

**Welcome to AlwaysCare!**

**We are pleased to offer dental benefits for you and your family effective 02/01/2016.**

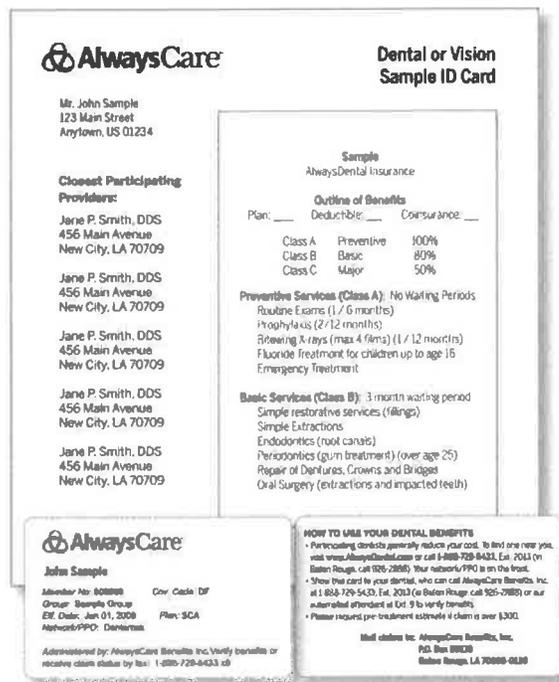
**Selection of Providers**

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](http://www.AlwaysCareBenefits.com) or call 1-888-729-5433, Ext. 2013 for a list of participating providers.

**Outstanding Customer Service**

- Professionally-staffed customer service with extended hours from 7:30 a.m. to 8:30 p.m. Monday-Friday and Saturday 9 a.m. to 3 p.m. (CST).
- Our service statistics exceed the industry average:
  - We answer calls, on average, within 24 seconds.
  - Less than 2% of our calls are abandoned.
  - We resolve 95% of issues during the first call.
- An interactive voice response system is available 24/7 for benefit and eligibility information.
- Claims are processed within 7-10 business days of receipt with a 98%+ accuracy rate.
- We are highly skilled in the area of "takeover" business and offer an extremely smooth business transition process.

**Each Member receives an ID Card customized with their Plan Details and 8 nearest Providers.**



**AlwaysCare Hearing<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 1-888-729-5433, ext 2013

**Select the Plan Option that is right for you!**

Outline of Benefits	Custom – Low Option	Standard Comprehensive – High Option																											
Benefit Year Maximum	\$1000 for Class A, B, C.	\$1500 for Class A, B, C; Separate \$1000 lifetime maximum for Orthodontics (Class D)																											
Deductible	\$25 per benefit year. Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.	\$50 per benefit year. Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.																											
Carryover Benefit	Included	Included																											
Coinsurance	<table border="1"> <thead> <tr> <th></th> <th>In-Network</th> <th>Non-Network</th> </tr> </thead> <tbody> <tr> <td>Class A</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Class B</td> <td>50%</td> <td>50%</td> </tr> <tr> <td>Class C</td> <td>25%</td> <td>25%</td> </tr> </tbody> </table>		In-Network	Non-Network	Class A	100%	100%	Class B	50%	50%	Class C	25%	25%	<table border="1"> <thead> <tr> <th></th> <th>In-Network</th> <th>Non-Network</th> </tr> </thead> <tbody> <tr> <td>Class A</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Class B</td> <td>80%</td> <td>80%</td> </tr> <tr> <td>Class C</td> <td>50%</td> <td>50%</td> </tr> <tr> <td>Class D</td> <td>50%</td> <td>50%</td> </tr> </tbody> </table>		In-Network	Non-Network	Class A	100%	100%	Class B	80%	80%	Class C	50%	50%	Class D	50%	50%
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Class C	50%	50%																											
Class D	50%	50%																											
Class A / Preventive Services	<p><u>Waiting Period: None</u></p> <ul style="list-style-type: none"> <li>• Routine exams (2/ 12 months)</li> <li>• Prophylaxis (2 / 12 months) <ul style="list-style-type: none"> <li>○ (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)</li> </ul> </li> <li>• Bitewing x-rays (max 4 films; (1 / 12 months)</li> <li>• Full mouth x-ray (1 / 24 months)</li> <li>• Fluoride to age 16 (1 / 12 months)</li> <li>• Sealants to age 16 (permanent molars, 1 /36 months)</li> <li>• Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 months for age 40+)</li> </ul>	<p><u>Waiting Period: None</u></p> <ul style="list-style-type: none"> <li>• Routine exams (2/ 12 months)</li> <li>• Prophylaxis (2 / 12 months) <ul style="list-style-type: none"> <li>○ (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)</li> </ul> </li> <li>• Bitewing x-rays (max 4 films; (1 / 12 months)</li> <li>• Full mouth x-ray (1 / 24 months)</li> <li>• Fluoride to age 16 (1 / 12 months)</li> <li>• Sealants to age 16 (permanent molars, 1 /36 months)</li> <li>• Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 months for age 40+)</li> </ul>																											
Class B / Basic Services	<p><u>Waiting Period: None</u></p> <ul style="list-style-type: none"> <li>• Fillings (Benefit allowed for amalgam restorations on posterior teeth)</li> <li>• Simple extractions</li> <li>• Simple Periodontics</li> <li>• Space maintainers to age 16 (1 / 24 months)</li> </ul>	<p><u>Waiting Period: None</u></p> <ul style="list-style-type: none"> <li>• Fillings (Benefit allowed for amalgam restorations on posterior teeth)</li> <li>• Simple extractions</li> <li>• Simple Periodontics</li> <li>• Surgical Periodontics (gum treatments)</li> <li>• Space maintainers to age 16 (1 / 24 months)</li> </ul>																											
Class C / Major Services	<p><u>Waiting Period: 12 months subject to takeover benefits</u></p> <ul style="list-style-type: none"> <li>• Inlays and Onlays</li> <li>• Crowns, Bridges, Dentures and Endosteal Implants</li> <li>• Anesthesia (subject to review, covered with complex oral surgery)</li> <li>• Oral surgery (surgical extractions and impactions)</li> <li>• Endodontics (root canals)</li> <li>• Repair of Crown, denture, or bridge</li> <li>• Emergency treatment (palliative treatment)</li> <li>• Surgical Periodontics</li> </ul>	<p><u>Waiting Period: 12 months</u></p> <ul style="list-style-type: none"> <li>• Inlays and Onlays</li> <li>• Crowns, Bridges, Dentures and Endosteal Implants</li> <li>• Anesthesia (subject to review, covered with complex oral surgery)</li> <li>• Oral surgery (surgical extractions and impactions)</li> <li>• Endodontics (root canals)</li> <li>• Repair of Crown, denture, or bridge</li> <li>• Emergency treatment (palliative treatment)</li> </ul>																											
Class D / Orthodontics		<p><u>Waiting Period: 12 months</u></p> <ul style="list-style-type: none"> <li>• Annual maximum: \$500</li> <li>• Separate Lifetime maximum: \$1000</li> <li>• Up to 25% of lifetime allowance may be payable on initial banding.</li> <li>• Adult &amp; Child coverage</li> </ul>																											
<b>Monthly Rates</b>																													
Employee Only	\$13.93	\$23.44																											
Employee & Spouse	\$27.78	\$46.81																											
Employee & Child(ren)	\$32.40	\$54.58																											
Employee & Family	\$41.67	\$70.22																											

