

Prepaid Dental

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

A Dental Plan Means Healthy Smiles

Because you are a valued employee, we are pleased to offer you the opportunity to enroll in a dental benefit plan provided by United Dental Care of Texas, Inc. and administered by Union Security Insurance Company. This prepaid dental plan offers benefits through a network of Plan Dentists. When you enroll for benefits, treatments you receive from your selected Plan Dentist will be provided at reduced fees called copayments. For your information, a partial list of frequently used dental treatments is included.

Plan Features

- No Deductibles
- No Waiting Periods
- Coverage for Pre-existing Conditions
- No Claim Forms to File for Plan Dentist and Plan Specialty Dentist Services
- No Referrals Required for Specialty Dentist Services
- No Annual Maximum for Plan Dentist and Plan Specialty Dentist Services

Important Enrollment Information

To enroll, just follow three simple steps:

1. Select a general 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 must select a Plan Dentist to receive services. Except for certain Specialty Dentist services, all services must be performed by this selected Plan Dentist. You may change your Plan Dentist(s) throughout the Plan Year in accordance with the provisions of the group agreement. 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 Plan Dentist selected.
3. Return your completed enrollment form to your Personnel Department or Benefits Manager authorizing payroll deductions for your coverage.

Finding a Provider

You can find a dental provider in the Heritage Series Provider Network by visiting our web site at www.assurantemployeebenefits.com, clicking on the "Provider Search" link, and then selecting Heritage Series. Availability of Plan Dentists and Plan Specialty Dentists varies depending on location.

If you have any questions, call Customer Service at 800.443.2995.

Benefits are provided by United Dental Care of Texas, Inc. and administered by Union Security Insurance Company.

United Dental Care of Texas, Inc. is a dental HMO (Health Maintenance Organization).

Savings You Can See

Monthly Payroll Deduction[†]

Employee	\$10.74
Employee + Spouse	\$17.29
Employee + Child(ren).....	\$23.28
Employee + Family.....	\$27.27

[†]May be changed according to the terms of the Group Dental Service Agreement. Cost includes the Specialty Benefit.

The following is a list of commonly used dental treatments. It is not the Evidence of Coverage. After you enroll, a complete list of copayments will be provided to you along with your Evidence of Coverage.

Secure Plan

1. Plan Dentist Services

The dental services listed in the following schedule are covered only when provided by the Member's selected Plan Dentist. The 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 the selected Plan Dentist's billing procedures. To fully understand the benefits, exclusions and limitations of this plan, the Member should consult the Evidence of Coverage. The Plan Dentist is permitted to charge the member for any missed appointments if the Member fails to give at least 24 hours notice. The charge may not exceed \$25.00.

Services marked with a single asterisk (*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

Payment for each service of a Non-Plan Dentist (at that dentist's normal retail charge) is the responsibility of the Member, except for Plan Benefits for covered dental Emergency Services.

2. Plan Specialty Dentist Services

See the enclosed Specialty Benefit Copayment Schedule.

ADA Code**	Service Description**	Member Copayment
Appointments		
None	Office visit - during regularly scheduled hours***	10.00
D0120	Periodic oral evaluation [†]	No Charge
D0150	Comprehensive oral evaluation - new or established patient [†]	No Charge
Diagnostic Dentistry		
D0210	Intraoral - complete series (including bitewings) [†]	5.00
D0415	Collection of microorganisms for culture and sensitivity	No Charge
Preventive Dentistry		
D1110	Prophylaxis - adult.....	5.00
D1120	Prophylaxis - child.....	5.00
D1203	Topical application of fluoride (prophylaxis not included) - child	No Charge
D1330	Oral hygiene instructions.....	No Charge
D1351	Sealant - per tooth	15.00
D1510	Space maintainer - fixed - unilateral*	70.00
D1515	Space maintainer - fixed - bilateral*	70.00
D1520	Space maintainer - removable - unilateral*	95.00
D1525	Space maintainer - removable - bilateral*	115.00
Restorative Dentistry		
D2140	Amalgam - one surface, primary or permanent.....	15.00

Continued On Next Page

ADA Code**	Service Description**	Member Copayment
D2150	Amalgam - two surfaces, primary or permanent.....	20.00
D2160	Amalgam - three surfaces, primary or permanent.....	30.00
D2161	Amalgam - four or more surfaces, primary or permanent.....	45.00
D2330	Resin-based composite - one surface, anterior.....	40.00
D2331	Resin-based composite - two surfaces, anterior.....	50.00
D2332	Resin-based composite - three surfaces, anterior.....	70.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	90.00
D2750	Crown - porcelain fused to high noble metal*.....	300.00
D2751	Crown - porcelain fused to predominantly base metal*.....	300.00
D2962	Labial veneer (porcelain laminate) - laboratory*.....	315.00
Endodontics		
D3310	Anterior (excluding final restoration).....	100.00
D3320	Bicuspid (excluding final restoration).....	190.00
D3330	Molar (excluding final restoration).....	200.00
Periodontics		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant.....	55.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis.....	65.00
Prosthodontics, removable		
D5110	Complete denture - maxillary*.....	335.00
D5120	Complete denture - mandibular*.....	335.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)*.....	390.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)*.....	390.00
Prosthodontics, fixed		
D6750	Crown - porcelain fused to high noble metal*.....	300.00
Oral Surgery		
D7111	Extraction, coronal remnants - deciduous tooth.....	20.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	20.00
D7220	Removal of impacted tooth - soft tissue.....	75.00
D7230	Removal of impacted tooth - partially bony.....	100.00
D7240	Removal of impacted tooth - completely bony.....	140.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	170.00

