



ASSURANT
Employee
Benefits

2008 Dental Benefit Options for employees of the State of Florida

Losing your first tooth
may be something to be
proud of, but the
consequences
of poor oral health are
no laughing matter.



Is there something missing from your dental plan?

2008 Two dental plan choices
Vision Care Program included on both

PPO Insured Plan – Increased in Network Maximum for 2008

New Lifetime of Smiles program features:

- 4 cleanings a year
- White fillings on back teeth
- Brushbiopsies for early cancer detection
- Testing for genetic gum disease
- Coverage for antimicrobial agents
- Online Dental Health Center
- Discounts on Dental Healthcare products

Prepaid Plan – Each family member may choose their own dentist

- No deductibles
- No claim forms
- No annual maximums
- No waiting periods
- Pre-existing dental conditions are covered



Assurant Employee Benefits will help you fill that gap.

It's Your Choice

Assurant Employee Benefits provides the State of Florida Employees a choice between our Prepaid Dental Plan underwritten by DentiCare, Inc. (Florida) and an Insured Dental Plan underwritten by Union Security Insurance Company. Both Plans are offered under the State of Florida Pretax Program and include vision coverage!

Plan information is also available on the web at:

www.assurantemployeebenefits.com/groupsites/state_of_florida/default.htm

Introducing Your State of Florida PPO INSURED PLAN

Savings You Can See

PAYROLL DEDUCTION	BI-WEEKLY (24)	MONTHLY
Employee	\$19.18	\$38.35
Employee/Spouse	\$36.82	\$73.63
Employee/Child(ren)	\$43.38	\$86.76
Employee/Family	\$57.39	\$114.77

FREEDOM ADVANCESM PPO

Benefit Maximum, Per Individual Benefit Year

In Network	\$1250
Out of Network	\$1000

Coinsurance Percentage Per Person Per Individual Benefit Year

	Type I	Type II	Type III
During the 1 st year	100%	80%	25%
During the 2 nd year	100%	80%	50%
During the 3 rd year and thereafter	100%	80%	50%

Deductible,

*This deductible applies to Type II and III Services only
(Waived for Type I and Type IV Services)*

Per Individual Benefit Year\$50

Insured Percent

Type IV Dental Services50%
Lifetime Orthodontia Maximum\$1,000
Only for dependent children under age 19

PPO INSURED PLAN (Continued)

Type I Dental Services, Including:

- ❑ Routine Oral Examinations - once every 6 months in a row
- ❑ Routine Dental Cleanings - once every 6 months in a row
(Frequencies combined with Periodontal Maintenance)
- ❑ Fluoride Treatment - once every 12 months in a row
Only for children under age 14
- ❑ Sealants - No more than once per tooth per person, only for permanent molar teeth
Only for children under age 16
- ❑ Space Maintainer
Only for children under age 16 (Includes adjustments within 6 months of installation)
- ❑ Harmful Habit Appliance - once per person
Only for children under age 16 (Not covered if Orthodontic related)
- ❑ Bitewing X-Rays - once every 12 months

Type II Dental Services, Including:

- ❑ X-Rays:
 - ❑ Complete Series - once every 60 months
 - ❑ Panoramic - once every 60 months (may also be payable in connection with the removal of impacted teeth)
 - ❑ Other X-Rays (See Certificate of Insurance)
- ❑ New Fillings: Replacement Fillings
- once every 24 months per Filling
- ❑ Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- ❑ Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Plan Features:

- Freedom to Choose any Dentist, Including Specialists
- PPO Options Available¹
- Fast and Accurate Claims Service
- No Referrals Required

How the Plan Works

This dental plan provides a variety of benefits and allows you and your family to use any dentist or specialist you choose. Benefits are paid after any applicable deductible has been met, up to the annual maximum. Claim payments may be made to you or your dentist, whichever you prefer, unless benefits have been assigned to the provider. To locate a DHA provider, visit the DHA web site at www.dha.com or call customer service at 1-800-442-7742.

