

Prepaid Dental

Good news about dental benefits for members of US Community Credit Union

A Dental Plan Means Healthy Smiles

Because you are a valued member, Assurant Employee Benefits* is pleased to offer you the opportunity to enroll in a dental benefit plan provided and administered by Fortis Benefits 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 Specialist Services
- No Referrals Required for Specialist Services
- No Annual Maximum for Plan Dentist and Plan Specialist 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 specialist 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 benefits or personnel, for questions call Member Service Corporation at 615-790-8500 or 1-800-537-9035.

Finding a Provider

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

If you have any questions, call Member Service Corporation at 1-800-537-9035 or 615-790-8500.

***Products are marketed by Assurant Employee Benefits and administered and underwritten and/or provided by Fortis Benefits Insurance Company.**

Savings You Can See

Monthly Deduction[†]

Member.....	\$12.07
Member + 1 Dependent	\$19.53
Member + Family.....	\$29.91

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

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.

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

See the enclosed Specialty Benefit Amendment Copayment Schedule.

ADA Code**	Service Description**	Member Copayment
Appointments		
None	Office visit - during regularly scheduled hours***	10.00
120	Periodic oral evaluation (once in any 6 calendar months)	No Charge
150	Comprehensive oral evaluation - new or established patient (once in any 6 calendar months)	No Charge
None	Missed appointment without 24-hour notice***	25.00
Diagnostic Dentistry		
210	X-ray: intraoral - complete series (including bitewings) (once in any 3 calendar years)	10.00
415	Bacteriologic studies for determination of pathologic agents	No Charge
Preventive Dentistry		
1110	Prophylaxis - adult (once in any 6 calendar months)	10.00
1120	Prophylaxis - child (once in any 6 calendar months)	10.00
1203	Topical application of fluoride (prophylaxis not included) - child	No Charge
1330	Oral hygiene instructions	No Charge
1351	Sealant - per tooth	20.00
1510*	Space maintainer - fixed - unilateral	85.00
1515*	Space maintainer - fixed - bilateral	85.00
1520*	Space maintainer - removable - unilateral	110.00
1525*	Space maintainer - removable - bilateral	135.00
Restorative Dentistry		
2140	Amalgam - one surface, primary or permanent	25.00
2150	Amalgam - two surfaces, primary or permanent	30.00
2160	Amalgam - three surfaces, primary or permanent	45.00
2161	Amalgam - four or more surfaces, primary or permanent	55.00
2330	Resin-based composite - one surface, anterior	50.00
2331	Resin-based composite - two surfaces, anterior	65.00
2332	Resin-based composite - three surfaces, anterior	80.00
2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	110.00
2750*	Crown - porcelain fused to high noble metal	295.00

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ADA Code**	Service Description**	Member Copayment
2751*	Crown - porcelain fused to predominantly base metal.....	295.00
2962*	Labial veneer (porcelain laminate) - laboratory	330.00
Endodontics		
3310	Root canal therapy: anterior (excluding final restoration).....	145.00
3320	Root canal therapy: bicuspid (excluding final restoration).....	225.00
3330	Root canal therapy: molar (excluding final restoration).....	295.00
Periodontics		
4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.....	90.00
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	90.00
Removable Prosthodontics (Removable Dentures)		
5110*	Complete denture - maxillary	385.00
5120*	Complete denture - mandibular.....	385.00
5211*	Maxillary partial denture - resin base (including any conventional clasps, rests, and teeth)	410.00
5212*	Mandibular partial denture - resin base (including any conventional clasps, rests, and teeth).....	410.00
Fixed Prosthodontics (Bridges or Fixed Partial Dentures)		
6750*	Crown - porcelain fused to high noble metal.....	340.00
Oral Surgery		
7111	Extraction, coronal remnants - deciduous tooth.....	25.00
7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	25.00
7220	Removal of impacted tooth - soft tissue.....	105.00
7230	Removal of impacted tooth - partially bony	140.00
7240	Removal of impacted tooth - completely bony	165.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	205.00

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 Specialists may not perform or offer all services listed. Availability and participation of Plan Dentists and Plan Specialists 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.

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***Service does not have an American Dental Association Current Dental Terminology code or descriptor.

