

**Union Security DentalCare of Georgia, Inc.**  
**Administrative Office**  
**3595 Grandview Parkway, Suite 650**  
**Birmingham, AL 35243**

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**MEMBER BENEFITS DESCRIPTION**

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**This is a prepaid dental plan. THIS IS NOT INSURANCE. This plan is not under the jurisdiction of the insurance laws of the State of Georgia.**

**ARTICLE I  
DEFINITIONS**

- 1.1 **Copayment:** Shall mean the fee amounts charged to Member by Plan Provider as identified in the Benefits and Copayment Schedule.
- 1.2 **Dependent:** Shall mean the spouse of a Subscriber. Dependent shall also mean any unmarried child up to the age of 28 of a Subscriber. A Dependent shall be eligible for benefits on the day Subscriber is eligible or benefits or on the day a Dependent relationship is established with Subscriber, whichever is later.
- 1.3 **Emergency Services:** Shall mean benefits only for bona fide emergency services listed on the Benefits and Copayment Schedule, when received from Member's selected Plan Dentist.
- 1.4 **Effective Date for a Member:** The date benefits begin under Agreement.
- 1.5 **Member:** Shall mean anyone enrolled in the Plan.
- 1.6 **Group:** Shall mean the employer, association, or other organization identified in Agreement.
- 1.7 **Plan Dentist:** Shall mean a General Dentist who is under contract with Plan and responsible for providing dental services to Members of Plan.
- 1.8 **Plan Provider:** Shall mean a Plan Dentist or Plan Specialist under contract with Plan. The term shall include any hygienists and technicians recognized by the dental profession who act with and assist Plan Dentist or Plan Specialist. Establishment and location of all Plan Providers are within the sole discretion and determination of Plan. A list of Plan Providers shall be published in Plan Dentist Directory.
- 1.9 **Plan Specialist:** Shall mean a dentist practicing in a dental specialty under contract with Plan to provide specialty services to Members including, but not limited to, Endodontics, Orthodontics, Pedodontics, Periodontics and Oral Surgery.
- 1.10 **Plan Benefits:** Shall mean benefits under Agreement, subject to any limitations and exclusions.
- 1.11 **Prepayment Fee:** Shall mean fees paid by Group to Plan for each Member, including administrative or other fees necessary for provision of benefits.
- 1.12 **Subscriber:** Shall mean the person whose eligibility to participate in the Plan comes from being a part of the Group.

**ARTICLE II  
ELIGIBILITY AND EFFECTIVE DATE**

- 2.1 **Plan Year:** The initial Plan Year shall begin on the Effective Date and last for a period of one

year. Each subsequent Plan Year shall begin on the Anniversary Date and last for a period of one year. The Anniversary Date for this plan is January 1.

- 2.2 **Eligibility:** Subscriber and his Dependent(s) are eligible to enroll in Plan during the annual open enrollment period set by Group. Eligible Members may not enroll in Plan after the annual open enrollment period unless one of the following occurs: (1) new hire by Group, (2) loss of eligibility under other dental benefit plans, or, (3) change in Dependent status.

Each Dependent shall be eligible for enrollment on the date the Subscriber is eligible for enrollment or on the date a Dependent relationship is established with the Subscriber, whichever is later. If an additional Prepayment Fee is required for enrollment of a newly added Dependent, Group must notify Plan. Any resulting Prepayment Fee must be paid within thirty-one (31) days after the date of enrollment.

- 2.3 **Enrollment of Members/Effective Date:** Each Subscriber or Dependent whose Prepayment Fee has been accepted by Plan prior to the 20th day of the month will be considered enrolled beginning the first day of the following month. Each Subscriber or Dependent whose Prepayment Fee has been accepted by Plan between the 20th day and the last day of the month will be considered enrolled beginning the first day of the second following month.

### **ARTICLE III SUBSCRIBER COPAYMENTS**

- 3.1 **Copayments:** Member shall be responsible for payment of all Copayments and charges for services which are not in the Member Benefits Description or Benefits and Copayment Schedule. Member shall pay Plan Provider at the time service is rendered. Member may have an option to pay according to provider's billing procedures.