¹This dental program offers a PPO (Preferred Provider Organization) through Dental Health Alliance (DHA®) that provides a variety of cost saving features. Although you may visit any dentist you choose, you will receive maximum savings if you visit a DHA® provider. The allowable amount for non-participating dentists is based on the 90th percentile of usual and customary. Patients are responsible for fees in excess of usual and customary.

Plan frequencies, limitations and waiting periods apply.

PPO INSURED PLAN (Continued)

Type III Dental Services, Including:

- ❑ Endodontics (includes root canal therapy)
- ❑ Endodontic retreatment (covered after 24 months have passed from initial treatment)
- ❑ Complex Oral Surgery: General Anesthesia and IV Sedation when medically required for such Surgery
- ❑ Minor Gum Disease Treatment: (Minor Periodontics)
 - ❑ Provisional Splinting, Occlusal Adjustments - once every 12 months
 - ❑ Scaling and Root Planing - once every 24 months per area
 - ❑ Periodontal Maintenance - once every 6 months (Frequencies combined with Routine Dental Cleanings)
- ❑ Major Gum Disease Treatment: (Major Periodontics)
 - ❑ Gingivectomy, Osseous Surgery, other major periodontic procedures - once every 36 months per area
- ❑ Crowns, Initial Placement, Replacement and Maintenance of Inlays, Onlays, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

Type IV Orthodontic Dental Services

Only for dependent children under age 19

- ❑ Limited Orthodontic Treatment
- ❑ Interceptive Orthodontic Treatment
- ❑ Comprehensive Orthodontic Treatment
- ❑ Minor Treatment to control harmful habits

Orthodontics.....12 Month Waiting Period

Other Policy Provisions

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.

Eligibility

Full-time employee, spouse and unmarried dependent children less than age 19, or less than age 25 if a full-time student. Dependent eligibility variation exists in some states. Please refer to your Group Policy.

If you elect coverage more than 31 days after your Eligibility Date, your Effective Date will be delayed to the next plan Anniversary Date.

This is a brief description only. It is not a Certificate of Coverage. Please see the Group Policy, which alone determines all rights, benefits, and applicable Limitations and Exclusions.



ASSURANT

Employee
Benefits

Welcome to *Lifetime of Smiles*[®]

Assurant Employee Benefits is excited to offer new periodontal benefits to the Lifetime of Smiles dental health program. The program is dedicated to improving the smiles of our members for a lifetime!

Lifetime of Smiles¹ includes...

- Coverage of composite resins on **posterior teeth**. Other insurance companies may adjust the benefit to pay as amalgam (silver) fillings.
- Coverage for **brush biopsy**, a new technology in dental procedures, to help detect oral cancer in its earliest and most treatable stage.¹
- Online **Dental Health Center** promoting the relationship between oral and general health care wellness.
- **Discounts** on dental health care products.

New • Coverage for **genetic testing**, PST Genetic Susceptibility Test is the first and only genetic test that can identify individuals who are at genetic risk for gum disease.

New • Coverage for **antimicrobial agents**, also known as periochips, a dental procedure to control bacteria and reduce the size of periodontal pockets.^{2,3}

Enhanced • Coverage for up to **4 cleanings** a year (members can now choose between periodontal and regular cleanings up to 4 in 12 months).^{2,3,4}

With strengthening the periodontal coverage in the Lifetime of Smiles program we are striving to bridge the gap between dental health and overall health to help keep our members healthy for a lifetime.

¹For new dental plans with 1/1/2007 effective dates or beyond.

²Classification of services varies by plan design.

³Not available at this time in CT, MD, MS, MT, NV, NH, NY, OK, TN, UT, VA, VT and WA.

⁴The maximum on regular cleanings is 1 in 6 months.

Plans contain limitations, exclusions, and restrictions.

Products and services marketed by Assurant Employee Benefits are underwritten or provided by Union Security Insurance Company or an affiliated prepaid dental company.

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ASSURANT

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Dental care may do more than just save your teeth...

