

# Assurant-Dental

This proposal is good for a future effective date through 02/01/2015.

| Dental Schedule of Benefits |                |                      |
|-----------------------------|----------------|----------------------|
|                             | In-Network     | Out-of-Network       |
| Calendar Year Maximum       | \$1,000        | \$1,000              |
| Deductible (Limit of 3)     | \$50           | \$50                 |
| Waived for Preventive       | Yes            | Yes                  |
| Coinsurance Amounts         |                |                      |
| Class I Preventive          | 100%           | 100%                 |
| Class II Basic              | 80%            | 80%                  |
| Class III Major             | 50%            | 50%                  |
| Timely Applicant Wait       | Yes            |                      |
| Fourth Quarter Carryover    | No             |                      |
| Annual Enrollment           | Yes            |                      |
| Benefit Payment             | Negotiated Fee | Allowable Charge/UCR |
| Ortho Overall Maximum       | \$1,000        | \$1,000              |

## This Plan Includes Lifetime of Smiles®

- **Brush biopsies** to help with early detection of oral cancer.
- **Genetic testing** to help identify individuals who are at genetic risk for gum disease.
- **Periochips** to help control bacteria and reduce the size of periodontal pockets. <sup>1</sup>
- **Online Dental Health Center** a trusted resource that offers members the most up-to-date information available on preventive dental care.
- **Dental healthcare discounts** on Xylitol products clinically proven to help reduce cavities.

<sup>1</sup> Classification of services varies by plan design.

**Covered Dental Services (see certificate for a complete list of covered services)**

| <b>Schedule Covered Services</b>           | <b>In-Network</b>              | <b>Out-of-Network</b> |
|--|--------------------------------|-----------------------|
|  | <b>Coinsurance Percentages</b> |                       |
| Periodic Oral Evaluation                   | 100%                           | 100%                  |
| Genetic Testing                            | 100%                           | 100%                  |
| Bitewing X-rays                            | 100%                           | 100%                  |
| Intraoral Complete Series/Panoramic X-Rays | 100%                           | 100%                  |
| Dental Prophylaxis                         | 100%                           | 100%                  |
| Topical Fluoride Treatment                 | 100%                           | 100%                  |
| Dental Sealants                            | 100%                           | 100%                  |
| Space Maintainers                          | 100%                           | 100%                  |
| Stainless Steel Crowns                     | 50%                            | 50%                   |
| Root Canals                                | 50%                            | 50%                   |
| Periodontal Scaling and Root Planing       | 50%                            | 50%                   |
| Periodontal Maintenance                    | 50%                            | 50%                   |
| Periodontal Surgery                        | 50%                            | 50%                   |
| Simple Extractions                         | 80%                            | 80%                   |
| Biopsy                                     | 50%                            | 50%                   |
| Complex Extractions                        | 80%                            | 80%                   |
| Incision & Drainage                        | 50%                            | 50%                   |
| General Anesthesia & IV Sedation           | 80%                            | 80%                   |
| Palliative (emergency) Treatment of Pain   | 80%                            | 80%                   |
| Fillings                                   | 80%                            | 80%                   |
| Inlays, Onlays and Crowns                  | 50%                            | 50%                   |
| Dentures                                   | 50%                            | 50%                   |
| Denture Repairs                            | 50%                            | 50%                   |
| Relining or Rebasing Dentures              | 50%                            | 50%                   |
| Fixed Bridges                              | 50%                            | 50%                   |
| Implants                                   | Not Included                   | Not Included          |
| <b>Class IV Orthodontic Services</b>       | <b>Child Only</b>              |                       |
| Orthodontic Benefit                        | 50%                            | 50%                   |
| <b>Other Services</b>                      | <b>Included</b>                |                       |
| Lifetime of Smiles®                        | <b>Included</b>                |                       |