### **ARTICLE IV BENEFITS**

- 4.1 **Assignment of Benefits:** Member's benefits are intended for the sole use and benefit of Member. Benefits cannot be transferred to a third party.
- 4.2 **Plan Benefits:** Plan shall provide benefits to Members, as set forth in this Member Benefits Description, for dental services listed on the Benefits and Copayment Schedule. Plan does not provide benefits for dental services or procedures which are not listed on the Benefits and Copayment Schedule. Benefits are subject to limitations and exclusions and are provided for the term of the Agreement. Plan reserves the right to change Plan Benefits after the initial Plan Year. Notice of change is subject to sixty (60) days written notice.

Benefits for dental services listed on the Benefits and Copayment Schedule are based on current dental terminology, which is updated periodically. The most current dental terminology may not be reflected in this plan. However, benefits of this plan will be based on the most current dental terminology.

- 4.3 **Provision of Plan Benefits/Plan Providers:** Agreement provides benefits only for services performed by a Plan Provider. Plan shall not have any liability due to treatment by any dentist who is not a Plan Dentist, physician, hospital, other person, institution or group. Each Member shall select a Plan Dentist from the Plan Dentist Directory furnished by Group to Member. Agreement provides for benefits only. IT IS NOT AN INSURANCE POLICY.

- 4.4 **Selection of Provider:**

A. **Plan Dentist:** Each Member shall select a Plan Dentist from Plan Dentist Directory. To obtain Plan Benefits, Member shall contact selected Plan Dentist.

Change of Selected Plan Dentist: Member or Plan Dentist may request a change of Plan Dentist selection by contacting Plan. Change requests received by the 20<sup>th</sup> of the month will be effective on the 1<sup>st</sup> of the next following month. Change requests received after the 20<sup>th</sup> of the month will be effective the 1<sup>st</sup> of the second following month. Change requests may be delayed until Member pays all monies owed selected Plan Dentist. Any Member who changes selected Plan Dentist without notifying Plan shall be denied benefits until the Plan is notified and a change request has become effective.

B. Plan Specialist: If Member requires specialty benefits, which are Plan benefits, that cannot be provided by Member's selected Plan Dentist, Member may obtain benefits from a Plan Specialist. No referral from selected Plan Dentist is needed. Plan does not provide benefits for services received from providers who re not Plan Providers.

4.5 **Member/Plan Provider Relationship:** The relationship between Member and Plan Provider shall be an independent professional one. Plan Provider shall be solely responsible, without intrusion by Plan or Group for all services within the professional relationship between Member and Plan Provider. Plan Provider shall have the right to refuse treatment to any Member who: (1) fails to follow a prescribed course of treatment; (2) fails to keep confirmed appointments; (3) fails or refuses to pay proper Copayments, including any missed appointment fees or charges for services which are not benefits of the Plan; (4) uses the relationship for illegal purposes; or (5) otherwise makes the professional relationship unduly burdensome.

4.6 **Providers not participating with Plan:** Plan does not evaluate or review practice standards of providers who are not Plan Providers. Members who obtain services from providers who are not Plan Providers should separately evaluate the practice standards and skills of those providers.

## **ARTICLE V LIMITATIONS AND EXCLUSIONS**

Benefits for the following are excluded:

1. Medical costs associated with dental procedures.
2. Dental services or procedures which are not listed on the Benefits and Copayment Schedule.
3. Emergency Services received from a dentist who is not Member's selected Plan Dentist.
4. Certain services may only be obtained once in any six calendar months, with a maximum of twice in the same calendar year. Those services are listed on the Benefits and Copayment Schedule as ADA Codes 0120, 0150, 0272, and 0274.
5. Certain services may only be obtained once in any 3 calendar years. Those services are listed on the Benefits and Copayment Schedule as ADA Codes 0210 and 0330.
6. Services rendered by a Plan Provider because of behavior adjustment. Such services include, but are not limited to, physical restraint or sedation.
7. Replacement of dentures or appliances received during enrollment in Plan, if Member has had dentures or appliance less than five years, (Note: If dentures or appliance becomes unserviceable due to illness or causes not controlled by ordinary means, the following will apply. Replacement will be made only if existing denture or appliance cannot be made serviceable. )
8. Replacement of dentures, appliances or bridgework due to loss or theft.
9. Dental treatment provided or started prior to Member's eligibility to receive benefits.
10. Dental treatment started after Member's termination.