Brush up on these dental facts:

Periodontal (Gum Disease)

More than 75% of American adults suffer from various forms of periodontal (gum) disease and don't know it.¹

Oral Cancer

30,000 new cases are diagnosed and 9,000 people die each year. More common than leukemia, skin melanoma, Hodgkin's disease and cancers of the brain, liver, thyroid, stomach, ovaries and cervix. Curable in its early stages, it can be treated successfully in more than 90% of the cases. If not detected early enough it can spread to other parts of the body and become nearly impossible to treat.

Heart Disease

The number one killer among men and women affecting 58 million American's a year, killing almost a million. Studies have shown links between cardiovascular disease and key bacteria in periodontal disease.¹

Diabetes

Fourth leading cause of death among Americans and will result in more than 169,000 deaths this year alone. 16 million people in the US have the disease yet more than half are unaware of their condition. Approximately 95% of Americans with diabetes also have periodontal (gum) disease.¹

Preterm Low Birth Weight

Emerging evidence may link periodontal disease in pregnant women to a sevenfold increase in the risk of delivering low birth weight babies. NIDCR researchers estimate that as many as 18% of 250,000 premature babies born in the United States each year may be attributed to infectious oral diseases. Hospital costs alone for premature infants exceed \$5 billion annually. When costs to society in terms of managing longterm disabilities commonly associated with prematurity are considered, this figure escalates dramatically.²

Lost Work Time

Employed adults lose more than 164 million hours of work each year due to oral health problems.³

High Risk Smokers

Smokers have seven times the risk of developing gum disease compared to a non-smoker; one out of every two Americans have some form of gum disease.³

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¹American Dental Hygienist Association - Dealing with Gum Disease - A Life Threatening Health Risk.

²National Institute of Dental and Craniofacial Research - The Oral-Systemic Health Connection

³Oral Health For Adults: Surgeon General's Report, Sept. 2001

Important information about selecting a PPO provider

What is the Dental Health Alliance® preferred provider organization?

Dental Health Alliance (DHA®) is an option in your dental plan that can save you money every time you visit the dentist. All of the dentists who participate in the DHA PPO have agreed to discount their fees by up to 20%.

How do I find a DHA PPO dentist?

It's easy to locate participating general dentists and specialists in your area:

- Visit the Assurant Employee Benefits' State of Florida web site at http://www.assurantemployeebenefits.com/groupsites/state_of_florida/default.htm. Select the "PPO Provider Search" on the home page. You will be able to customize the provider search based on your input.

What if I need to see a specialist?

Even if you do not receive general dentistry care from a DHA dentist, you are welcome to use a DHA specialist. In most areas you will have a wide selection of DHA specialists from which to choose. All participating specialists have agreed to discount their fees by up to 20%.

How do I schedule an appointment with a DHA dentist?

You and each of your eligible dependents should select a participating dentist. Then call the dental office and make an appointment. When scheduling an appointment, always identify yourself as a DHA member. This will ensure you receive the proper discounts.

When you go to the dentist, remember to bring your Assurant Employee Benefits/DHA ID card to verify eligibility. We also strongly advise you to confirm with the dental office that you will be seen by the dentists that you chose. You must receive treatment from a DHA dentist to qualify for the discounts.

REMEMBER...

- **You** always decide which dentist to use. You are never "locked in" to a dentist.
- Choosing a DHA dentist will save you money. You can use a non-participating dentist, but you won't receive the discounts.
- Call us at 800.442.7742 for a customized referral or other special services.
- Always identify yourself as a DHA member when scheduling an appointment or visiting the dentist. Also confirm the dentist's continued participation in the PPO prior to treatment.

PPO MEMBER CUSTOMER SERVICE 800.442.7742

State of Florida web site:

http://www.assurantemployeebenefits.com/groupsites/state_of_florida/default.htm

Introducing Your State of Florida

PREPAID PLAN (Heritage Series)

Coverage includes dental and vision benefits for one low cost through payroll deduction.