This is a sample Member Copayment Schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to Plan Dentists who perform the corresponding listed services. The Plan Dentist selected by the Member may not perform all listed services. Plan Specialty Dentists may not perform or offer all services listed. Availability and participation of Plan Dentists and Plan Specialty Dentists are subject to change.

** 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.

† More often if medically necessary as determined by attending Plan Dentist.

Specialty Benefit

Copayment Schedule for the Heritage Series

How Your Specialty Benefit (SB) Works

Should you need the services of a specialty dentist, you may receive those services without a referral from your Plan Dentist.

To find a Plan Specialty Dentist (SB or Non-SB), refer to the provider directory. SB Plan Specialty Dentists are indicated with "SB". All other listed specialists are Non-SB Plan Specialty Dentists. Or, you may visit the web site at www.assurantemployeebenefits.com (click on Provider Search, and then on Heritage Series). For more information about the SB plan or for assistance in finding a Plan Specialty Dentist, call Customer Service at 800.443.2995.

If you use an SB Plan Specialty Dentist (a specialty dentist who is a part of the plan provider network and accepts SB copayments) for a service listed on the schedule below, you will pay the corresponding Member Copayment shown in the "**SB Specialty Dentist Copayment**" column at the time of service.

All **other** services obtained from an SB Plan Specialty Dentist, and **all** services obtained from a Non-SB Plan Specialty Dentist (a specialty dentist who is a part of the plan provider network but does **not** accept SB copayments), will be provided to you at a reduction in that Plan Specialty Dentist's normal retail charges. A 15% reduction applies if that dentist's specialty is endodontics. A 25% reduction applies if that dentist has any other type of specialty, including but not limited to orthodontics. You will be responsible for paying the entire reduced charge at the time of service or in accordance with that Plan Specialty Dentist's billing procedures.

If you choose to go to a Non-Plan Specialty Dentist (a specialty dentist who is **not** part of the plan provider network), you may still receive benefits!

If you obtain a service listed on the schedule below from a Non-Plan Specialty Dentist, you will be responsible for paying that specialty dentist's entire normal retail charge for the service at the time of service or in accordance with that specialty dentist's billing procedures. You may then submit a completed claim form, with an itemized bill attached to United Dental Care of Texas, Inc. (You may obtain claim forms by contacting Customer Service at 800.443.2995.) United Dental Care of Texas, Inc. will reimburse you the lesser of (a) the corresponding amount shown in the "**Maximum Reimbursement with a Non-Plan Specialty Dentist**" column of the schedule below or (b) the amount charged by that specialty dentist for service.

Payment for any **other** service of a Non-Plan Specialty Dentist, at that specialty dentist's normal retail charge, is your responsibility, except for Plan Benefits for covered dental Emergency Services.

Annual Maximum Benefit

There is no annual maximum benefit for services of an SB or Non-SB Plan Specialty Dentist. For services of a Non-Plan Specialty Dentist, there is a \$2,000 annual maximum benefit.

ADA Code**	Service Description**	SB Plan Specialty Dentist Copayment	Maximum Reimbursement with A Non-Plan Specialty Dentist
Appointments			
D0140	Limited oral evaluation - problem focused	35.00.....	20.00
D0150	Comprehensive oral evaluation - new or established patient† (once in any 6 calendar months)	45.00.....	25.00
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	67.00.....	45.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit).....	35.00.....	25.00
D0180	Comprehensive periodontal evaluation - new or established patient	80.00.....	50.00
Endodontics			
D3320	Bicuspid (excluding final restoration).....	280.00.....	320.00
D3330	Molar (excluding final restoration)	395.00.....	405.00
D3346	Retreatment of previous root canal therapy- anterior	360.00.....	230.00
D3347	Retreatment of previous root canal therapy- bicuspid.....	525.00.....	265.00

