Choosing a healthier smile for you and your family

Dental Insurance

Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good hygiene, it can help you and your family lower your chances of serious health problems.

- Maintaining healthy teeth and gums reduces the risk for pneumonia and chronic obstructive pulmonary disease.\(^1\)
- Gum disease has been linked to a 50 percent rise in pancreatic and kidney cancer risk and a 30 percent increase in blood cell cancers.\(^1\)
- Research has shown, and experts agree, that there is an association between periodontal diseases and other chronic inflammatory conditions, such as diabetes, cardiovascular disease and Alzheimer’s disease.\(^2\)

How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

How do I know I’m eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

Key Advantages of This Plan

- Your coverage includes our Lifetime of Smiles\(^\circ\) program, with benefits many people prefer such as brush biopsies for the early detection of oral cancer.
- Assurant\(^\circ\) Dental Network, the PPO network for your plan, includes 100,000+ unique dentists, offers you more options to help save on fees and can make your annual maximum go even further.\(^3\)

\(^1\)Journal of Periodontology, January 2011. \(^2\)American Academy of Periodontology - Website accessed June 3, 2011 [http://www.perio.org/consumer/mbc_top2.htm. \(^3\)The PPO network for your plan includes dentists contracted with Dental Health Alliance, L.L.C.\(^\circ\) (DHA\(^\circ\)) and dentists under access arrangements with other dental networks.
How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

Average charge\(^1\) for dental procedures in CONCORD:

- Adult cleaning $99 twice yearly = $198
- Oral examination $48 twice yearly = $96
- Bitewing x-rays $68

Total annual cost for preventive care $362

Other services you or a dependent may need:

- Fluoride treatment $39
- One surface filling $159
- Root canal $1,249
- Crown $1,234
- Gum scaling $253

How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, when you choose a dentist in the Assurant® Dental Network, your plan’s PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

The dental network for your plan includes 100,000+ unique dentists contracted with Dental Health Alliance, L.L.C.® (DHA\(^\circ\)) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.sunlife.com/findadentist, under PPO plans, select your dental network, or call Customer Service at 888.901.6377.

What are my plan options?

Your employer is offering you a choice of two plans. Please review the information on the next page and choose the one plan that best fits your needs.

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\(^1\)Average Retail Costs were determined by Union Security Insurance Company and Union Security Life Insurance Company of New York national claims analysis for the year 2015. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.
The High Plan

Deductibles and maximums
- $50 annual deductible per person for in-network and $50 for out-of-network. The deductible is waived for preventive services.
- Annual maximum of $1,500 per person for in-network and $1,500 for out-of-network for you and your dependents.

Coinsurance

In-network
- 100% for preventive services, such as oral exams, bitewing x-rays and cleanings.
- 100% for basic services such as palliative (emergency) treatment of pain, simple extractions, complex extractions, root canals, minor periodontics, major periodontics, oral surgery and fillings.
- 60% for major services such as fixed bridges, crowns and dentures.

Out-of-network
- 100% for preventive services, such as oral exams, bitewing x-rays and cleanings.
- 80% for basic services such as palliative (emergency) treatment of pain, simple extractions, complex extractions, root canals, minor periodontics, major periodontics, oral surgery and fillings.
- 50% for major services such as fixed bridges, crowns and dentures.

Child Orthodontia
- 50% coinsurance with a lifetime maximum of $1,500 for in-network and 50% coinsurance with a lifetime maximum of $1,500 for out-of-network.

Waiting Periods
For a complete description of services and waiting periods please review the certificate of insurance.
- No waiting period for preventive or basic services.
- No waiting period for major services.

The Low Plan

Deductibles and maximums
- $50 annual deductible per person. The deductible is waived for preventive services.
- Annual maximum of $1,000 per person for you and your dependents.

Coinsurance

- 100% for preventive services, such as oral exams, bitewing x-rays and cleanings.
- 80% for basic services such as palliative (emergency) treatment of pain, simple extractions, complex extractions, root canals, minor periodontics, major periodontics, oral surgery and fillings.
- 0% for major services such as fixed bridges and dentures.

Waiting Periods
For a complete description of services and waiting periods please review the certificate of insurance.
- No waiting period for preventive or basic services.
- No waiting period for major services.

1Percent of Allowable Charge (a charge based on the general level of charges made by other providers in the area for like treatment)
Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Get benefits information on the go! Download the app for quick access:

- **My Benefits™** - An overview of all your coverage details
- **ID Card™** - Your electronic dental ID card
- **Find A Dentist** - Uses your location to find a dentist nearby

This secure app is available for iPhone, iPod Touch and Android

'You will need to register for Online Advantage to access these features

Dental plan provisions, limitations and exclusions

**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 charge for any dental treatment is expected to exceed $300, it is recommended that a dental treatment plan be submitted to Sun Life Financial for review before treatment begins.

**Late Entrant**

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 24 months of coverage for late entrants will be limited as follows:

<table>
<thead>
<tr>
<th>Time Insured Continuously Under the Policy</th>
<th>Benefits Provided for Only These Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>Preventive Dental Services</td>
</tr>
<tr>
<td>At least 6 months but less than 12 months</td>
<td>Preventive and Basic Restorative Dental Services</td>
</tr>
<tr>
<td>At least 12 months but less than 24 months</td>
<td>Preventive and all Basic Dental Services</td>
</tr>
<tr>
<td>At least 24 months</td>
<td>Preventive, Basic and Major Dental Services</td>
</tr>
</tbody>
</table>

We will not pay for any treatment that is started or completed during the late entrant limitation period.