Payroll Deduction	Bi-Weekly (24)	Monthly
Employee	\$ 6.18	\$12.35
Employee/Spouse	\$10.00	\$19.99
Employee/Child(ren)	\$13.52	\$27.03
Employee/Family	\$15.85	\$31.69

Benefits include:

- **No Charge Services**
 - Examinations
 - X-Rays
 - Routine Cleanings
 - Fluoride Treatments
- **May select a General Dentist for each family member**
- **Other Services at Predetermined Copayments**
- **Cosmetic Dentistry**
- **Orthodontic Benefits for Adults and Children**
- **Specialty Care Available at a 15% to 25% Discount of Participating Specialists' Normal Fees**
- **Other Plan Benefits**
 - No Deductibles
 - No Claim Forms
 - No Annual Dollar Maximum
 - All Pre-Existing Dental Conditions are Covered
 - No Waiting Periods

PREPAID PLAN - PLUS PLAN

Copayment Schedule

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. Dental services that do not appear on this list are not covered by the Plan.

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 limited Plan Benefits for covered dental Emergency Services for temporary pain relief.

2. Plan Specialist Services

Should the Member require dental services that his or her selected Plan Dentist is unable to provide, he or she may obtain those services from a Plan Specialist at a reduced rate. No referral is needed from the selected Plan Dentist in order for the Member to obtain services from a Plan Specialist.

There is no applicable copayment schedule for Plan Specialist services. Instead, the following reductions in that Plan Specialist's normal retail charges apply to all services received from a Plan Specialist. A 15% reduction applies if the Plan Specialist is an endodontist. A 25% reduction applies if the Plan Specialist is any other type of specialist, including but not limited to an orthodontist. The Member is responsible for paying the entire reduced charge at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

Payment for each service of a Non-Plan Specialist (at that specialist's normal retail charge) is the responsibility of the Member, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.

ADA Code	Plan Dentist Treatment	Member Copayment
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Appointments

None	Office visit - during regularly scheduled hours***	10.00
120	Periodic oral evaluation (once in any 6 calendar months)	No Charge
140	Limited oral evaluation - problem focused	20.00
150	Comprehensive oral evaluation - new or established patient (once in any 6 calendar months)	No Charge
160	Detailed and extensive oral evaluation - problem focused	15.00
170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	15.00
180	Comprehensive periodontal evaluation - new or established patient	15.00
None	Missed appointment without 24-hour notice***	20.00
9310	Consultation (diagnostic service by dentist other than practitioner providing treatment)	60.00

ADA Code	Plan Dentist Treatment	Member Copayment
9440	Office visit - after regularly scheduled hours	40.00

Diagnostic Dentistry

X-ray: intraoral		
210	complete series (including bitewings) (once in any 3 calendar years)	No Charge
220X	periapical first film	No Charge
230X	periapical each additional film	No Charge
240X	occlusal film	No Charge

X-ray: extraoral

250X	first film	No Charge
260X	each additional film	No Charge
270X	single film	No Charge

X-ray: bitewing

272X	two films (once in any 6 calendar months)	No Charge
274X	four films (once in any 6 calendar months)	No Charge
277X	vertical bitewings - 7 to 8 films	No Charge

X-ray: panoramic film

330X	(once in any 3 calendar years)	No Charge
415	Bacteriologic studies for determination of pathologic agents	No Charge
425	Caries susceptibility tests	No Charge
460	Pulp vitality tests	No Charge

Preventive Dentistry

Prophylaxis

1110	Adult (once in any 6 calendar months)	No Charge
1120	Child (once in any 6 calendar months)	No Charge
1203	Topical application of fluoride (prophylaxis not included) - child	No Charge
1310	Nutritional counseling for control of dental disease	No Charge
1330	Oral hygiene instructions	No Charge
1351	Sealant - per tooth	10.00

Space maintainer

1510*	fixed - unilateral	60.00
1515*	fixed - bilateral	60.00
1520*	removable - unilateral	85.00
1525*	removable - bilateral	105.00
1550	Recementation of space maintainer	15.00
None	Additional prophylaxis***	25.00

Occlusal

9940*	guard	70.00
9951	adjustment - limited	30.00
9952	adjustment - complete	150.00

Restorative Dentistry

Amalgam

2140	one surface, primary or permanent	10.00
2150	two surfaces, primary or permanent	15.00
2160	three surfaces, primary or permanent	35.00
2161	four or more surfaces, primary or permanent	45.00

