

Choice. Affordable. Preventive dental care.

Dental Indemnity Plans

For businesses with two to 50 employees

EMPHASIZING PREVENTIVE DENTAL CARE

Help employees maintain good dental health at an affordable price with a dental plan from Starmark. Plans cover basic and major dental services, such as root canals and dentures. Plus, employees can visit the dentist of their choice.

Deductible and Waiting Period Credit

Upon receipt of proof, credit will be given for any deductible and waiting period satisfied under the group's prior dental plan that was in effect immediately prior to the effective date of this plan.

Predetermination of Benefits

Dental treatment in excess of \$300 must be submitted for claim review before treatment begins.

Optional Orthodontic Expense Benefit – Indemnity A Only

Once the 24-month waiting period has been met, eligible orthodontic expenses are payable at 50 percent up to the \$1,000 lifetime maximum. Benefits are provided only for dependent children age 18 or younger on the date treatment begins. Treatment cannot begin before the dependent has completed the waiting period; otherwise, the entire orthodontic treatment plan will be ineligible. Time covered under a prior plan will be credited toward the waiting period if the dependent's prior plan included coverage for orthodontic benefits.

If orthodontic treatment began while the dependent was covered for orthodontic benefits under the prior plan, treatment may continue under this plan as long as the plan's lifetime maximum has not been equaled or exceeded.

Late enrollees must be insured under the dental plan for 24 consecutive months before orthodontic benefits will be paid.

Plan Choices

Employers select a dental plan: Indemnity A or Indemnity B, then choose one of each of the following: calendar-year deductible, insured percent for preventive (Class 1) services and calendar-year benefit maximum.

	Indemnity A	Indemnity B
Calendar-Year Deductible	<ul style="list-style-type: none">• \$ 50• \$100	<ul style="list-style-type: none">• \$ 50• \$100
Insured Percent¹ (for Class 1 Services)	<ul style="list-style-type: none">• 100• 80	<ul style="list-style-type: none">• 100• 80
Calendar-Year Benefit Maximum	<ul style="list-style-type: none">• \$1,000• \$1,250• \$1,500	<ul style="list-style-type: none">• \$ 750• \$1,000• \$1,250

¹ The insured percent for Class 2 services is 80 percent. For Class 3 and 4 services, the insured percent is 50 percent.

Eligible Groups

All full-time employees and their dependents are eligible for coverage within the following categories:

Groups with five or more insured employees:

- Indemnity A
- Stand-alone dental plans

Groups with two or more insured employees:

- Indemnity B

Covered Services

When medically necessary, charges for the following services are payable subject to the waiting period, calendar-year deductible, insured percent, and Reasonable and Customary Fee*:

	Indemnity A			
	Class 1 Preventive	Class 2 Basic	Class 3 Major	Class 4 Prosthetics
Waiting Period	None	None	12 months	12 months
Calendar-Year Deductible	None	\$50 or \$100		
Insured Percent	100 or 80	80	50	50
Calendar-Year Maximum	<ul style="list-style-type: none"> • \$1,000 • \$1,250 • \$1,500 			
Type of Service	<p>Routine exams, prophylaxis (cleanings): One time within any consecutive 6-month period.</p> <p>Fluoride treatments: Only for patients under age 16. One time within any consecutive 6-month period.</p> <p>Bitewing x-rays: <i>Patients under age 19</i> – one set within any consecutive 6-month period. <i>Patients 19 and older</i> – one set within any consecutive 12-month period.</p> <p>Complete mouth survey or panoramic x-rays: One time within any consecutive 60-month period.</p>	<p>Restorations (fillings): <i>Patients under age 19</i> – replacement of existing restorations payable 12 months after existing restoration was placed. <i>Patients 19 and older</i> – payable 36 months after existing restoration was placed.</p> <p>Root canal therapy, apexification, apicoectomy, retrograde filling: Payable once per tooth within any consecutive 36-month period.</p> <p>Periodontal maintenance: Payable six months after the completion of active periodontal surgery and only one time thereafter within any consecutive 6-month period.</p>	<p>Periodontal scaling and planing per quadrant: One time per quadrant of the mouth within any consecutive 24-month period.</p> <p>Gingivectomy, gingival curettage, osseous surgery: One time per area of the mouth within any consecutive 24-month period.</p> <p>Crowns: Only for patients ages 16 and older. Covered only when teeth cannot be restored by an amalgam or composite filling, and then only after seven years or more since last placement. For persons under age 16, benefits for crowns are limited to stainless steel crowns.</p>	<p>Fixed bridges: Replacement of a fixed bridge payable only if existing bridge is more than 7 years old and cannot be repaired.</p> <p>Full and partial dentures: One time per arch within any consecutive 5-year period.</p>
	Optional Orthodontic Expense Benefit			
Waiting Period	24 months			
Insured Percent	50			
Lifetime Maximum	\$1,000			

* Reasonable and Customary Fee is the lesser of the provider's actual charge, or the amount calculated by us with reference to the charges for the same service or supply by providers in the same or similar geographic area in which the care or supply is provided.