Continued On Next Page

ADA Code**	Service Description**	SB Plan Specialty Dentist Copayment	Maximum Reimbursement with A Non-Plan Specialty Dentist
D3348	Retreatment of previous root canal therapy - molar	545.00.....	345.00
D3410	Apicoectomy/periradicular surgery - anterior	265.00.....	335.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	280.00.....	420.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	310.00.....	390.00
D3430	Retrograde filling - per root	90.00.....	85.00
Periodontics			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant.....	355.00.....	195.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant.....	100.00.....	65.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.....	495.00.....	395.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant.....	215.00.....	170.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	100.00.....	90.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant.....	70.00.....	65.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis.....	80.00.....	50.00
Oral Surgery			
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	80.00.....	120.00
D7220	Removal of impacted tooth - soft tissue	105.00.....	125.00
D7230	Removal of impacted tooth - partially bony	135.00.....	155.00
D7240	Removal of impacted tooth - completely bony	200.00.....	130.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	220.00.....	180.00
D7250	Surgical removal of residual tooth roots (cutting procedure).....	75.00.....	125.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant.....	180.00.....	70.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant.....	130.00.....	150.00
D7510	Incision and drainage of abscess - intraoral soft tissue	105.00.....	55.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.....	185.00.....	145.00
Other Services			
D9241	Intravenous conscious sedation/analgesia - first 30 minutes.....	170.00.....	115.00

This is a sample schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to SB Specialty Dentists who perform the corresponding listed services. Plan Specialty Dentists may not perform or offer all services listed. Availability and participation of SB and Non-SB Plan Specialty Dentists are subject to change.

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‡More often if medically necessary as determined by attending Plan Dentist.

Learn more about the prepaid dental plan being offered to you!

Your employer is offering you an attractive prepaid dental plan. This Q&A will help provide you more information about the plan being offered to you.

What is a prepaid plan?

With a prepaid plan you pay a monthly prepayment fee plus you pay reduced fees called “copayments” for dental services provided. To receive the reduced fees you must use a Plan Dentist selected at the time of enrollment.

What are copayments and where can I locate the copayment schedule?

A copayment is the set fee that you pay to the Plan Dentist at the time of treatment for covered services that are being performed.

The copayment schedule is a listing of covered services and copayments for your plan. The schedule is included in the Evidence of Coverage. It is helpful to bring your copayment schedule to your dental appointment.

How do I select a Plan Dentist?

You should select your Plan Dentist when you enroll. You can visit www.assurantemployeebenefits.com and go to Provider Search or refer to your plan network directory for a listing of Plan Dentists. On the web site please choose the Heritage Series network listed on the Provider Search page for provider look-up. Note that your Plan Dentist must be a general dentist, not a specialty dentist.

How long does it take to appear on the patient list/roster of my Plan Dentist that I select at time of enrollment?

If we receive your Plan Dentist selection by the 20th of the month, you will appear on the roster the 1st of the next month. If we receive the selection after the 20th, you will appear on the roster the 1st day of the second following month. If you are not listed on the roster, please contact us at 800.443.2995.

How will the Plan Dentist know I am a patient?

The Plan Dentist receives a patient listing, called a roster, from us each month that includes all members who have chosen that individual as their dentist.

Please confirm at the time of making your appointment with the Plan Dentist that you are on the provider's roster.

Can I change my Plan Dentist?

Yes, you can. To change your Plan Dentist, contact Customer Service at 800.443.2995.

What if I choose to see a dentist other than my selected Plan Dentist?

The costs will **not** be covered by your dental plan and you will be responsible for the full payment to the dentist. This is why it is important for you to seek treatment from your selected Plan Dentist.

If I have a dental emergency, do I need to see my Plan Dentist?

First, contact your Plan Dentist to make an appointment. If your Plan Dentist is unable to see you, you may seek treatment from any licensed dentist in the United States.

Please be informed that the emergency benefit in your plan only covers procedures administered in a dentist's office or comparable facility to evaluate and stabilize conditions that are Dental Emergencies, as specified (with a description of benefits payable) in the Evidence of Coverage.

If I need to see a specialty dentist, how do I go about finding a Plan Specialty Dentist in my area?

You may find a list of Plan Specialty Dentists by looking in the plan network directory, visiting the web site at www.assurantemployeebenefits.com or calling 800.443.2995 for assistance. No referrals are necessary from your Plan Dentist to seek treatment from a Plan Specialty Dentist.

What if I lose my Dental ID card or have a question about my plan?

Contact Customer Service by calling 800.443.2995.

Pre-existing Conditions

Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment.

Limitations and Exclusions

Plan Benefits are not available for:

1. Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).
2. Any part of and dental service for which a charge is incurred before the effective date of the Member's enrollment.
3. Any dental service initiated after the Member's enrollment ends.
4. Services provided by Non-Plan Providers unless (a) for services of Non-Plan Specialty Dentists as specifically provided in the SPECIALTY DENTIST SERVICES section of the Copayment Schedule or (b) for Emergency Services as specifically provided in the EMERGENCY PROCEDURES Article of the Evidence of Coverage.
5. Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five-year period, appliance becomes unusable and cannot be made usable due to the Member's illness or an accident involving damage to the appliance while it is in use.
6. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
7. Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
8. Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
9. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.
10. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
11. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
12. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
13. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
14. Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

Orthodontic Extractions

Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.

Termination

The Member's enrollment may be terminated as stated in the **TERMINATION** article of the Evidence of Coverage.

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 exams¹
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options²
- **Contact Lenses** – 15% discount on VSP network doctor's contact lens exam fee.
- **Laser VisionCareSM** – 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

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How to Use VSP

Locate a VSP doctor near you. You may either use our Web-based doctor locator at 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.

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

²Discounts 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