Resin-based composite

2330	one surface, anterior	35.00
2331	two surfaces, anterior	45.00
2332	three surfaces, anterior	55.00

PREPAID PLAN

Copayment Schedule

ADA Code	Plan Dentist Treatment	Member Copayment
Resin-based composite continued		
2335	four or more surfaces or involving incisal angle (anterior)	65.00
2391	one surface, posterior	60.00
2392	two surfaces, posterior	70.00
2393	three surfaces, posterior	80.00
2394	four or more surfaces, posterior	110.00
Inlay-metallic		
2510*	one surface	102.00
2520*	two surfaces	125.00
2530*	three or more surfaces.....	150.00
Onlay-metallic		
2542*	two surfaces	215.00
2543*	three surfaces	220.00
2544*	four or more surfaces	220.00
Inlay-Porcelain/ceramic		
2610*	one surface	200.00
2620*	two surfaces	210.00
2630*	three or more surfaces.....	220.00
Crown		
2740*	porcelain/ceramic substrate.....	265.00
2750*	porcelain fused to high noble metal	265.00
2751*	porcelain fused to predominantly base metal.....	265.00
2752*	porcelain fused to noble metal.....	265.00
2790*	full cast high noble metal	265.00
2791*	full cast predominantly base metal.....	265.00
2792*	full cast noble metal.....	265.00
2910	Recement inlay	15.00
2920	Recement crown.....	15.00
2930	Prefabricated stainless steel crown - primary tooth.....	80.00
2940	Sedative filling	15.00
2950	Core buildup, including any pins	75.00
2951	Pin retention - per tooth, in addition to restoration.....	15.00
2952*	Cast post and core, in addition to crown.....	90.00
2954	Prefabricated post and core, in addition to crown.....	80.00
2962*	Labial veneer (porcelain laminate) - laboratory.....	315.00
2980	Crown repair.....	25.00
None	Temporary filling***.....	15.00
Endodontics		
3110	Pulp cap - direct (excluding final restoration).....	15.00
3120	Pulp cap - indirect (excluding final restoration).....	10.00
3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	40.00
Root canal therapy		
3310	anterior (excluding final restoration)	135.00
3320	bicuspid (excluding final restoration).....	195.00
3330	molar (excluding final restoration)	245.00
Retreatment of previous root canal therapy		
3346	anterior	325.00
3347	bicuspid	385.00
3348	molar	460.00
3410	Apicoectomy/periradicular surgery - anterior	125.00
3421	Apicoectomy/periradicular surgery - bicuspid (first root)	170.00
3425	Apicoectomy/periradicular surgery - molar (first root)	220.00

ADA Code	Plan Dentist Treatment	Member Copayment
3426	Apicoectomy/periradicular surgery (each additional root)	100.00
3430	Retrograde filling - per root	40.00
3450	Root amputation - per root.....	70.00
3920	Hemisection (including any root removal), not including root canal therapy	80.00
Periodontics		
Gingivectomy or gingivoplasty		
4210	four or more contiguous teeth or bounded teeth spaces per quadrant	120.00
4211	one to three teeth, per quadrant	65.00
4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.....	140.00
4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	100.00
4260	Osseous surgery, (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.....	350.00
4261	Osseous surgery, (including flap entry and closure) - one to three teeth, per quadrant	203.00
4320	Provisional splinting - intracoronal.....	80.00
4321	Provisional splinting - extracoronal	75.00
4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.....	50.00
4342	Periodontal scaling and root planing - one to three teeth, per quadrant	30.00
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	70.00
4910	Periodontal maintenance	45.00
None	Periodontal hygiene instructions***	No Charge
Removable Prosthodontics (Removable Dentures)		
5110*	Complete denture - maxillary	295.00
5120*	Complete denture - mandibular	375.00
5130*	Immediate denture - maxillary	400.00
5140*	Immediate denture - mandibular	400.00
5211*	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth).	350.00
5212*	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth)	350.00
5213*	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	380.00
5214*	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth)	380.00
5410	Adjust complete denture - maxillary	15.00
5411	Adjust complete denture - mandibular	15.00
5421	Adjust partial denture - maxillary.....	15.00
5422	Adjust partial denture - mandibular.....	15.00
5510*	Repair broken complete denture base	30.00
5610*	Repair resin denture base	35.00
5620*	Repair cast framework	35.00
5630*	Repair or replace broken clasp	35.00
5640*	Replace broken teeth - per tooth	35.00
5650*	Add tooth to existing partial denture.....	35.00

