

# Smile

## Good news about dental benefits for employees of **DecisionHR (Georgia)**

### A Dental Plan Means Healthy Smiles

Because you are a valued employee, we are pleased to offer you the opportunity to enroll in an excellent dental benefit plan from Union Security DentalCare of Georgia, Inc. This dental program is a “prepaid dental care” plan, offering comprehensive benefits through a network of Plan dentists. For your convenience, a partial list of some of the most frequently used dental treatments is included. Union Security Insurance Company does not insure or guarantee the benefits of this plan. This Prepaid Dental Plan is not a policy of insurance. This plan is not under the jurisdiction of the insurance laws of the State of Georgia.

### Plan Features:

- No Deductibles
- No Claims to File
- No Annual Dollar Maximum
- No Waiting Periods for Members
- Benefits for Pre-Existing Conditions
- Wide Range of Included Procedures

### Vision Care Program

Your dental plan includes an excellent vision care program. This vision plan includes discounts on eye exams (including contact lens exams), eyeglasses, and other prescription eyewear when provided by participating providers.

**Products are marketed by Assurant Employee Benefits, administered by Union Security Insurance Company, and underwritten and/or provided by Union Security DentalCare of Georgia, Inc.**

### Important Enrollment Information

To enroll, just follow three simple steps:

1. Select a dentist from the Directory of Dentists for yourself and every eligible member of your family. Each family member may choose a different Plan dentist. You may change your dentist(s) throughout the plan year\*, however, all services must be performed by a Plan provider.
2. Complete the enclosed enrollment form, being sure to include the Dental Facility Number of each dentist you have selected. If you do not select a dentist, you will be assigned a dentist.
3. Return your completed enrollment form to your Personnel Department or Benefits Manager authorizing payroll deductions for your participation in the plan.

\*Changes must be made in accordance with group plan provisions.

# Savings You Can See

## Monthly Payroll Deduction

Employee .....	\$10.15
Employee + Spouse.....	\$17.18
Employee + Child(ren).....	\$23.82
Employee + Family .....	\$28.12

The following are some of the most commonly used dental treatments. When you enroll for benefits, treatments you receive from your Plan Dentist will be provided at reduced fees called copayments. (After you enroll, a list of copayments will be provided to you along with your combined Member Benefits Description.)

## Plus Plan

Underwritten by Union Security DentalCare of Georgia, Inc.

### 1. PLAN DENTIST SERVICES (subject to Limitations and Exclusions listed in the Member Benefits Description):

The dental services listed on the following schedule are provided only when services are provided by Member's selected Plan Dentist. Dental services that do not appear on this list are not benefits of the Plan. Member will be responsible for paying the amount listed in the "Member Copayment" column (plus any applicable lab fees\*) at the time the service is received, or in accordance with selected Plan Dentist's billing procedures. To fully understand the benefits, exclusions and limitations of this plan, Member should consult the member Benefits Description.

\*Certain services listed below also require separate payment of laboratory charges, up to the amount shown, for that service. The laboratory charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

*Emergency services are available only through Member's selected Plan Dentist. Payment for all services received from a dentist who is not a Plan Dentist will be the responsibility of Member.*

### 2. PLAN SPECIALIST SERVICES

(subject to Limitations and Exclusions listed in the Member Benefits Description)

Should Member require dental services that his selected Plan Dentist is unable to provide, he may obtain those services from a Plan Specialist. No referral is needed from Member's selected Plan Dentist in order for Member to obtain services from Plan Specialist of his choice. There is no applicable copayment schedule for Plan Specialist services. A 15% discount, off that Plan Specialist's list charge, will be applied to services obtained from a Plan Specialist who is an Endodontist. A 25% discount, off that Plan Specialist's list charge, will be applied to all other services (including orthodontic services) received from a Plan Specialist. Member will be responsible for paying the entire discounted charge (including any applicable lab fees) at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

*Payment for all services received from a specialist who is not a Plan Specialist will be the responsibility of Member.*

ADA Code**	Service Description**	Member Copayment	Maximum Additional Charges to Members for Lab Fees
<b>Appointments</b>			
None	Office visit - during regularly scheduled hours***	7.00	N/A
D0120	Periodic oral evaluation	No Charge	N/A
D0150	Comprehensive oral evaluation - new or established patient	No Charge	N/A
None	Missed appointment without 24 hour notice***	20.00	N/A
<b>Diagnostic Dentistry</b>			
D0210	Intraoral - complete series (including bitewings)	No Charge	N/A
<b>Preventive Dentistry</b>			
D1110+	Prophylaxis - adult	5.00	N/A

