



# Unum Dental<sup>SM</sup>

A smile-worthy dental plan

Wolla Trucking, LLC  
Effective date: 12/01/2019

## Plan features:

- See any dentist or maximize your benefits by utilizing our national network of more than 323,000+ dental access points<sup>1</sup> with discounted fees for in-network services
- Find an in-network provider at [unumdentalcare.com](http://unumdentalcare.com)
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

**AlwaysAssist.com**

Online benefits management

**AlwaysAssist App**



## 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 (1 per 24 months)
- Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for age 40+)

### Basic Services (Class B):

No waiting period

- Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth)
- Simple extractions
- Oral surgery (extractions and impacted teeth) & anesthesia (subject to review, covered with complex oral surgery)
- Repair of crown, denture, or bridge
- Emergency treatment (1 per 12 months)
- Full mouth / panoramic x-rays (1 per 24 months)

### Major Services (Class C):

12-month waiting period

(Subject to takeover benefits for existing enrollees)

- Inlays and onlays
- Periodontics
- Endodontics (root canals)
- Crowns, bridges, dentures and endosteal implants (in lieu of an approved 3-unit bridge)

## Monthly Premium Rates\*:

Employee Only	\$26.70
Employee & Spouse	\$52.24
Employee & Children	\$69.70
Employee & Family	\$103.24

## Overview:

### Deductible:

Maximum 3 per family. Applies to Basic (Class B) and Major (Class C) Services.

\$50 per benefit year

### 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%

### Benefit Maximums:

(Class A, B, and C benefits).

\$1000 per benefit year

### Carryover Benefit: (Takeover Applies)

\$250, Threshold Limit \$500, Carryover Account Maximum \$1000

## Dental carryover benefit

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's threshold limit, the insured will be credited a carryover benefit. Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year. If an insured reaches his or her certificate year maximum benefit, we will pay a benefit from the insured's carryover account up to the amount stored in the insured's carryover account. The accrued carryover benefits stored in the carryover account may not be greater than the carryover account limit.

**The limits for this policy/certificate are:** Carryover benefit \$250, threshold limit \$500, carryover account limit \$1000.

### Other specifications:

- An insured's carryover account will be eliminated, and the accrued carryover benefits lost, if the insured has a break in coverage of any length of time, for any reason.
- Eligibility for a carryover benefit will be established or reestablished at the time the first qualifying claim in a benefit year is received for covered expenses incurred during that benefit year.
- In order to be eligible to accumulate the carryover benefit, an insured must be enrolled in the plan at least four months prior to the start of the new policy year. Example: If the plan effective date is January 1st, the insured must be enrolled by September 1st.
- Only claims incurred on or after the start of the next policy year will count toward the threshold limit.
- Carryover benefits will not be applied to an insured's carryover account until the policy year that starts one year from the date the rider first applies.
- If charges for Class C services are not payable for an insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the insured until the next benefit year.
- Carryover benefits will not be applied to an insured's carryover account until the benefit year that starts one year from the date the rider first applies.

### Definitions:

- "Benefit year" means calendar year or policy year, according to the type of plan applicable under the policy/certificate to which this rider is attached.
- "Carryover account" means the amount of an insured's accrued carryover benefits.
- "Carryover account limit" means the maximum amount of cumulative carryover benefits that an insured can store in his or her carryover account.
- "Carryover benefit" means the dollar amount, which will be added to an insured's carryover account when he or she receives benefits in a benefit year that do not exceed the threshold limit.
- Qualifying claim means a claim under procedure classes A, B, and C, and must include 1 exam & 1 cleaning.
- "Threshold limit" means the maximum amount of benefits for all procedure classes A, B, C and D that an insured can receive during a benefit year and still be entitled to receive the carryover benefit.

**Dependent children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

**Services not listed:** If you expect to require a dental or vision service not included on this brochure, it may still be covered. Please contact customer service at (888) 400-9304 to confirm your exact benefits.

**Alternate treatment:** Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

### Exclusions/limitations:

Unum members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered.