11. Dental treatment caused by failure to follow prescribed treatment.
12. Ongoing orthodontic treatment past eighteen (18) consecutive months.
13. Orthodontic treatment involving therapy for myofunctional problems, T.M.J. dysfunctions, micrognathis, macroglossia, cleft palate or hormonal imbalances causing growth and development abnormalities.
14. Orthodontic cases involving orthognathic surgery.
15. Treatment for malignancies, neoplasms or cysts (including biopsies).
16. Lab fees associated with services listed on the Benefits and Copayment Schedule.
17. Restorations and splints used to increase vertical dimension, restore occlusion, or replace/stabilize tooth structure loss by attrition.
18. Fixed prosthetic restoration of six (6) or more existing teeth, when performing as a single procedure or as part of a complete oral rehabilitation or reconstruction.
19. Complete oral rehabilitation or reconstruction involving replacement of six (6) or more missing teeth using fixed prosthetic restorations and/or appliances.
20. Dental treatment if Member's general health or physical limitations prevent Plan Provider from rendering appropriate dental treatment.
21. Costs associated with prescriptions or over the counter medications.
22. Implants, surgery for the insertion of implants, all related implants appliances and restorations, whether removable or fixed.
23. Surgical removal of implants, or any surgery required to adjust, replace, or treat any problem related to an existing implant, or implant appliance.

**ARTICLE VI  
EMERGENCY SERVICES**

- 6.1 **Emergency Services:** Plan shall provide benefits only for Emergency Services listed on the Benefits and Copayment Schedule, when received from Member's selected Plan Dentist.

**ARTICLE VII  
DENTAL CHARGES PAID BY MEMBERS**

7.1 **Limitations of Actions**

- A. No action at law or equity shall be brought against Plan before ninth (90) days have passed, following the date written proof of loss was received by the Plan. No action at law or equity shall be brought against Plan after three (3) years have passed, following the date written proof of loss was received by the Plan.
- B. No liability shall be imposed upon Plan other than for benefits of this Plan.

**ARTICLE VIII  
MEMBER COMPLAINT PROCESS**

- 8.1 **Complaint Process:** Member should take any complaint about a dental service to the Plan

Provider rendering the service. If a complaint is not resolved to Member's satisfaction, Member may contact Customer Service by calling 1-800-443-2995 or document complaint in writing and mail to: Customer Service – 3595 Grandview Parkway, Suite 650, Birmingham, AL 35243

## **ARTICLE IX TERMINATION**

- 9.1 **Termination of Eligibility:** If Subscriber is terminated or leaves Group, Subscriber and his Dependents shall continue to be enrolled until Plan is notified in writing of Subscriber's termination.
- 9.2 **Member Termination:** Member enrollment shall terminate as follows:
- A. On the last day of the month for which Group has placed Member on eligibility list and paid the proper Prepayment Fee.
  - B. If Member ceases to meet eligibility requirements of Group, enrollment will terminate on the next Prepayment Fee due date.
  - C. If Member commits fraud or material misrepresentation in the use of services or facilities, enrollment for Member will terminate immediately upon written notice.
  - D. If Member commits fraud or material misrepresentation on the Enrollment Form submitted by Member, enrollment will terminate immediately upon written notice.
  - E. If Group and/or Plan terminates Agreement, benefits for Member shall cease on the termination date. This shall be subject to any notice required by state law.
  - F. If Member fails to make required payments, including Copayments or missed appointment fees, Plan reserves the right to terminate enrollment upon sixty (60) days written notice. Prepayment Fees received for terminated Member for the period after termination date shall be refunded to Group. Thereafter, Plan shall have no further liability or responsibility to Member.
  - G. A Member, after reasonable efforts, is unable to establish and maintain a satisfactory dentist-patient relationship with a Plan Provider, Plan reserves the right to terminate enrollment. Prepayment Fees received for terminated Member for the period after termination date shall be refunded to Group. Thereafter, Plan shall have no further liability or responsibility to Member.
  - H. Enrollment for Dependents will be terminated if the enrollment Subscriber terminates for any reason. This is subject to continuation privileges for certain Dependents as set forth in this section.
  - I. Once a Member is no longer qualified as a Dependent, enrollment for that Member will terminate.