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Specialty Benefit Amendment

Copayment Schedule for the Heritage Series

How Your Specialty Benefit Amendment (SBA) Works

Should you need the services of a dental care specialist, you may receive those services without a referral from your Plan Dentist.

To find a Plan Specialist (SBA or Non-SBA), refer to the provider directory. SBA Plan Specialists are indicated with an "S". All other listed specialists are Non-SBA Plan Specialists. 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 SBA plan or for assistance in finding a Plan Specialist, call Customer Service at 1-800-443-2995.

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

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

If you choose to go to a Non-Plan Specialist (a specialist who is **not** a 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 Specialist, you will be responsible for paying that specialist's entire normal retail charge for the service at the time of service or in accordance with that specialist's billing procedures. You may then submit a completed claim form, with an itemized bill attached, to Fortis Benefits Insurance Company. (You may obtain claim forms by contacting Customer Service at 1-800-443-2995.) Fortis Benefits Insurance Company will reimburse you the lesser of (a) the corresponding amount shown in the **"Maximum Reimbursement with a Non-Plan Specialist"** column of the schedule below or (b) the amount charged by that specialist for the service.

Payment for any **other** service of a Non-Plan Specialist, at that specialist's normal retail charge, is your responsibility, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.

Annual Maximum Benefit

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

ADA Code**	Service Description**	SBA Plan Specialist Copayment	Maximum Reimbursement with a Non-Plan Specialist
Appointments			
140	Limited oral evaluation - problem focused	35.00	20.00
150	Comprehensive oral evaluation - new or established patient (once in any 6 calendar months)	45.00	25.00
160	Detailed and extensive oral evaluation - problem focused	67.00	45.00
170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	35.00	25.00
180	Comprehensive periodontal evaluation - new or established patient.....	80.00	50.00
Endodontics (Root Canals)			
3320	Root canal therapy: bicuspid (excluding final restoration)	280.00	320.00
3330	Root canal therapy: molar (excluding final restoration)	395.00	405.00
3346	Retreatment of previous root canal therapy - anterior	360.00	230.00
3347	Retreatment of previous root canal therapy - bicuspid	525.00	265.00
3348	Retreatment of previous root canal therapy - molar	545.00	345.00
3410	Apicoectomy/Periradicular surgery - anterior.....	265.00	335.00
3421	Apicoectomy/Periradicular surgery - bicuspid (first root)	280.00	420.00
3425	Apicoectomy/Periradicular surgery - molar (first root)	310.00	390.00
3430	Retrograde filling - per root	90.00	85.00

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ADA Code**	Service Description**	SBA Plan Specialist Copayment	Maximum Reimbursement with a Non-Plan Specialist
Periodontics			
4210	Gingivectomy or Gingivoplasty, four or more contiguous teeth or bounded teeth spaces per quadrant.....	355.00	195.00
4211	Gingivectomy or Gingivoplasty, one to three teeth, per quadrant.....	100.00	65.00
4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.....	495.00	395.00
4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant.....	215.00	170.00
4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.....	100.00	90.00
4342	Periodontal scaling and root planing - one to three teeth, per quadrant.....	70.00	65.00
4355	Full mouth debridement.....	80.00	50.00
Oral Surgery			
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.....	80.00	120.00
7220	Removal of impacted tooth - soft tissue.....	105.00	125.00
7230	Removal of impacted tooth - partially bony.....	135.00	155.00
7240	Removal of impacted tooth - completely bony.....	200.00	130.00
7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	220.00	180.00
7250	Surgical removal of residual tooth roots (cutting procedure).....	75.00	125.00
7310	Alveoloplasty in conjunction with extractions per quadrant.....	180.00	70.00
7320	Alveoloplasty not in conjunction with extractions per quadrant.....	130.00	150.00
7510	Incision and drainage of abscess - intraoral soft tissue.....	105.00	55.00
7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.....	185.00	145.00
Analgesia and Sedation			
9241	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 SBA Specialists who perform the corresponding listed services. Plan Specialists may not perform or offer all services listed. Availability and participation of SBA and Non-SBA Plan Specialists are subject to change.

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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 specialist.

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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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 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 (a) for services of Non-Plan Specialists as specifically provided in the SPECIALIST SERVICES section of the Copayment Schedule or (b) 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.

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.

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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 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 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 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.

VSP Member Services Support: 1-800-877-7195

Visit our Web site at www.vsp.com