

## Sample Copayments for the Select Prepaid Individual Dental Plan

The following is a sample of some frequently used dental procedures. When you enroll for the DentiCare plan, you will pay discounted fees called copayments. These discounts are only available from providers who participate in our network.

After you enroll, a complete list of copayments will be mailed to your home along with your Individual Prepaid Dental Plan Agreement. The sample below demonstrates potential savings with the Select plan and may not reflect your actual results.

### YOUR COST

#### DENTAL TREATMENT

##### APPOINTMENTS

	With the Select Plan	Without the Plan <sup>1</sup>
Periodic Oral Evaluation	\$5	\$29
Limited Oral Exam	\$25	\$47
Comprehensive Oral Evaluation	\$5	\$49

##### DIAGNOSTIC DENTISTRY

	With the Select Plan	Without the Plan <sup>1</sup>
Complete X-Ray Series, Including Bitewings	No Charge	\$89

##### PREVENTIVE DENTISTRY

	With the Select Plan	Without the Plan <sup>1</sup>
Routine Cleaning - Adult (once every 6 mos.)	\$5	\$58
Routine Cleaning - Child (once every 6 mos.)	\$5	\$44
Application of Fluoride (up to 18 years of age)	No Charge	\$22
Oral Hygiene Instruction	No Charge	\$42
Application of Sealant, Per Tooth	\$15	\$36
Fixed Space Maintainer	\$70*	\$241

##### FILLINGS/CROWNS

	With the Select Plan	Without the Plan <sup>1</sup>
Silver Fillings		
One Surface	\$25	\$82
Two Surfaces	\$30	\$122
Three Surfaces	\$40	\$150
White Fillings		
One Surface, Anterior	\$40	\$105
Two Surfaces, Anterior	\$50	\$122
Three Surfaces, Anterior	\$60	\$150
One Surface, Posterior	\$40	\$111
Two Surfaces, Posterior	\$50	\$145
Three Surfaces, Posterior	\$60	\$177
Crowns - Porcelain to High Noble Metal (cost of precious & semi-precious metal is additional)	\$320*	\$787

##### ROOT CANALS

	With the Select Plan	Without the Plan <sup>1</sup>
Anterior	\$225	\$536
Bicuspid	\$345	\$623
Molar	\$545	\$770

##### PERIODONTICS

	With the Select Plan	Without the Plan <sup>1</sup>
Periodontal Scaling and Root Planing Per Quadrant	\$75	\$172
Full Mouth Debridement (complicated cleaning)	\$95	\$108

\*Members are responsible for additional lab fees for these services.

<sup>1</sup>The charges listed in this column were developed from charges dentists in Georgia submitted to Assurant Employee Benefits in 2003. The listed charges represent a mean average of those submitted charges rounded to the nearest dollar representing what you may pay without the plan services.

### YOUR COST

#### DENTAL TREATMENT

##### DENTURES

	With the Select Plan	Without the Plan <sup>1</sup>
Complete Denture - Upper	\$350*	\$755
Complete Denture - Lower	\$350*	\$658
Partial Denture - Upper	\$395*	\$659
Partial Denture - Lower	\$395*	\$585

##### ORAL SURGERY

	With the Select Plan	Without the Plan <sup>1</sup>
Single Tooth Extraction	\$30	\$91
Removal of Impacted Tooth		
Soft Tissue	\$80	\$225
Partial Bony	\$90	\$279
Complete Bony	\$115	\$313
Complete Bony, with Complications	\$165	\$354

##### ORTHODONTICS

Orthodontic treatment for children and adults is provided at 25% reduction from the Plan Specialist or Plan Dentist's list charges.

The Plan Dentist you select may not perform all procedures listed. The copayments shown apply to those Plan Dentists who perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Plan Dentist. Charges for procedures not listed on the Copayment Schedule that are performed by your Plan Dentist are not covered under your Plan with DentiCare.

