



# DENTAL INSURANCE

Dental Benefits Provided by Assurant

## Savings You Can See

### Monthly Payroll Deduction

Employee	\$23.32
Employee + Spouse	\$51.88
Employee + Child(ren)	\$60.73
Employee + Family	\$86.16

## Freedom Preferred

### Yearly Benefit Maximum:

Per Person, Per Policy Year	\$1,500
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### Coinurance Percentage Per Person:

Type I Dental Services	100%
Type II Dental Services	80%
Type III Dental Services	50%

### Deductible:

Per Person, Per Policy Year	\$25
Waived for Type I Services	Yes

### Child Orthodontia Benefits:

Type IV Deductible	\$0
Type IV Coinurance	50%
Lifetime Orthodontia Maximum	\$1,000

*Only for dependent children under age 19*

### Type I Preventive Dental Services, Including:

- ♦ Oral Evaluations – once in any 6-month period
- ♦ Routine Dental Cleanings – once in any 6-month period
- ♦ Fluoride Treatment – once in any 12-month period  
*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*
- ♦ Bitewing X-Rays – once in any 12-month period

### Type II Basic Dental Services, Including:

- ♦ X-Rays:
  - ♦ Panoramic or complete series – once in any 60-month period
  - ♦ Other X-Rays (See Certificate of Insurance)
- ♦ New Fillings
- ♦ Replacement Fillings – once in any 24-month period per Filling
- ♦ Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- ♦ Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

### Type III Major 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 in any 12-month period
  - ♦ Scaling and Root Planing – once in any 24-month period
  - ♦ Periodontal Maintenance – once in any 6 consecutive months

- ♦ Major Gum Disease Treatment: (Major Periodontics)
  - ♦ Gingivectomy, Osseous Surgery, other major periodontic procedures – once in any 36-month period per area
- ♦ Initial Placement, Replacement and Maintenance of Inlays, Onlays, Crowns, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

### Type IV Orthodontic Dental Services

*Only for dependent children under age 19*

- ♦ Limited, Interceptive, and Comprehensive Orthodontic Treatment
- ♦ Minor Treatment to control harmful habits

### Waiting Periods for Certain Services

From Your Effective Date

Repairs, Re-Cementing of Fixed Partial (Bridges), Inlays, Onlays, or Crowns	None
Accidental Non-Chewing Injury	None
All Services under Endodontics (includes root canal therapy)	6 months
Stainless Steel/Plastic Crowns	
Only for children under age 16	6 months
Relines, Rebases, Denture Adjustment	6 months
Complex Oral Surgery	12 months
All Services under Minor and Major Periodontics	12 months
Crown/Inlays/Onlays/Labial Veneers	12 months
Dentures (Partial or Complete)	12 months
Fixed Partial Dentures (Bridges)/Diagnostic Casts	12 months
Orthodontia	24 months

*If you are covered under the current dental program on the day it terminates, your waiting periods will be reduced by 12 months or waived. Your Orthodontic waiting period will be reduced by 24 months*

## 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 dependent children less than age 26.

### Late Entrants

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. We and the policyholder have the option to cancel the group policy.*