## **ARTICLE X CONTINUATION OF ENROLLMENT / COBRA**

- 10.1 **Continuation of Benefits:** If Group Prepaid Dental Plan Agreement is terminated, each Plan Provider shall complete all dental procedures started prior to the date of termination. This will be pursuant to the terms of Agreement except for orthodontia treatment. Should a Member in orthodontia treatment terminate for any reason, Member shall be responsible for payment of all services rendered after the termination date.
- 10.2 **Continuation of Enrollment under COBRA:** If under the provisions of Title X of the

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Public Law 99-272, Member is granted the right to continuation of enrollment beyond the date Member's enrollment would otherwise terminate, the following applies. Agreement shall be deemed to allow continuation of enrollment as necessary. Member should contact Group concerning eligibility. Plan assumes no responsibility for Group's obligations, if any, under COBRA.

## **ARTICLE XI GENERAL PROVISIONS**

- 11.1 **Amendments:** By mutual consent, Plan and Group may modify, amend or alter Agreement. Such change shall be in writing and duly executed by both parties. Any change shall be attached to Agreement.
- 11.2 **Distribution of Plan Materials and Notices to Members:** Plan may be obligated to give Plan materials to Member. If so, it shall be sufficient for Plan to give Plan materials or notices to the Group's delegate. Group shall then be responsible for providing Plan materials or notices to Subscribers.
- 11.3 **Circumstances Beyond Plan's Control:** Rendition of dental services may be delayed or made impractical due to circumstances not within Plan's control. If this occurs, neither Plan nor Plan Provider shall have any liability or obligation to provide services on account of such delay. This includes, but is not limited to, complete or partial destruction of facilities, war, riot, and civil insurrection. It also includes labor disputes or disability of a significant number of Plan Providers.
- 11.4 **Major Disaster or Epidemic:** If a major disaster or epidemic occurs, Plan Provider shall render dental services as practical according to his judgment. Such disaster or epidemic may limit available facilities or personnel. In such situation, neither Plan nor Plan Provider shall have any liability or obligation for delay or failure to provide dental services.
- 11.5 **Coordination with Other Dental Plans:** This is not dental insurance, it does not coordinate with other plans.

**THIS IS NOT AN INSURANCE POLICY. Union Security Insurance Company administers this Plan for Union Security DentalCare of Georgia, Inc. Union Security Insurance Company does not insure or guarantee the benefits of this Plan.**

**TO CONTACT PLAN CUSTOMER SERVICE DEPARTMENT, CALL 1-800-443-2995**

# Union Security DentalCare of Georgia, Inc.

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## Plus Benefits and Copayment Schedule

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Benefits provided by **Union Security DentalCare of Georgia, Inc.**  
 Administrative Office: 3595 Grandview Pkwy, Suite 650  
 Birmingham, Alabama 35243

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**1. PLAN DENTIST SERVICES (subject to Limitations and Exclusions listed in the Member Benefits Description):**

The dental services listed on the following schedule are provided only when services are provided by Member's selected Plan Dentist. Dental services that do not appear on this list are not benefits of the Plan. 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 selected Plan Dentist's billing procedures. To fully understand the benefits, exclusions and limitations of this plan, Member should consult the member Benefits Description.