Should you require dental services that your Plan Dentist is unable to provide, you may obtain those services from a Plan Specialist at a discounted rate. No referral is needed from your Plan Dentist in order for you to obtain services from Plan Specialist. There is no applicable copayment schedule for Plan Specialist services. Instead, the following discounts will apply. For treatment provided by an Endodontist you will receive 15% off his/her list charges. For treatment provided by an Oral Surgeon, Orthodontist, Periodontist or Pedodontist you will receive 25% off his/her list charges. You will be responsible for paying the entire discounted charge at the time the service is received, or in accordance with the Plan Specialists' billing procedures.

**For a complete list of copayments contact:  
888.882.8233**



ASSURANT  
Employee  
Benefits



ASSURANT  
Employee  
Benefits

For further information please  
contact: 888.882.8233

Union Security Insurance Company  
780 Johnson Ferry Road NE, Suite 450  
Atlanta, Georgia 30342

[www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com)

\*Products and services marketed by Assurant Employee Benefits, administered by Union Security Insurance Company and provided by Union Security DentalCare of Georgia, Inc.

Union Security Insurance Company does not insure or guarantee the benefits of this plan.

Select  
Individual Prepaid  
Dental Plan from  
Union Security DentalCare  
of Georgia, Inc.\*

Plan discounts for  
Cosmetic Dentistry,  
Orthodontics &  
Vision Care

This is not an insurance  
policy. This plan is not under  
the jurisdiction of the insurance  
laws of the State of Georgia.

FOR USE IN GEORGIA

## Select Individual Prepaid Dental Plan

The Select plan provides dental benefits with attractive prepayment fees. To receive the benefits of the Select plan you will need to select a Plan Dentist for you and your family members from the list of Plan Dentists. Please note that you may choose a different Plan Dentist for each family member.

### Plan Features

- ❑ No deductibles
- ❑ No claim forms
- ❑ No annual dollar maximum for plan dentists and specialists
- ❑ Fixed Copayment Schedule
- ❑ Discounts on Orthodontic procedures for children and adults
- ❑ No referral required for Specialist benefits
- ❑ Benefits for pre-existing dental conditions

### Prepayment Fee Options

#### Economical Annual Prepayment Fee

Individual	\$127.20
Individual & One Dependent	\$211.56
Family	\$328.44

or

#### Automatic Monthly Bank Draft

Accounts are drafted on the 15th of each month prior to the month of benefits.

Individual	\$116.60
Individual & One Dependent	\$18.63
Family	\$28.37

#### \$35.00 Enrollment Fee

## How does the plan work?

Dentists who participate in this prepaid dental plan have agreed to offer services to plan members at a discount. Members pay the Plan Dentist his or her discounted fee directly. These discounted fees are called copayments. Not all services are subject to discounts. A sample of the copayments for this plan is included in this brochure.

## Cosmetic dentistry

We know how important a great smile is to you, as well as the benefits of having the smile that you want and deserve. That's why we have included some cosmetic procedures, such as bleaching and bonding, in the list of copayments.

## Vision discount benefits

A vision discount plan is included with your dental plan. The vision plan includes discounts on eye exams, eyeglasses, and other prescription eyewear when provided by participating providers. Upon your enrollment, information regarding the vision plan will be mailed to you.

## Orthodontic benefits

The Select Plan includes discounts on Orthodontic procedures for children and adults. Plan Orthodontists provide discounts of 25% off his or her list charge. Orthodontic services are available only in areas where DentiCare has Plan Orthodontist(s) or Plan Dentist(s) who provides those services. Orthodontic treatment begun prior to your plan effective date is not eligible for this discount.

## Specialist benefits

Should the service of a specialist (Oral Surgeon, Endodontist, Orthodontist, Periodontist, or Pedodontist) be necessary you may seek treatment from any Plan Specialist listed in our printed or online directory. If an Oral Surgeon, Orthodontist, Periodontist or Pedodontist provides treatment you will receive 25% off list charges. For treatment by an Endodontist you will receive 15% off list charges. Specialist services are available only in areas where DentiCare has Plan Specialist(s).