PREPAID PLAN

Copayment Schedule

ADA Code	Plan Dentist Treatment	Member Copayment
Removable Prosthodontics (Removable Dentures) Cont.		
Reline		
5730	complete maxillary denture (chairside)	60.00
5731	complete mandibular denture (chairside)	60.00
5740	maxillary partial denture (chairside)	60.00
5741	mandibular partial denture (chairside)	60.00
5750*	complete maxillary denture (laboratory)	95.00
5751*	complete mandibular denture (laboratory)	95.00
5760*	maxillary partial denture (laboratory)	95.00
5761*	mandibular partial denture (laboratory)	95.00
5850	Tissue conditioning, maxillary.....	25.00
5851	Tissue conditioning, mandibular.....	25.00
5862	Precision attachment	150.00
Fixed Prosthodontics (Bridges or Fixed Partial Dentures)		
Pontic		
6210*	cast high noble metal.....	265.00
6211*	cast predominantly base metal	265.00
6212*	cast noble metal	265.00
6240*	porcelain fused to high noble metal	265.00
6241*	porcelain fused to predominantly base metal	265.00
6242*	porcelain fused to noble metal.....	265.00
6251*	resin with predominantly base metal	265.00
6545*	Retainer - cast metal for resin bonded fixed prosthesis ..	140.00
Crown		
6721*	resin with predominantly base metal	265.00
6750*	porcelain fused to high noble metal	265.00
6751*	porcelain fused to predominantly base metal	265.00
6752*	porcelain fused to noble metal.....	265.00
6780*	3/4 cast high noble metal	265.00
6790*	full cast high noble metal	265.00
6791*	full cast predominantly base metal.....	265.00
6792*	full cast noble metal.....	265.00
6930	Recement fixed partial denture	15.00
6940	Stress breaker	150.00
6950	Precision attachment	195.00
6980*	Fixed partial denture repair	45.00
None*	Resin bonded bridge pontic, per unit***	235.00

ADA Code	Plan Dentist Treatment	Member Copayment
Oral Surgery		
7111	Extraction, coronal remnants - deciduous tooth	20.00
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	15.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	50.00
Removal of impacted tooth		
7220	soft tissue.....	65.00
7230	partially bony	75.00
7240	completely bony	100.00
7241	completely bony, with unusual surgical complications	135.00
7250	Surgical removal of residual tooth roots (cutting procedure)	40.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	100.00
7281	Surgical exposure of impacted or unerupted tooth to aid eruption.....	85.00
7310	Alveoloplasty in conjunction with extractions - per quadrant.....	60.00
7320	Alveoloplasty not in conjunction with extractions - per quadrant.....	90.00
7510	Incision and drainage of abscess - intraoral soft tissue	35.00
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	125.00
Anesthesia, Analgesia, and Sedation		
9220	Deep sedation/general anesthesia - first 30 minutes	180.00
9230	Analgesia, anxiolysis, inhalation of nitrous oxide	15.00
9241	Intravenous conscious sedation/analgesia - first 30 minutes	165.00
9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	30.00
Bleaching		
9972	External bleaching per arch	155.00

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. Availability of Plan Dentists is 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.

Products are marketed by Assurant Employee Benefits, administered by Union Security Insurance Company, and underwritten and/or provided by DentiCare, Inc. (A Florida Corporation) A Prepaid Limited Health Service Organization Licensed Under Chapter 636 of the Florida Statutes.

Limitations & Exclusions

Termination

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.