**\*Rates valid from February 1, 2016 to February 1, 2017.**

### 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:

- High Option - Carryover Benefit \$350, Threshold Limit \$700, Carryover Account Limit \$1500.
- Low Option - Carryover Benefit \$250, Threshold Limit \$500, Carryover Account Limit \$1000.

### 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 and C and Class D, Orthodontia and must include 1 exam and 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 888-729-5433, Ext. 2013.

**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 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 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: 1-888-729-5433 ext 2013.  
Policy Forms: Dental - DN2002 and DN2007



**Welcome to AlwaysCare! We are pleased to offer vision benefits for you and your family effective 02/01/2016.**

**Did you know?** Daily computer use, stress-related issues and extended work hours increase your vision problems? In fact, nearly 90% of those who use a computer for at least three hours a day suffer vision problems associated with computer eye strain. Routine vision care is critical to being your best both personally and professionally.

**Selection of Providers:** You have access to our national network of Providers. The Provider panel contains independent optometrists and ophthalmologists, as well as regional and national retail chains (including Wal-Mart, Sam's Club, Costco\*, Pearle Vision, Target, Sears, JCPenney and Visionworks). Members may choose different providers for vision exam and materials purchases. Out-of-network benefits are available, but members receive the best value in-network. Visit [www.AlwaysCareBenefits.com](http://www.AlwaysCareBenefits.com) or call 888-729-5433, Ext. 2013 for a list of participating providers. Most participating providers (excluding Wal-Mart, Sam's Club & Costco) offer discounts on items purchased after the insurance benefit has been used.

**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 with this plan. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame Benefit:** Members 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, the member is responsible for the difference.
- **Eyeglass Lens Benefit:** Members always receive new lenses of the highest quality and craftsmanship. Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered in full and plan allowances are listed below for specialty lenses. If the cost is greater than the plan's benefits, the member is responsible for the difference.
- **Contact Lens Benefit:** Members electing contact lenses instead of glasses may choose to apply the contact lens retail allowance to any lenses in the provider's collection. If the cost is greater than the plan's benefits, the member is 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.
- **Laser Vision Correction:** Members receive a discount on Lasik or PRK prices 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 24 Months
Contact Lenses	Once every 12 Months

**Monthly Rates\*:**

Employee Only	\$8.98
Employee + Spouse	\$17.60
Employee + Child(ren)	\$16.76
Employee + Family	\$23.36

\*Rates valid from 02/01/2016 to 02/01/2017.

Vision Care Services	Wal-Mart Vision Centers	Other Participating Providers	Out-of-Network
<b>Exam</b>	\$10 Co-pay	\$10 Co-pay	Up to \$30
<b>Materials</b>	\$0 Co-pay	\$15 Co-pay	See Below
<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	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> Scratch resistant coating Polycarbonate Lenses for children	Covered Covered	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.	No Co-Pay Up to \$94 allowance	Up to \$120 allowance (\$94 at Costco*)	Up to \$50 retail
<b>Contact Lenses**:</b> (Includes fit, follow-up and materials) Elective Medically Necessary	No Co-pay Up to \$130 allowance Up to \$210 allowance	Up to \$130 allowance Up to \$210 allowance	Up to \$130 Up to \$210

\*Special payment and reimbursement terms apply for material purchases at Costco. \*\*Contact lenses are in lieu of eyeglass lenses and frames.

## **Other AlwaysVision<sup>SM</sup> Specifications**

**Dependent Children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-729-5433, Ext. 2013.

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

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.AlwaysVision.com](http://www.AlwaysVision.com) for a list of participating laser vision correction providers.

### **AlwaysHearing<sup>SM</sup> 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 1-888-729-5433, Ext. 2013

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

Policy Forms: Vision – VI-2002 and VI-2007

National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America  
a/k/a The Guardian or Guardian Life

This brochure is a brief overview of the AlwaysCare<sup>SM</sup> 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.