



GROUP DENTAL INSURANCE

Coverage Effective Date: October 1, 2020 Rate Guarantee: 24 Months

Employees choose one plan option →

	Option 1: HIGH PPO Monthly Premiums	Option 2: LOW MAC Monthly Premiums
Employee	\$50.31	\$34.73
Employee & 1 Dependent	\$83.73	\$57.87
Employee & 2+ Dependents	\$135.18	\$96.05

PLAN DESCRIPTION

	Option 1 : Passive PPO	Option 2 : Passive MAC
	IN/OUT OF NETWORK	IN/OUT OF NETWORK
Deductible	\$50 ANNUAL MAXIMUM 3 PER FAMILY Waived for Class A (Applies to Class B & C Services)	\$50 ANNUAL MAXIMUM 3 PER FAMILY Waived for Class A (Applies to Class B & C Services)
Benefit Year Maximum (Applied per calendar year)	\$5,000 (Applies to Class A, B & C Services, if applicable)	\$5,000 (Applies to Class A, B & C Services, if applicable)
Orthodontia Maximum	Lifetime: \$1,000 Annual: NONE (Applies to Class D Services)	Lifetime: \$1,000 Annual: NONE (Applies to Class D Services)
Co-insurance		
Class A	100%	100%
Class B	80%	80%
Class C	50%	50%
Class D	50%	50%
Reimbursements	In Network: Fee Schedule Out of Network: 90th percentile	In Network: Fee Schedule Out of Network: Services are reimbursed from the IN NETWORK schedule



PLAN SERVICES

	Option 1: Passive PPO	Option 2: Passive MAC
Class A Preventative Services	<ul style="list-style-type: none"> • Waiting Period: None • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (max 4 films:1 per 12 months) • Fluoride to age 16 (1 per 12 months) • Sealants to age 16 (permanent molars, 1 per 36 months) • Space maintainers to age 16 (1 per 24 months) • Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+) 	<ul style="list-style-type: none"> • Waiting Period: None • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (max 4 films:1 per 12 months) • Fluoride to age 16 (1 per 12 months) • Sealants to age 16 (permanent molars, 1 per 36 months) • Space maintainers to age 16 (1 per 24 months) • Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+)
Class B Basic Services	<ul style="list-style-type: none"> • Waiting Period: None • Full mouth x-ray (1 per 24 months) • Emergency pain (1 per 12 months) • Fillings (benefit allowed for amalgam restorations on posterior teeth) • Simple extractions 	<ul style="list-style-type: none"> • Waiting Period: None • Full mouth x-ray (1 per 24 months) • Emergency pain (1 per 12 months) • Fillings (benefit allowed for amalgam restorations on posterior teeth) • Simple extractions
Class C Major Services	<ul style="list-style-type: none"> • Waiting Period: None • Anesthesia (subject to review, covered with complex oral surgery) • Non-surgical periodontics • Oral surgery (surgical extractions & impactions) • Endodontics (root canals) • Surgical periodontics (gum treatments) • Inlays • Onlays • Crowns, bridges, dentures, and endosteal implants (in lieu of an approved 3-unit bridge) • Repairs: crown, denture, and bridges 	<ul style="list-style-type: none"> • Waiting Period: None • Anesthesia (subject to review, covered with complex oral surgery) • Non-surgical periodontics • Oral surgery (surgical extractions & impactions) • Endodontics (root canals) • Surgical periodontics (gum treatments) • Inlays • Onlays • Crowns, bridges, dentures, and endosteal implants (in lieu of an approved 3-unit bridge) • Repairs: crown, denture, and bridges
Class D Orthodontics	<ul style="list-style-type: none"> • Waiting Period: None • Orthodontia Lifetime/Annual Maximum: \$1,000/None • Dependent Children to age 19 only • Up to 25% of lifetime allowance may be payable on initial banding 	<ul style="list-style-type: none"> • Waiting Period: None • Orthodontia Lifetime/Annual Maximum: \$1,000/None • Dependent Children to age 19 only • Up to 25% of lifetime allowance may be payable on initial banding

THE UNUM DIFFERENCE

DENTAL NETWORKS: Unum Dental members have the freedom to choose a dentist from our large national network. Find a certified, independently reviewed provider and take your dental program to a new level of comprehensive care at unumdentalcare.com.

HEARING SAVINGS PLAN: Offered at no additional cost, the Hearing Savings Plan provides 40% off hearing exams at thousands of locations nationwide, 30-60% discounts off MSRP on name brand hearing instruments, and on-call support from professional hearing counselors.



Reimbursements

In-network: Reimbursement is based on our schedule of participating provider maximum allowable charges. This is the amount that the dentist has agreed to accept as payment in full for covered dental services.

Out of Network: The maximum allowable charge for a non-participating provider is equal to the lesser of: (1) the dentist's actual charge or the (2) customary charge of dentists in the same geographic area for the same of similar services, as determined by Us.

Dependent Children

Dependent children guidelines vary by state.

Alternate Treatments

Unum Dental covers the least expensive, most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment but will be responsible for the cost difference resulting from the more expensive procedure.

Unum Dental Takeover Benefits

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to Unum Dental. Application of takeover benefits is subject to Underwriting review and approval. New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e., one page benefit summary, certificate of creditable coverage, etc.) Late entrants: Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum Dental will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying.



PLAN INFORMATION

Exclusions and Limitations

Unum members whose dental plan includes coverage of crowns and bridges will have the options of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed, 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered. The following services are not covered: 1) Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations. 2) The correction of congenital malformations. 3) The replacement of lost or discarded or stolen appliances. 4) Replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than five [5] years old and cannot be made serviceable. 5) Appliances, services, or procedures relating to: (i) the change or maintenance of vertical dimensions; (ii) restoration of occlusion (iii) splinting; (iv) correction of attrition, abrasion, erosion, or a fracture; (v) bite regulation or (vi) bite analysis. 6) Charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, over dentures and any associated surgery, or other customized services or attachments, and related procedures. 7) Dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage. 8) Multiple x-rays done on same date of service will be combined to a full-mouth x-ray. 9) Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended. 10) Services provided for any type of temporomandibular joint (TMJ) dysfunction, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain. and 11) Cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit.

Option 1 - Dental Plan Number: D30938

Option 2 - Dental Plan Number: D51573