Please note that payment for a service performed by a Non-Plan Specialist is your responsibility.

## How do I join?

### Three easy steps to enrolling in the Select Plan:

1. **Select** a general dentist from the Plan Dentist Directory or online at [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com) under Find a dentist for Georgia Prepaid. Each family member may choose a different Plan Dentist.

2. **Complete** the attached application form. Be sure to include the Dental Facility Number of each dentist you have selected in the space provided and detach the application form from the brochure.
3. **Choose** your payment option. If you choose the **annual prepayment fee method**, include the appropriate prepayment fee, the \$35 enrollment fee, the completed application form and mail to us. The annual prepayment fee may be paid by credit card for your convenience. You may enroll over the phone if you are choosing the annual prepayment fee method.

If you choose the **automatic monthly bank draft method** complete the Authorization Agreement on the reverse side of the application form, include a voided check, the first month's prepayment fee, the \$35 enrollment fee and mail to us. Monthly prepayment fees will thereafter be drawn automatically from your bank account. While we accept automatic bank drafts from checking or savings accounts, we cannot accept personal checks on a monthly basis.

## When will I receive a membership card?

Once your application has been processed, you will receive a membership card, the Individual Dental Prepaid Plan Agreement, and a complete list of copayments.

## What if I need to change my dentist?

You may make a request to change dentists at anytime by simply calling Customer Service at 800.443.2995 to select another participating provider.

## Who is eligible?

You, your spouse and legal dependents under the age of 28 are eligible for dental benefits.

## Limitations and Exclusions

1. Medical costs associated with dental procedures.
2. Dental services or procedures which are not listed on the Benefits and Copayment Schedule.
3. Emergency Services received from a dentist who is not Member's selected Plan Dentist.
4. Certain services may only be obtained once in any six calendar months, with a maximum of twice in the same calendar year. Those services are listed on the Benefits and Copayment Schedule as ADA Codes 0120, 0150, 0272 and 0274.
5. Certain services may only be obtained once in any 3 calendar years. Those services are listed on the Benefits and Copayment Schedule as ADA Codes 0210 and 0330.
6. Services rendered by a Plan Provider because of behavior adjustment. Such services include, but are not limited to, physical restraint or sedation.

7. Replacement of dentures or appliances received during enrollment in Plan, if Member has had dentures or appliance less than five years. (Note: If dentures or appliance becomes unserviceable due to illness or causes not controlled by ordinary means, the following will apply. Replacement will be made only if existing denture or appliance cannot be made serviceable.)

8. Replacement of dentures, appliances or bridgework due to loss or theft.

9. Dental treatment provided or started prior to Member's eligibility to receive benefits.

10. Dental treatment started after Member's termination.

11. Dental treatment caused by failure to follow prescribed treatment.

12. Ongoing orthodontic treatment past eighteen (18) consecutive months.

13. Orthodontic treatment involving therapy for myofunctional problems, T.M.J. dysfunctions, micrognathia, macroglossia, cleft palate or hormonal imbalances causing growth and developmental abnormalities.

14. Orthodontic cases involving orthognathic surgery.

15. Treatment for malignancies, neoplasms or cysts (including biopsies).

16. Lab fees associated with services listed on the Benefits and Copayments Schedule.

17. Restorations and splints used to increase vertical dimension, restore occlusion, or replace/stabilize tooth structure loss by attrition.

18. Fixed prosthetic restoration of six (6) or more existing teeth, when performed as a single procedure or as part of a complete oral rehabilitation or reconstruction.

19. Complete oral rehabilitation or reconstruction involving replacement of six (6) or more missing teeth using fixed prosthetic restorations and/or appliances.

20. Dental treatment if Member's general health or physical limitations prevent Plan Provider from rendering appropriate dental treatment.

21. Costs associated with prescriptions or over the counter medications.

22. Implants, surgery for the insertion of implants, all related implant appliances and restorations, whether removable or fixed.

23. Surgical removal of implants, or any surgery required to adjust, replace, or treat any problem related to an existing implant, or implant appliance.