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 dental service initiated (a) before the effective date of the Member's enrollment or (b) after the Member's enrollment ends.
3. Services provided by Non-Plan Providers unless for Emergency Services as specifically provided in the EMERGENCY PROCEDURES Article of the Evidence of Coverage.
4. 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.
5. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
6. 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).
7. Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
8. 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.
9. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
10. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
11. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
12. 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.
13. Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

Limitations and Exclusions

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.

Products are marketed by Assurant Employee Benefits, administered by Union Security Insurance Company, and underwritten and/or provided by DentiCare, Inc. (A Florida Corporation) A Prepaid Limited Health Service Organization Licensed Under Chapter 636 of the Florida Statutes.

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

If Assurant Employee Benefits receives your Plan Dentist selection by the 10th of the month, you will appear on the roster the 1st of the next month. If we receive the selection after the 10th, 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 1-800-443-2995.

How will the Plan Dentist know I am a patient?

The Plan Dentist receives a patient listing, called a roster, from Assurant Employee Benefits 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 1-800-443-2995.

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 is limited to the temporary relief of pain and has limited benefits.

If I need to see a specialist, how do I go about finding a Plan Specialist in my area?

You may find a list of Plan Specialists by looking in the plan network directory, visiting the web site at www.assurantemployeebenefits.com or calling 1-800-443-2995 for assistance. No referrals are necessary from your Plan Dentist to seek treatment from a Plan Specialist.

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

Contact Customer Service by calling 1-800-443-2995.

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Important information about selecting a PREPAID provider

How do I find a Prepaid Plan Dentist?

There are three steps in finding and selecting a prepaid plan dentist:

1. Visit the Assurant Employee Benefits' State of Florida web site at http://www.assurantemployeebenefits.com/groupsites/state_of_florida/default.htm. Select the "Prepaid Provider Search" on the home page. You will be able to customize the provider search based on your input.
2. List the provider's name on your enrollment form along with the ID#. Providers not available to new patients are indicated with an * in the Status field. If you are not currently a patient, you may not select these providers.
3. If you are unable to choose a provider at the time of enrollment, you must call Customer Service at 800.443.2995 on or after your effective date of coverage and select a plan provider. You will need to have a plan provider assigned before you can make an appointment.

How do I change my selected provider?

You may select another available provider for your family by calling Customer Service and requesting a change of provider or by using Online Advantage for Members on our web site at www.assurantemployeebenefits.com to change the facility. Request must be received by the 20th of the month to be effective the 1st day of the following month.

Your prepaid dental plan is simple to use when you follow these steps:

- Verify with your Plan Dentist that you are on their roster before making a dental appointment.
- Call early for routine dental care for the best availability of appointment times.
- Be familiar with your copayment schedule to determine your costs for dental services.
- Discuss concerns regarding proposed treatments with your Plan Dentist.
- Contact customer service at 800.443.2995 for assistance with selecting or changing your Plan Dentist.

PREPAID MEMBER CUSTOMER SERVICE 800.443.2995

State of Florida web site:

http://www.assurantemployeebenefits.com/groupsites/state_of_florida/default.htm

VISION PROGRAM



ACCESS PLAN

Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams and the purchase of eyeglasses, contact lenses, 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 doctor's professional services when purchasing all prescription contact lenses² (materials at doctor's usual and customary fees)³
- **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

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 1.800.877.7195 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.

³VSP offers valuable savings on annual supplies of selected brands of contact lenses.

VSP Member Services Support: 1.800.877.7195
Visit our Web site at www.vsp.com

STATE OF FLORIDA HOW TO ENROLL

Enrolling in the Assurant Employee Benefits Dental Plans are easy. Just complete and sign the Dental Enrollment Form, which can be obtained from the People First Service Center, toll-free 866.663.4735 or web site <https://peoplefirst.myflorida.com>.

For further information, contact State Securities Corporation at the numbers listed below.

If you need more information, please call us...

Servicing Agent
State Securities Corporation
800.277.2300 • 850.386.2300

Service Hotline
Customer Service
800.443.2995 (Prepaid)
800.442.7742 (Insured)

or visit us at www.assurantemployeebenefits.com

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