The following dental services are not covered:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fracture; (v) bite registration; or (vi) bite analysis;
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full-mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.

### Takeover benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us.

Application of takeover benefits is subject to Underwriting review and approval.

New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, certificate of creditable coverage, etc.).

**Late entrants:** Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying.

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This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental – DN2002 and DN2007 or contact your Unum Dental representative.

1. Netminder data (September 2016)

**Starmount Life Insurance Company**  
8485 Goodwood Boulevard • Baton Rouge, LA 70806  
PH: (888) 400-9304  
Policy Forms: Dental – DN2002 and DN2007

Dental plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

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# Unum Vision<sup>SM</sup>

Quality eye care meets convenience

**Wolla Trucking, LLC**  
Effective date: 12/01/2019

## Plan features:

- Our network offers members access to convenient, quality care with more than 40,000 vision access points<sup>1</sup>, including independent optometrists and retail stores like Walmart, Sam’s Club, JCPenney, Sear’s Optical, America’s Best and many more!
- Find an in-network provider at [unumvisioncare.com](http://unumvisioncare.com)
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

**AlwaysAssist.com**  
Online benefits management



## Covered benefits:

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

**Materials:** Each member may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame benefit:** You 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, you are responsible for the difference.
- **Eyeglass lens benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered after any applicable materials copay. Plan allowances are listed below for specialty lenses. If the cost is greater than the plan’s benefits, you are responsible for the difference.
- **Contact lens benefit:** Members electing contact lenses instead of glasses may apply the contact lens allowance to any lenses in the provider’s collection. If the cost is greater than the plan’s benefits, you are 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. Some providers, operating independently of the optical store, may charge separately for the fit and evaluation, permitting the contact lens benefit to be used fully for materials.

**Laser vision correction:** Discounts are available with participating surgery providers across the country (not an insured benefit)

## Overview:

Vision Care Services	All Participating Providers	Out-of-Network
<b>Exam (1 per 12 month)</b>	\$10 Co-pay	Up to \$35
<b>Materials</b>	\$10 Co-pay	See Below
<b>Standard Plastic Lenses: (1 per 12 month)</b>		
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
<b>Lens Options:</b>		
Scratch resistant coating	Covered at Wal-Mart only	N/A
Polycarbonate Lenses for children to age 19	Covered	N/A
<b>Frames: (1 per 12 months)</b>		
Members choose from any frame available at provider locations.	Up to \$130 allowance	Up to \$50 retail
<b>Contact Lenses<sup>3</sup>: (1 per 12 months)</b> (Includes fit <sup>4</sup> , follow-up and materials)	\$10 Co-pay	
Elective	Up to \$130 allowance	Up to \$100
Medically Necessary	Up to \$210 allowance	Up to \$210

1. Starmount internal data, 2017. Access points are sites where network providers see patients. Some providers may be available at more than one access point.

2. Final rates subject to home office underwriting verification of participation and other factors. Members must enroll for a minimum of 12 months.

3. Contact lenses are in lieu of eyeglass lenses and frames.

4. Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.

## Other Unum Vision specifications

**Dependent children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-400-9304.

**Services not listed:** If you expect to require a vision service not included on this brochure, it may still be covered. Please contact customer service at 888-400-9304, to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

Some providers at optical and/or retail chains, such as Walmart, may charge for a contact lens fit and evaluation separately and apart from your contact lens allowance, leaving the entire allowance for materials.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

## This plan will not cover:

Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals;

Medical or surgical treatment of the eyes;

An eye exam or corrective eye wear required by an employer as a condition of employment;

Any injury or illness covered under Workers' Compensation or similar law, or which is work related;

Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance);

Sub-normal vision aids;

Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip;

Charges in excess of Usual and Customary for services and materials;

Experimental or non-conventional treatments or devices;

Safety eyewear;

Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

## Laser vision correction network

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Login to [www.alwaysassist.com](http://www.alwaysassist.com) for a list of participating laser vision correction providers.

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