

Rates for AlwaysDental & Vision vary according to the region in which you live. **To find your region:** Locate your state and the FIRST THREE DIGITS of your Zip Code in the Area Table below. **To find your rate:** Consult the rate chart for that region to determine the rate for your age and the type of coverage you want. Product not yet approved in all states.

Area Table

State/Zip Code	Region	State/Zip Code	Region	State/Zip Code	Region	State/Zip Code	Region
Alabama		Idaho		Montana		Pennsylvania	
All Areas	1	All Areas	2	All Areas	2	189-194	3
Alaska		Illinois		Missouri		All Others	2
All Areas	5	600-608	4	634-639, 644-648	1	Rhode Island	
Arizona		609-613, 627	3	650-658	1	All Areas	3
850-857	3	All Others	2	All Others	2	South Carolina & South Dakota	
All Others	2	Indiana		Nebraska		All Areas	1
Arkansas		462-466	2	All Areas	1	Tennessee	
All Areas	1	All Others	1	Nevada		370-372, 379, 381	2
California		Iowa		All Areas	4	All Others	1
902-922, 926-931	5	500-503	2	New Hampshire		Texas	
933-935, 940-951	5	All Others	1	All Areas	3	752-753, 770-772	4
954-961	5	Kansas		New Jersey		750-751, 760-762	3
All Others	4	660-666	2	070-079, 085-089	5	773-775, 787	3
Colorado		All Others	1	All Others	4	All Others	2
800-804	4	Kentucky		New Mexico		Utah	
All Others	3	All Areas	1	All Areas	2	All Areas	2
Connecticut		Louisiana		North Carolina		Virginia	
062-065	4	700-702, 704, 709	2	All Areas	2	220-223	4
All Others	5	All Others	1	North Dakota		239-246	1
Delaware		Maine		All Areas	1	All Others	2
All Areas	3	040-042	3	Ohio		Vermont	
District of Columbia		All Others	2	433, 437-439, 446	1	All Areas	3
All Areas	5	Maryland		448-449, 453, 455	1	Washington	
Florida		206-209	4	457-458	1	980-986	5
321-325	6	All Others	3	All Others	2	All Others	4
All Others	7	Michigan		Oklahoma		Wisconsin	
330-333	8	480-485	3	730-732, 740-742	2	532-534, 536-537	3
Georgia		All Others	2	All Others	1	All Others	2
304-310, 312-319	2	Minnesota		Oregon		West Virginia & Wyoming	
All Others	3	550-555, 568-569	2	970-973	4	All Areas	1
Hawaii		All Others	1	All Areas	3		
All Areas	4	Mississippi					
		All Areas	1				

Individual Dental Product Rates

To determine the total rate for the subscriber plus spouse and/or child(ren), simply find the rate for each person and add each person's rate together. OR Log on to our website at www.AlwaysCareBenefits.com and click "Individual Dental." Our easy online enrollment will figure your rates for you!

Monthly Rates per person	Individual's Age*			
	Flat Rate for Child(ren)	19-39	40-59	60-64
Region 1	\$24.36	\$19.40	\$23.39	\$25.88
Region 2	\$27.66	\$21.70	\$26.16	\$28.94
Region 3	\$31.70	\$24.52	\$29.54	\$32.68
Region 4	\$36.11	\$27.60	\$33.23	\$36.76
Region 5	\$40.89	\$30.93	\$37.23	\$41.17
Florida	Flat Rate for Child(ren)	Flat Rate for All Adults		
Region 6 (Florida Only)	\$31.70	\$29.54		
Region 7 (Florida Only)	\$36.11	\$33.23		
Region 8 (Florida Only)	\$40.89	\$37.23		

Example: Joe Smith, age 42, in Mississippi (Region 1) would have a rate of \$23.39. If he were to enroll his spouse, Mary age 38, also in Region 1, her rate would be \$19.40. Joe and Mary have two children they wish to enroll, so they would pay one flat rate for them, \$24.36.

Joe's rate (\$23.39) + Mary's rate (\$19.40) + Child(ren) rate (\$24.36) = \$67.15

Rates increase as each individual attains a new age bracket (except in FL).

