

Elite Education Platinum Plan

Group Name:
South Panola School District

Marketed by:
Jack Lane, Lane Consulting

Visit www.AlwaysCareBenefits.com

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Outline of Benefits	Platinum Plan
Plan	Choose any dentist; however, may select a participating provider for discounted fees and no balance billing. Visit our website at www.AlwaysCareBenefits.com
Deductible	\$50 annual deductible per person. Applies to Class B and C.
Carryover Benefit	Included
Benefit Year Maximum	\$2000 per benefit year for Class A, B, C.
Class A - 100% (no waiting period)	Preventive Services <ul style="list-style-type: none"> • Routine Exams (2 / 12 mos) • Prophylaxis* (2 / 12 mos) • Bitewing X-rays (max 4 films, 1 / 12 mos) • Space Maintainers to age 16 (1 / 24 mos) • Fluoride Treatment to age 16 (1 / 12 mos) • Sealants to age 16 (permanent molars only, 1/36 mos) • Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 months for age 40+)
Class B - 80% (no waiting period)	Basic Services <ul style="list-style-type: none"> • Oral Surgery (surgical extractions and impactions) • Emergency Pain (1 / 12 mos) • Fillings • Anesthesia (subject to review, covered with complex oral surgery) • Simple Extractions • Full mouth/panoramic x-rays (1 / 24 mos) • Repairs: Crown, Dentures, and Endosteal Implants
Class C - 50% (12 month waiting period)	Major Services <ul style="list-style-type: none"> • Simple Periodontics • Endodontics (root canals) • Surgical Periodontics (gum treatments) • Inlays and Onlays • Crowns, Bridges, Dentures and Endosteal Implants
Class D - 50% (12 month waiting period, subject to takeover benefits)	Orthodontics <ul style="list-style-type: none"> • Annual Maximum: \$500 • Lifetime Maximum: \$1000 • Available for adults and dependent children (Class D Maximums are separate from \$2000 Benefit Year Maximum.)
Rates reflect 10% agent commission	Monthly Premium Rates
Employee Only	\$31.32
Employee & Spouse	\$62.62
Employee & Child(ren)	\$68.90
Employee & Family	\$99.99

This is only an outline. This outline provides a very brief description of some of the important features of the dental policy. This is not the policy and only actual policy provisions prevail. Rates are guaranteed 24 months from the new business effective date. Members must enroll for a minimum of 12 months.

* Coverage is enhanced to include one additional cleaning or periodontal maintenance per 12 months, if member is in 2nd or 3rd trimester of pregnancy. Written proof must be submitted at the time of the claim.

Elite Education Silver Plan
Group Name:
South Panola School District
Marketed by:
Jack Lane, Lane Consulting

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Outline of Benefits	Silver Plan
Plan	Choose any dentist; however, may select a participating provider for discounted fees and no balance billing. Visit our website at www.AlwaysCareBenefits.com
Deductible	\$50 per person, per calendar year. Applies to Class B & C,
Benefit Year Maximum	\$1250 per calendar year for Class A, B & C
Class A—100% - Fee Schedule (no waiting period)	Preventive Services <ul style="list-style-type: none"> • Routine Exams (2 / 12 mos) • Prophylaxis* (2 / 12 mos) • Bitewing X-rays (max 4 films, 1 / 12 mos) • Fluoride Treatment to age 16 (1 / 12 mos) • Full mouth/panoramic x-rays (1 / 24 mos) • Adjunctive Pre-Diagnostic Oral Cancer Screening (1 per 12 months for age 40+)
Class B—100% - Fee Schedule (no waiting period)	Basic Services <ul style="list-style-type: none"> • Emergency Pain (1 / 12 mos) • Fillings • Simple Extractions • Sealants to age 16 (permanent molars only, 1/36 mos) • Space Maintainers to age 16 (1 / 24 mos)
Class C—100% - Fee Schedule (6 month waiting period)	Major Services <ul style="list-style-type: none"> • Oral Surgery (surgical extractions and impactions) • Anesthesia (subject to review, covered with complex oral surgery) • Simple and Surgical Periodontics (gum treatments) • Endodontics (root canals) • Inlays and Onlays • Crowns, Bridges, Dentures and Endosteal Implants • Repairs: Crown, Denture, and Bridge
Class D	Orthodontic Services In-Network discounts may be available with participating providers.
Rates reflect 10% agent commission	Monthly Premium Rates
Employee Only	\$17.50
Employee & Spouse	\$ 35.00
Employee & Child(ren)	\$ 38.30
Employee & Family	\$ 54.86

This is only an outline. This outline provides a very brief description of some of the important features of the dental policy. This is not the policy and only actual policy provisions prevail. The Elite Education rates above become effective for new groups beginning with a 06/01/11 effective date. Rates are guaranteed 24 months from the new business effective date. Members must enroll for a minimum of 12 months.

* Coverage is enhanced to include one additional cleaning or periodontal maintenance per 12 months, if member is in 2nd or 3rd trimester of pregnancy. Written proof must be submitted at the time of the claim.



Effective Date: 9/1/2016

Elite Education Vision Plan

Visit www.AlwaysCareBenefits.com

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• Access Forms & Documents
Order Contact Lenses Online • Vision Health Center

Group Name:
South Panola School District

Marketed by:
Jack Lane, Lane Consulting

PLAN DESCRIPTION: Full service plan with generous in-network allowances for frames and contact lenses. Low in-network co-pays.