Covered Services (continued)

When medically necessary, charges for the following services are payable subject to the waiting period, calendar-year deductible, insured percent, and Reasonable and Customary Fee*:

	Indemnity B			
	Class 1 Preventive	Class 2 Basic	Class 3 Major	Class 4 Crowns and Fixed Bridges
Waiting Period	None	None	12 months	24 months
Calendar-Year Deductible	None	\$50 or \$100		
Insured Percent	100 or 80	80	50	50
Calendar-Year Maximum	<ul style="list-style-type: none"> • \$ 750 • \$ 1,000 • \$ 1,250 			
Type of Service	<p>Routine exams, prophylaxis (cleanings): One time within any consecutive 6-month period.</p> <p>Fluoride treatments: Only for patients under age 16. One time within any consecutive 12-month period.</p> <p>Bitewing x-rays: One time within any consecutive 12-month period.</p> <p>Sealants: Only for patients under age 16. One time per tooth within any consecutive 3-year period.</p>	<p>Complete mouth survey or panoramic x-rays: One time within any consecutive 60-month period.</p> <p>Restorations (fillings): Replacement of existing restorations payable 36 months after existing restoration was placed.</p>	<p>Root canal therapy, apexification, apicoectomy, retrograde filling: Payable once per tooth within any consecutive 36-month period.</p> <p>Periodontal maintenance: Payable six months after the completion of active periodontal surgery and only one time thereafter within any consecutive 6-month period.</p> <p>Periodontal scaling and planing per quadrant: One time per quadrant of the mouth within any consecutive 24-month period.</p> <p>Gingivectomy, gingival curettage, osseous surgery: One time per area of the mouth within any consecutive 36-month period.</p> <p>Full and partial dentures: One time per arch within any consecutive 5-year period.</p>	<p>Fixed bridges: Replacement of a fixed bridge payable only if existing bridge is more than 7 years old and cannot be repaired.</p> <p>Crowns: Only for patients ages 16 and older. Covered only when teeth cannot be restored by an amalgam or composite filling, and then only after seven years or more since last placement. For persons under age 16, benefits for crowns are limited to stainless steel crowns.</p>

* Reasonable and Customary Fee is the lesser of the provider's actual charge, or the amount calculated by us with reference to the charges for the same service or supply by providers in the same or similar geographic area in which the care or supply is provided.

Exclusions and Limitations

Benefits will not be paid for dental expenses arising from or in connection with:

- Procedures which are not listed in the Certificate as dental expenses or which are not medically necessary.
- Procedures, services or supplies:
 - Required to diagnose or treat a muscular, neural or skeletal disorder, dysfunction or disease of temporomandibular joints and their associated structures including jaw fractures
 - Related to the change or maintenance of vertical dimension, restoration of occlusion, bite registration or bite analysis
- Implants, insertion of implants and/or related appliances, or the surgical removal of implants.
- Procedures performed by a family member or charges made by a hospital, ambulatory surgical center or similar facility, or services and supplies provided by a medical facility or clinic maintained by the patient's employer.
- Crowns, inlays, cast restorations or other laboratory-prepared restorations for teeth that may be restored by other means or for periodontal splinting.
- Initial placement of a full denture, partial denture or a fixed bridge unless it includes the replacement of a functioning natural tooth extracted while the person is insured under this Certificate.
- Replacement of a bridge, full denture or partial denture with fixed bridgework unless upgrading to fixed bridgework is essential to the correction of the dental condition.
- Orthodontic treatment unless specifically included in coverage.
- Losses due to suicide, attempted suicide or intentionally self-inflicted injury, if not the result of a medical condition; loss due to a person engaging in an illegal occupation or act, or participation in a riot; loss due to war, or act of war, declared or undeclared; commission of or attempt to commit a felony.
- Procedures, services or supplies provided primarily for cosmetic purposes. Facings on crowns or bridge units on molar teeth shall always be considered cosmetic.

- Services or supplies for which the person receives, or is entitled to receive, Workers' Compensation, Occupational Disease Act benefits or similar benefits, or services or supplies eligible to be provided or paid by the government.
- Replacement of teeth beyond the normal complement of 32.
- Athlete mouthguards; myofunctional therapy; infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; broken appointments; treatment of jaw fractures; orthognathic surgery; completion of claim forms; exams required by a third party; personal supplies (e.g., water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances.
- Charges for any treatment performed outside of the United States other than as specifically provided.

Timely and Late Enrollees

Timely Enrollee

A timely enrollee is an individual or dependent who enrolls within 31 days of becoming eligible for the plan after the original effective date of the plan.

Late Enrollee

A late enrollee is an individual or dependent who enrolls more than 31 days after becoming eligible for the plan. Credit will **not** be given for any deductible or waiting period satisfied under the prior dental plan.

Once a late enrollee becomes insured, benefits will be limited for the first 24 months of coverage as follows:

- During the first 12 months, benefits will be limited to preventive services.
- During the second 12 months, benefits will be limited to preventive and basic services.

If the plan selected includes major services, those services will be covered after 24 months. However, if the insured has a covered accidental injury more than 90 days after becoming a late enrollee, benefits will be paid for the covered accidental injury subject to all other provisions of the plan.

The information contained in this product brochure is a general description of features, benefits, requirements and restrictions of Trustmark Life Insurance Company policy number SDP/1096. More details are provided in the Certificate of Insurance, which is the prevailing document and the basis for benefit payment.

Starmark's sole focus is providing a flexible healthcare benefits portfolio and unparalleled personal service to small businesses with two to 50 employees. By offering HSA-compatible health plans and nationwide network access, plus cutting-edge resources such as seamless HRA administration, easy and innovative paperless employee enrollment and valuable online healthcare decision support tools, Starmark continues to be a distinguished leader in small group healthcare benefits.

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