Assurant Employee Benefits

Group Dental Insurance Enrollment Card

(Please print clearly.)

Check one – Employer Use
- ☐ **Initial Employee:**
  - ☐ **Transfer from Prior Dental**
  - ☐ **Non-Transfer**
- ☐ **New Employee**
  Date of Hire _____
- ☐ **Change**
- ☐ **Open Enrollment**

Employer Name **Hertford County Schools**	Effective Date:	Policy Number: **60359** Division:

Employee First Name	MI	Last Name

Address	City	State	Zip

Social Security No.	Birthdate	Phone	Sex ☐ M ☐ F

DENTAL COVERAGE

I APPLY FOR:
- ☐ Employee only
- ☐ Employee and eligible dependents

☐ **I DECLINE COVERAGE FOR:**
- ☐ Employee
- ☐ Spouse
- ☐ Child(ren)

Do you have eligible dependents? ☐ Yes ☐ No If "Yes," complete below to enroll them.	Relation	Sex	Birthdate Mo	Day	Year	For children age 19 or older, indicate if a full-time student. Yes	No
Spouse							
Child(ren)							

☐ List additional children on reverse side and check box.

- If the address of any child is different than the employee's address, please show that **child's name and address** below.
  _____
- Name of the custodial parent or organization requesting coverage for such dependent child
  _____
- Name of the custodial parent or organization responsible for payment of premium for such dependent child
  _____
- If requesting coverage for a dependent child other than a son or daughter, please forward legal custody papers.

To the best of my knowledge and belief, each of the statements and answers supplied in this form is complete and true, and they constitute the sole basis for, and are the inducement for, the issuance of any insurance.

I hereby apply as indicated herein for the insurance for which I am not now insured and for which I am or may become eligible under the terms of Union Security Insurance Company's group policy or policies (including any future amendments) applying to, or requested to apply to, the employer named above. If such insurance becomes effective, I authorize deductions from my earnings of my contributions required from time to time toward the cost of such insurance. I represent that I am an active full-time employee of that employer. When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

Date _____ _____ Signature _____

Dental PPO

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:

National Average Retail charge[1] for dental procedures:

Adult Cleaning	$89	Twice yearly =	$178
Oral Examination	$49	Twice yearly =	$98
Bitewing x-rays	$60		
Total annual cost for preventive care	$336		

Other services you may need:

Fluoride treatment	$41
One surface filling	$152
Root canal	$1,077
Crown	$1,065
Gum scaling	$232

[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.

Your Cost for Dental Insurance

Cost for Dental Insurance	10 Month Cost
For you	$ 31.48
For you and your spouse	$ 70.03
For you and your children	$ 81.96
For you and your family	$116.30

Cost for Dental Insurance	12 Month Cost
For you	$ 26.23
For you and your spouse	$ 58.36
For you and your children	$ 68.30
For you and your family	$ 96.92

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 Focus 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 ***85,000+*** unique dentists contracted with Dental Health Alliance, L.L.C.® (DHA®) 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 plan, select your dental network, or call Customer Service at **888.901.6377**.

Plan Features					
Deductible	**In Network**	**Out-of-Network**	**Benefit Year Maximum**	**In Network**	**Out-of-Network**
			For each person	$1500	$1500
Per person, per benefit year	$25	$25			
Waived for Class I Preventive	Yes	Yes			
Family limit of 1 individuals					
Coinsurance Percentage			**Child Orthodontia Benefits**		
Class I Preventive	100%	100%	Class IV Orthodontia coinsurance	50%	50%
Class II Basic	80%	80%	Lifetime orthodontia maximum	$1000	$1000
Class III Major	50%	50%			

Class 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 6-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*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Space maintainers. *Only for children under age 19*

Class II Basic Dental Services, Including:

- New fillings
- Replacement fillings – once in any 24-month period per filling
- Panoramic or complete series x-rays – once in any 60-month period
- Simple extractions, removal of exposed roots, incision and drainage

Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Complex extractions
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Complex oral surgery
- Biopsy (including brush biopsy)
- General anesthesia and IV sedation when medically required
- Minor gum disease treatment: (minor periodontics)
  - Scaling and root planing – once in any 24-month period per area
  - Localized delivery of antimicrobial agents
  - 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
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations

Class IV Child Orthodontia

- Limited, interceptive, and comprehensive orthodontic treatment
- Minor treatment to control harmful habits

Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- 12-months for major services.
- 24-months for orthodontic services.