



## Office of the State Auditors

AlwaysDental<sup>SM</sup> Insurance, Standard Cost, Advantage  
Outline of Benefits

**Selection of Providers:** Members may choose any licensed dental provider. Members have access to our national network of over 92,500 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.

**Deductible:** \$50 benefit year. Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.

**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:** \$1000 per benefit year (Class A, B, C and D benefits).

**Carryover Benefit:** \$250, Threshold Limit \$500, Carryover Account Maximum \$1000.

**Monthly Premium Rates:** (*Rates are valid from 1/1/2010 through 12/31/2011.*)

Employee Only	\$25.66
Employee & Spouse	\$53.52
Employee & Children	\$60.86
Employee & Family	\$84.54

### 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)
- 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
- 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)
- Emergency treatment
- Simple restorative services (Fillings)
- Simple extractions
- Oral surgery (extractions and impacted teeth) & Anesthesia (subject to review)
- Repair of Crown, Denture, or Bridge

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

- Simple Periodontics
- Surgical Periodontics
- Endodontics (Root Canals)
- Inlays and Onlays
- Crowns, Bridges, Dentures and Endosteal Implants

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

- Maximum annual benefit: \$500
- Maximum lifetime benefit: \$1,000
- Up to 25% of lifetime allowance may be payable on initial banding.
- Dependent children to age 19 only.

**Plan Description:** Full Service plan with generous in-network allowances for frames (\$74 retail at Wal-Mart / \$100 at other in-network providers) and contact lenses \$130 retail). Low in-network co-pays: \$10 for an exam and no co-pay for materials at Wal-Mart (\$15 material co-pay at other in-network providers).

**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 EyeMasters). 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.

**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: (Rates are valid from 1/1/2010 through 12/31/2011)**

Employee Only	\$8.50
Employee & Spouse	\$17.00
Employee & Child(ren)	\$14.70
Employee & Family	\$23.20

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

**Vision Materials Benefit:** 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. Contact lenses may be purchased in lieu of frames and eyeglass lenses. 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).

Vision Care Services	Wal-Mart Vision Centers	Other Participating Providers	Out-of-Network Allowance
<b>Exam</b>	\$10 Co-pay	\$10 Co-pay	Up to \$35
<b>Materials</b>	\$0 Co-pay	\$15 Co-pay	See below
<b>Standard Plastic Lenses:</b> Single Vision Bifocal Trifocal Lenticular Progressive	Covered Covered Covered \$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	N/A N/A	N/A N/A
<b>Frames:</b> Members choose from any frame available at provider locations.	Up to \$74 retail allowance, depending on plan selected. covers two-thirds of frames available at Wal-Mart.	Up to \$100 retail allowance (retail amount may vary at some providers). \$74 at Costco.	Up to \$50 retail
<b>Contact Lenses:</b> <b>Includes fit, follow-up and materials)</b>  Elective Medically Necessary	No Co-pay  Up to \$130 retail Up to \$210 retail	  Up to \$130 retail Up to \$210 retail	  Up to \$100 retail Up to \$210 retail