ADA Code**	Service Description**	Member Copayment	Maximum Additional Charges to Members for Lab Fees
D1120+	Prophylaxis - child.....	5.00.....	N/A
D1203+	Topical application of fluoride (prophylaxis not included) - child .....	No Charge.....	N/A
D1351+	Sealant - per tooth .....	12.00.....	N/A
D1510+	Space maintainer - fixed - unilateral.....	55.00.....	75.00
D1515+	Space maintainer - fixed - bilateral.....	55.00.....	75.00
D1520+	Space maintainer - removable - unilateral.....	90.00.....	100.00
D1525+	Space maintainer - removable - bilateral.....	90.00.....	100.00
<b>Restorative Dentistry</b>			
D2140+	Amalgam - one surface, primary or permanent**** .....	20.00.....	N/A
D2150+	Amalgam - two surfaces, primary or permanent**** .....	25.00.....	N/A
D2160+	Amalgam - three surfaces, primary or permanent**** .....	30.00.....	N/A
D2161+	Amalgam - four or more surfaces, primary or permanent**** .....	35.00.....	N/A
D2330+	Resin-based composite - one surface, anterior**** .....	30.00.....	N/A
D2331+	Resin-based composite - two surfaces, anterior**** .....	40.00.....	N/A
D2332+	Resin-based composite - three surfaces, anterior**** .....	50.00.....	N/A
D2335+	Resin-based composite - four or more surfaces or involving incisal angle (anterior)**** .....	60.00.....	N/A
D2750+	Crown - porcelain fused to high noble metal .....	310.00.....	100.00
D2751+	Crown - porcelain fused to predominantly base metal.....	310.00.....	100.00
D2960+	Labial veneer (resin laminate) - chairside.....	225.00.....	N/A
D2962+	Labial veneer (porcelain laminate) - laboratory .....	350.00.....	125.00
<b>Endodontics</b>			
D3310+	Anterior (excluding final restoration).....	210.00.....	N/A
D3320+	Bicuspid (excluding final restoration) .....	310.00.....	N/A
D3330+	Molar (excluding final restoration).....	510.00.....	N/A
<b>Periodontics</b>			
D4341+	Periodontal scaling and root planing - four or more teeth per quadrant.....	75.00.....	N/A
D4355+	Full mouth debridement to enable comprehensive evaluation and diagnosis.....	95.00.....	N/A
<b>Prostodontics, removable</b>			
D5110+	Complete denture - maxillary.....	305.00.....	150.00
D5120+	Complete denture - mandibular .....	305.00.....	150.00
D5211+	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .....	320.00.....	125.00
D5212+	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .....	320.00.....	125.00
<b>Prostodontics, fixed</b>			
D6750+	Crown - porcelain fused to high noble metal .....	310.00.....	100.00
<b>Oral Surgery</b>			
D7111+	Extraction, coronal remnants - deciduous tooth .....	25.00.....	N/A
D7140+	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	25.00.....	N/A
D7220+	Removal of impacted tooth - soft tissue .....	80.00.....	N/A
D7230+	Removal of impacted tooth - partially bony .....	90.00.....	N/A
D7240+	Removal of impacted tooth - completely bony.....	115.00.....	N/A
D7241+	Removal of impacted tooth - completely bony, with unusual surgical complications.....	165.00.....	N/A

**\*\*Current and prior versions of the Current Dental Terminology (CDT) codes (in the ADA Code column) and descriptors (in the Service Description column) are copyrighted by the American Dental Association (ADA) and are used by permission. Current Dental Terminology © American Dental Association.**

**\*\*\*Service does not have an American Dental Association Current Dental Terminology code or descriptor.**

**\*\*\*\*Restorations and endodontic posts and cores placed after root canal therapy are subject to a separate Copayment.**

**\*\*\*\*\*These ADA service codes can only be obtained in conjunction with ADA codes marked with "+".**

**This is a Sample Member Copayment Schedule only. It is not a Member Benefits Description. Please see the Group Prepaid Dental Plan Agreement, Member Benefits Description and Benefits and Copayment Schedule, which determine all rights, benefits, and applicable Limitations and Exclusions.**

### **This dental plan is provided by Union Security DentalCare of Georgia, Inc. and administered by Union Security Insurance Company**

#### RENEWABILITY

After the initial Plan Year, each Plan Year of Agreement shall have a twelve month term.

#### TERMINATION

The Agreement may be terminated by Plan as follows:

- 1) for failure to pay proper monthly Prepayment Fees;
- 2) for fraud or misrepresentation of fact in obtaining benefits under Plan;
- 3) or material breach of any provision of Agreement.
- 4) at Anniversary date, upon prior written notice by Plan or Group.
- 5) after the initial Plan Year, at any time without cause, upon prior written notice by Plan or Group.

#### LIMITATIONS & EXCLUSIONS

Benefits for the following are excluded:

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.

This is a prepaid dental plan. **THIS IS NOT INSURANCE.** This plan is not under the jurisdiction of the insurance laws of the State of Georgia. Union Security Insurance Company administers this plan for Union Security DentalCare of Georgia, Inc. Union Security Insurance Company does not insure or guarantee the benefits of this plan.

# Vision Discount Services



## ACCESS PLAN

Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

### Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor's usual and customary fees for eye exams<sup>1</sup>
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options<sup>2</sup>
- **Contact Lenses** – 15% discount on VSP network doctor's contact lens exam fee.
- **Laser VisionCare<sup>SM</sup>** – VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers

### Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out

---

### How to Use VSP

Locate a VSP doctor near you. You may either use our Web-based doctor locator at [www.vsp.com](http://www.vsp.com), or call VSP at 800.877.7195 to request a doctor listing.

Identify yourself as a VSP member and be prepared to provide the *enrolled member's* social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

<sup>1</sup>Note: Does not apply to contact lens services. See contact lens section for applicable discount.

<sup>2</sup>Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

VSP Member Services Support: 800.877.7195

Visit our Web site at [www.vsp.com](http://www.vsp.com)