

# Dental PPO

## Good news about dental benefits for employees of Township of Pemberton

### Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good oral hygiene, it can help you and your family lower your chances of serious health problems.

- Gum disease has been linked to a 50 percent rise in pancreatic and kidney cancer risk and a 30 percent increase in blood cell cancers.<sup>1</sup>
- Research has shown, and experts agree, that there is an association between periodontal diseases and other chronic inflammatory conditions, such as diabetes, cardiovascular disease and Alzheimer's disease.<sup>2</sup>

### How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly help prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

### How do I know I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company, and work in the United States. Full-time means working 20 hours or more per week. Temporary or seasonal workers are not eligible.

### Key Advantages of This Plan

- Your plan includes our Lifetime of Smiles<sup>®</sup> program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.
- Assurant<sup>®</sup> Dental Network the PPO network for your plan, includes **100,000+** unique dentists, and offers you more options to help save on fees and can make your annual maximum go even further.<sup>3</sup>

### IMPORTANT:

**Coverage for eligible employees will begin November 1, 2014, and a special enrollment January 1, 2015 to coincide with the medical open enrollment.**

<sup>1</sup>Journal of Periodontology, January 2011.

<sup>2</sup>American Academy of Periodontology - Website accessed June 3, 2011

<http://www.perio.org/consumer/mbc.top2.htm>.

<sup>3</sup>The PPO network for your plan includes dentists contracted with Dental Health Alliance, L.L.C.<sup>®</sup> (DHA<sup>®</sup>) and dentists under access arrangements with other dental networks.

**Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.**

## How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

## Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

National Average Retail charge<sup>1</sup> for dental procedures:

Adult Cleaning	\$86	Twice yearly =	\$172
Oral Examination	\$47	Twice yearly =	\$94
Bitewing x-rays	\$58		
<hr/>			
Total annual cost for preventive care	\$324		

Other services you may need:

Fluoride treatment	\$30
One surface filling	\$131
Root canal	\$348
Crown	\$959
Gum scaling	\$207

<sup>1</sup>Average Retail Costs were determined by Assurant Employee Benefits national claims analysis for the year 2013. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.

## How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, when you choose a dentist in the Assurant<sup>®</sup> Dental Network, your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

The dental network for your plan includes **100,000+** unique dentists contracted with Dental Health Alliance, L.L.C.<sup>®</sup> (DHA<sup>®</sup>) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com), select **For Members**, then **Find a dentist**, or call Customer Service at **888.901.6377**.

Plan Features					
Deductible	In Network	Out-of-Network	Calendar Year Maximum	In Network	Out-of-Network
Per person, per calendar year	\$0	\$0	For each person	\$2000	\$2000
Waived for Class I Preventive	Yes	Yes			
Family limit of 3 individuals					
Coinsurance Percentage			Adult & Child Orthodontia		
Class I Preventive	100%	100%	Class IV Orthodontia coinsurance	70%	70%
Class II Basic	80%	80%	Lifetime orthodontia maximum	\$2500	\$2500
Class III Major	70%	70%			

### Class I Preventive Dental Services, Including:

- Oral evaluations – once in any 6-month period
- Routine dental cleanings – once in any 6-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 19*
- Sealants – no more than once per tooth per person, only for permanent molar teeth
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Panoramic or complete series x-rays – once in any 60-month period

### Class II Basic Dental Services, Including:

- New fillings
- Replacement fillings – once in any 24-month period per filling
- Space maintainers
- Simple extractions, removal of exposed roots, incision and drainage
- Complex extractions
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Complex oral surgery
- Biopsy (including brush biopsy)
- General anesthesia and IV sedation when medically required
- Minor gum disease treatment: (minor periodontics)
  - Scaling and root planing – once in any 24-month period per area
  - Localized delivery of antimicrobial agents
  - Periodontal maintenance – once in any 6 consecutive months
- Major gum disease treatment: (major periodontics)
  - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area

### Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations
- Dental implants

### Class IV Adult and Child Orthodontia

- Limited, interceptive, and comprehensive orthodontic treatment
- Minor treatment to control harmful habits

### Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- No waiting period for major services.
- No waiting period for orthodontic services.

## Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse or domestic partner or party to a civil union and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

## Dental plan provisions, limitations and exclusions

### Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternate Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted to Assurant Employee Benefits for review before treatment begins.

### Other Important Plan Provisions

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misreported or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or dentist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, any treatment required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures, treatment for the prevention of bruxism (grinding of teeth), treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is \$100), treatment or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

**This notice only applies to employers with 50 or fewer employees.** This coverage does not include and is not required to include the pediatric dental essential health benefit as required under the federal Patient Protection and Affordable Care Act.

**State variations can exist; please contact Assurant Employee Benefits for additional information.**