For additional limitations and exclusions, as well as other details about your coverage, please see the Other Important Plan Provisions section.

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act. (“PPACA”).
Other Important Plan Provisions

Dental

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misreported or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder provided under the adult plan, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or denturist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person’s dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, any treatment required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures except as provided under the adult benefits, treatment for implants, implant abutments, implant supported prosthetics (crown, fixed partial denture, dentures) or any other services related to the care and treatment of the implant except as provided under the pediatric benefits, treatment for the prevention of bruxism (grinding of teeth) except as provided under the pediatric benefits. Treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is $100), treatment or appliances at which are covered under any Workers’ Compensation Law, Employer’s Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

State variations can exist; please contact Sun Life Financial for additional information.
Quick. Smart. Convenient.

Online Advantage for Members

Is it important for you to be able to manage your dental and/or vision care online, on your schedule?

If the answer is yes, we are confident Online Advantage is the right tool for you.

What is Online Advantage?

Online Advantage is a tool that allows you immediate access to your plan information. We built Online Advantage for you, our user. It gives you the power to view your benefits and claims on your terms, at your convenience at no additional charge.

Easy Registration - Sign up today!

1. Go to www.assurantemployeebenefits.com
2. Under Resources, go to “Login to Online Advantage”
3. Click “Register for Online Advantage”
4. All you need to register is your Member ID* and date of birth

*Your member ID may be your social security number.

Briana Lewis
Customer Advocacy, Team Lead
How can Online Advantage help you?

You can:
- View and/or print *personalized dental ID cards*
- View and/or print *benefit information pages (all benefits)*
- View most *recent dental visits and procedures*
- View and/or print *booklets*
- View *status of submitted claims*
- Find a *vision or dental network provider and/or specialist*
- *Access our Dental Health Center* where you can ask a question, estimate the cost of service or learn about dental issues

Questions? We provide online support with a friendly, dedicated team willing to assist you online or by phone.

*Give Online Advantage a try, register today!*

For more information or to register by phone call 800.733.7879 extension 7600.
Times have changed and the practice of needing an ID card to visit a dentist is not the same. Members only need to tell their dentist our name, Assurant Employee Benefits, and their group number. A printed ID card is simply not needed to receive benefits!

For new business or renewals with effective dates of January 1, 2014 or later, dental* ID cards will be available electronically and printed ID cards will no longer be mailed.

If they prefer a printed ID card, your clients will have immediate access to their dental ID card through multiple online methods:

1. **Online Advantage for Members** - Members can easily print an image of their personalized dental ID card. They just select dental ID card right from our secure member home page.

2. **Benefit Tools** - Our secure mobile app will provide employees access to their dental ID cards while they are on the go. Members can access their card right at the dentist’s office if they need!

3. **Online Advantage for Employers** - Employers can provide their employees with generic or personalized ID cards at the click of a button.

*Group and individual prepaid dental will continue to offer printed or electronic dental ID cards.

Assurant Employee Benefits is the brand name for insurance products underwritten by Union Security Insurance Company and for prepaid products provided by affiliated prepaid dental companies. In New York, insurance products are underwritten and prepaid products are provided by Union Security Life Insurance Company of New York, which is licensed solely in NY, has its principal place of business in Fayetteville, NY, and is solely responsible for the financial obligations of its policies. Plans contain limitations, exclusions, reductions and restrictions. Benefits provided and premium amounts depend upon the plan selected. Contact us for costs and complete details.
How Can a Member Access Their Dental ID Card?

1. **Online Advantage for Members**
   (www.assurantemployeebenefits.com)
   1. Log into Online Advantage or register as a member, if a first-time user. Please save this information for future logins or to use Benefit Tools.
   2. Select “Dental ID Card” from the Online Advantage home page.
   3. Your dental ID card will display on screen for printing.

2. **Benefit Tools**
   1. You must register for Online Advantage for Members first to access the full app.
   2. Download the Benefit Tools mobile app from Apple or Android.
   3. From the app home page, select ID card.
   4. Log in using your Online Advantage details.
   5. Your dental ID card will display on your screen for viewing, printing, emailing or faxing.
Benefit Tools

Get benefits information on the go! Use this app to quickly access:

- My Benefits¹ - An overview of all your coverage details
- ID Card¹ - Your electronic dental ID card
- Find A Dentist - Uses your location to find a dentist nearby
- Find An Eye Doctor - Uses your location to find an eye doctor nearby
- Contact Us - Connect with us to ask questions

This secure app is available for iPhone, iPod Touch and Android.

¹You will need to register for Online Advantage first to access these features.
Assurant Employee Benefits is the brand name for insurance products underwritten by Union Security Insurance Company and for prepaid products provided by affiliated prepaid dental companies. In New York, insurance products are underwritten and prepaid products are provided by Union Security Life Insurance Company of New York, which is licensed solely in NY and has its principal place of business in Syracuse, NY.