



Important Tips Regarding Your Dental Benefits!

Accessing Your Benefits

- Our goal is to make using your benefits as easy and trouble-free as possible. Login as a current Member on our website www.AlwaysCareBenefits.com to search for the most up-to-date listing of AlwaysDental Providers in your area, view benefits, view status of your claims, print ID cards, and access other forms and documents. If you do not have access to the internet, please call our Customer Service Representatives toll free at **1-888-729-5433, Ext. 2013**.
- We encourage you to submit names and addresses of dental providers not listed on our website whom you would like us to contact. We will begin recruiting them as an in-network provider immediately.
- The first time you use your plan, identify yourself as an "AlwaysDental - Starmount Member" and let the dental office know your coverage has moved to the DenteMax Network. They do not need to be part of a network for us to pay them. All they need to do is submit a standard claim form, and we will reimburse based on your plan's allowances.
- AlwaysCare and DenteMax strive to offer you an extensive national network, but we also encourage you to take advantage of this flexible plan. You may choose to visit any licensed general dentist or dental specialist. We also have a panel of participating providers who have agreed to provide special pricing to our Members with no balance billing. Visit our website or call Customer Service for this listing.



Who will submit my dental claims to AlwaysCare?

Over 96% of the dental claims we receive are submitted by providers. A Member may submit his/her own claim by downloading a claim form from the "Client Services" tab on our website and mailing the completed form with receipts back to our office. The address is listed on the back of your ID card.

When should I have a pre-estimate done?

Please ask your doctor to submit a pre-treatment estimate request for any claims in excess of \$300.

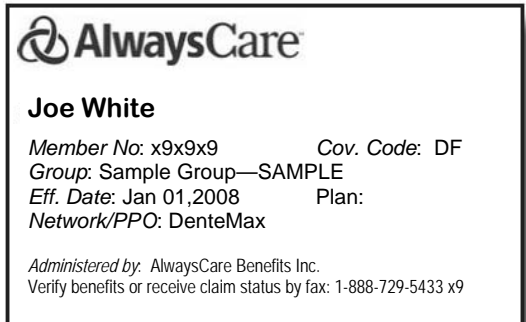
How do we coordinate benefits?

We follow the birthday rule for coordination of benefits. If a child has coverage under the father and mother's policy, we use the birthday month of the parent that comes first in the year as primary.

How do orthodontic benefits work?

At the time of Initial Placement of Braces or Appliances AlwaysCare will pay 25% of the total fee or 25% of the lifetime maximum, whichever is less. The remaining 75% of benefits will be available for monthly treatments while the Member is eligible for coverage.

Sample Dental ID Card



Will my benefits cover any dental procedure?

Since all policies have limitations, it is recommended that you review the certificate of coverage prior to having work done. Recognizing that dental problems can be resolved with more than one type of treatment, AlwaysCare will reimburse for the least expensive method that would produce the same resolution within professionally acceptable limits.

More procedure-specific information:

- On most plans, the policy will pay for a replacement of a crown, bridge, inlay, onlay or denture if it is at least 5 years old and cannot be made serviceable.
- A claim is considered incurred on the date an impression is taken for a bridge/dentures, the date a tooth is prepped for a crown, and when the pulp chamber is opened for a root canal.
- If your policy does not include composite (white) fillings on molars, we will pay the alternate benefit of an amalgam (silver) filling. You will be responsible for the difference in cost.



NEW Benefits from AlwaysCare!

- One additional cleaning for pregnant women in their 2nd or 3rd trimesters
- One adjunctive, prediagnostic test per year for Members 40+ years of age who demonstrate risk factors for oral cancer or suspicious lesions
- Up to two extra cleanings per year for Members diagnosed as diabetic (optional benefit)