The following is a partial listing of insured covered dental procedures (and a vision exam allowance), applicable limitations and reimbursement amounts. Benefits will be paid as listed in the Schedule of Covered Procedures in your policy, subject to policy year deductible, annual maximum, and limitations and exclusions. Access to discount networks is also included.

Procedure Code	Description	Limitations	Schedule Amounts				
			Region 1	Region 2	Region 3,6	Region 4,7	Region 5,8
Oral Evaluations							
D0120	Periodic Oral Evaluation	j	14	16	18	20	22
D0150	Comprehensive Oral Evaluation	j	22	24	28	31	34
Prophylaxis (Simple Cleanings)							
D1110	Prophylaxis-Adult	a	28	31	35	39	44
D1120	Prophylaxis-Child	a	19	21	24	27	30
Radiographs							
D0210	Intraoral-Complete Series (7 or more films, Including Bitewings)	p	40	45	50	56	63
D0272	Bitewings-Two Films	k	12	13	15	17	19
D0330	Panoramic Film	p	32	36	40	45	50
Sealants							
D1351	Sealant-Per Tooth	b, l, d	12	14	15	17	19
Space Maintainers							
D1510	Space Maintainer-Fixed-Unilateral	l, n	80	89	100	112	125
Fillings							
D2140	Amalgam-One Surface-Primary or Permanent	h, g	30	34	38	43	48
D2150	Amalgam-Two Surfaces-Primary or Permanent	h, g	38	43	48	54	60
D2331	Resin-Two Surfaces-Anterior	h, g	44	48	54	61	68
Extractions							
D7140	Extraction-Single Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal)	i	35	39	44	49	55
D7230	Removal of Impacted Tooth-Partially Bony (6-month waiting period)		60	67	75	84	94
Palliative (Emergency) Treatment							
D9110	Palliative Treatment of Dental Pain-Minor Procedure	c	27	30	34	38	43
Endodontics (6 month waiting period)							
D3310	Root Canal-Anterior (Excluding Final Restoration)		114	127	143	160	178
D3330	Root Canal-Molar (Excluding Final Restoration)		170	189	213	238	266
Periodontics (6 month waiting period)							
D4260	Osseous Surgery (Including Flap Entry and Closure) Per Quadrant	f	180	200	225	252	281
D4341	Periodontal Scaling and Root Planing, Per Quadrant	e	39	43	49	55	61
Single Tooth Restorations (6 month waiting period)							
D2750	Crown-Porcelain Fused to High Noble Metal	m, o	170	189	213	238	266
D2950	Crown Buildup, Including Any Pins	m, o	39	43	49	55	61
D2952	Cast Post and Core in Addition to Crown	m, o	63	70	79	88	98
Prosthodontics (12 month waiting period)							
D5110	Complete Upper Denture	m	200	223	250	280	313
D5213	Upper Removable Partial Denture-Cast Metal Framework with Resin Denture Bases	m	234	260	293	328	366
Orthodontia							
	08000-08999		Network Discounts Apply				
Vision							
	Eye Exam (not applicable in WA)	c	\$35 per year				

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KEY TO LIMITATIONS:

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|---|---|
| a) Maximum of 2 procedure per 12 months | j) Limited to 2 oral evaluation procedures per 12-month period in any combination |
| b) Maximum of 1 procedure per 36 months | k) Limited to 1 bitewing x-ray procedure per 12-month period-up to 4 films |
| c) Maximum of 1 procedure per 12 months | l) Limited to dependent children under age 16 |
| d) Applications made to permanent molar teeth only | m) Maximum of 1 per 7-year period |
| e) Maximum of 1 each quadrant per 24 months | n) Maximum of 1 per lifetime, per quadrant or arch |
| f) Maximum of 1 each per quadrant per 36 months | o) Limited to patients age 16 and over |
| g) Maximum of 1 per tooth surface per 24 months | p) Limited to 1 x-ray procedure in any combination per 5-year period |
| h) Replacement of existing only if in place for 24 months | |
| i) Maximum 1 time per tooth | |