrant, per 24 months.	
	<b>Limitation</b>	
	Procedures will not be covered if performed on the same day as comprehensive exams, prophylaxis, periodontal maintenance, or debridement.	
Basic	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	<b>D4346</b>
	<b>Frequency</b>	
	Maximum of 1 procedure per quadrant, per 24 months.	
	<b>Limitation</b>	
	Procedures will not be covered if performed on the same day as comprehensive exams, prophylaxis, periodontal maintenance, scaling/root planing, or debridement.	
Basic	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	<b>D4355</b>
	<b>Frequency</b>	
	Maximum of 1 procedure per lifetime.	
	<b>Limitation</b>	
	Procedures will not be covered if performed on the same day as comprehensive exams, prophylaxis, periodontal maintenance, scaling/root planing, or debridement.	
Basic	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	<b>D4381</b>
	<b>Frequency</b>	
	Maximum of 1 procedure per quadrant, per 12 months.	
	<b>Limitation</b>	















	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	<b>D9243</b>
	<b>Frequency</b>	
	<b>Limitation</b>	

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