SELECTION OF PROVIDERS: Members may access our national network of participating vision provider locations, or choose an out-of-network provider. Options include independent optometrists and ophthalmologists, plus regional and national retail chains (i.e., Walmart, Sam's Club, Pearle Vision, Target, Sears, JCPenney, Costco* and Visionworks). Members may choose different providers for vision exam and materials purchases. Visit www.AlwaysVision.com or call 888-729-5433 for a list of participating providers. Most participating providers (excluding Costco, Walmart and Sam's Club) offer discounts on items purchased after the insurance benefit has been used and on non-covered items.

	Elite Plan	Out-of-Network Allowances
Exam (1 per 12 months)	\$10 co-pay	Up to \$35
Materials	\$10 co-pay	See below
Standard Plastic Lenses: (1 per 12 months)		
Single Vision	Covered by co-pay	Up to \$25
Bifocal	Covered by co-pay	Up to \$40
Trifocal	Covered by co-pay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40
Lens Options:		
Standard Scratch Resistant Coating	Covered in full	N/A
Frames: (1 per 12 months) Members choose from any frame at provider locations	\$120 retail allowance—covers a wide selection of frames. (\$94 retail frame at Costco*, Walmart, & Sam's Club)	Up to \$50 retail
Contact Lenses: (1 per 12 months) In lieu of eyeglass lenses & frames (Includes, fit, follow-up and materials)		
Elective	Up to \$130 retail	Up to \$100
Medically Necessary	Up to \$210 retail	Up to \$210

Rate Guarantee: 24 months from the effective date of coverage.
*Special payment and reimbursement terms apply for materials purchased at Costco.

Monthly Rates*:	*Rates reflect 10% agent commission
Employee Only	\$8.57
Employee & Spouse	\$17.52
Employee & Child(ren)	\$15.45
Employee & Family	\$24.02

Final rates subject to home office underwriting verification of participation and other factors. This is only an outline. This outline provides a very brief description of some of the important features of the vision policy. This is not the policy, and only the actual policy provisions prevail. Rates are guaranteed 24 months from the new business effective date. Members must enroll for a minimum of 12 months.

1. MEMBER INFORMATION A: Add (Enroll) T: Terminate C: Change (change of name or coverage)

Group/Policyholder Name South Panola School District		Group Number	Location	Effective Date
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Member or subscriber)	First Name	M.I.	Birth Date mm / dd / yyyy
				Birth City:
				Birth State:
				U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Street Address	City/State/Zip	Home Phone	Work Phone	Cell Phone
Email:				

Please include me in future communications regarding product offerings. Yes No You may opt out at any time by contacting Customer Service.

COMPLETED BY EMPLOYER

Date of Hire	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Retiree If part time: Hrs worked per week: _____	Occupation	Class
Salary \$: _____ <input type="checkbox"/> Yearly <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> hourly			

2. FAMILY INFORMATION (Only those eligible may be enrolled. Use additional paper if needed) (Relationship -- If Dependent is not your natural child, attach documentation of legal custody or adoption. If coverage is court ordered, attach a copy of the order.)
 Please include an email address for each dependent over Age 18.

	Gender	Relationship	Last Name, First Name, MI, Email Address	Social Security #, Child Handicap Status	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Husband <input type="checkbox"/> Wife Legally recognized <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Domestic Partner	(Spouse)	SS#		
			Email Address:	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Son <input type="checkbox"/> Stepson <input type="checkbox"/> Daughter <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other_____	(Dependent)	SS#	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
			Email Address:	Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No Age when Handicap began: _____	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Son <input type="checkbox"/> Stepson <input type="checkbox"/> Daughter <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other_____	(Dependent)	SS#	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
			Email Address:	Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No Age when Handicap began: _____	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Son <input type="checkbox"/> Stepson <input type="checkbox"/> Daughter <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other_____	(Dependent)	SS#	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
			Email Address:	Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No Age when Handicap began: _____	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. BENEFIT ELECTIONS (Employer determines benefits available for election):
 (Dental and Vision Underwritten by Starmount Life Insurance Company.)
 (Life Insurance and AD&D, Short Term Disability, Long Term Disability, Critical Illness and Accident Underwritten by National Guardian Life Insurance Company).

<input type="checkbox"/> Dental (High Plan)	<input type="checkbox"/> Member Only	<input type="checkbox"/> Member/ Spouse	<input type="checkbox"/> Member/Child(ren)	<input type="checkbox"/> Member/Family	<input type="checkbox"/> Waive
<input type="checkbox"/> Dental (Low Plan)	<input type="checkbox"/> Member Only	<input type="checkbox"/> Member/ Spouse	<input type="checkbox"/> Member/Child(ren)	<input type="checkbox"/> Member/Family	<input type="checkbox"/> Waive
<input type="checkbox"/> Vision (Administered by AlwaysCare)	<input type="checkbox"/> Member Only	<input type="checkbox"/> Member/Spouse	<input type="checkbox"/> Member/Child(ren)	<input type="checkbox"/> Member/Family	<input type="checkbox"/> Waive