\* Certain services listed below also require separate payment of laboratory charges, up to the amount shown, for that service. The laboratory charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

**Emergency services are available only through Member's selected Plan Dentist. Payment for all services received from a dentist who is not a Plan Dentist will be the responsibility of Member.**

ADA Code	Service Description	Member Copayment	Maximum Additional Charges to Members for Lab Fees
<b>Diagnostic Dentistry</b>			
D0120	Periodic oral evaluation (ADA code D0120 may only be obtained once in any six calendar months).	No Charge	
D0140	Limited oral evaluation, problem focused	25.00	
D0150	Comprehensive oral evaluation – new or established patient (ADA code D0150 may only be obtained once in any six calendar months.)	No Charge	
D0180	Comprehensive periodontal evaluation – new or established patient	No Charge	
D0210	X-ray: Intraoral - complete series (including bitewings) (ADA code D0210 may only be obtained once in any three calendar years.)	No Charge	
***	D0220 X-ray: Intraoral - periapical first film	No Charge	
***	D0230 X-ray: Intraoral - periapical each additional film	No Charge	
***	D0240 X-ray: Intraoral - occlusal film	No Charge	
***	D0250 X-ray: Extraoral - first film	No Charge	
***	D0260 X-ray: Extraoral - each additional film	No Charge	
***	D0270 X-ray: Bitewing - single film	No Charge	
D0272	X-ray: Bitewing - two films (ADA code D0272 may only be obtained once in any six calendar months)	No Charge	

ADA Code	Service Description	Member Copayment	Maximum Additional Charges to Members for Lab Fees
D0274	X-ray: Bitewing -four films (ADA code D0274 may only be obtained once in any six calendar months)	No Charge	
D0330	X-ray: Panoramic film (ADA code D0330 may only be obtained once in any three calendar years)	20.00	
***	D0415 Collection of micro-organisms for culture and sensitivity	No Charge	
***	D0425 Caries susceptibility tests	No Charge	
***	D0460 Pulp vitality Tests	No Charge	
None <sup>1</sup>	Missed appointment without 24-hour notice	20.00	
D9440	Office visit – after regularly scheduled hours	45.00	
None <sup>1</sup>	Office visit – during regularly scheduled hours	7.00	
<b>Preventive Dentistry</b>			
+	D1110 Prophylaxis – adult -ADA Code D1110 may only be obtained once in any six calendar months.	5.00	
+	D1120 Prophylaxis – child -ADA Code D1120 may only be obtained once in any six calendar months.	5.00	
***	D1201 Topical application of fluoride (prophylaxis included) - child	No Charge	
***	D1203 Topical application of fluoride (prophylaxis not included) - child	No Charge	
***	D1205 Topical application of fluoride (including prophylaxis) - adult	No Charge	
***	D1310 Nutritional counseling for control of dental disease	No Charge	
***	D1330 Oral hygiene instructions	No Charge	
+	D1351 Sealant - per tooth	12.00	
+	D1510 Space maintainer - fixed - unilateral	55.00	75.00
+	D1515 Space maintainer - fixed - bilateral	55.00	75.00
+	D1520 Space maintainer - removable - unilateral	90.00	100.00
+	D1525 Space maintainer -removable - bilateral	90.00	100.00
+	D1550 Re-cementation of space maintainer	15.00	
+	None <sup>1</sup> Additional prophylaxis	25.00	
<b>Restorative Dentistry</b>			
***	D2140 Amalgam - one surface, primary or permanent	20.00	
***	D2150 Amalgam - two surfaces, primary or permanent	25.00	
***	D2160 Amalgam - three surfaces, primary or permanent	30.00	
***	D2161 Amalgam - four or more surfaces, primary or permanent	35.00	
***	D2330 Resin-based composite - one surface, anterior	30.00	
***	D2331 Resin-based composite - two surfaces, anterior	40.00	
***	D2332 Resin-based composite - three surfaces, anterior	50.00	
***	D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)	60.00	
+	D2391 Resin-based composite – one surface, posterior	30.00	
+	D2392 Resin-based composite – two surfaces, posterior	40.00	
+	D2393 Resin-based composite – three surfaces, posterior	50.00	
+	D2394 Resin-based composite – four or more surfaces, posterior	60.00	
+	D2510 Inlay - metallic, one surface	100.00	75.00
+	D2520 Inlay - metallic, two surfaces	120.00	75.00
+	D2530 Inlay - metallic, three or more surfaces	145.00	75.00
+	D2543 Onlay - metallic, three surfaces	200.00	75.00
+	D2544 Onlay - metallic, four or more surfaces	240.00	75.00
+	D2610 Inlay - porcelain/ceramic, one surface	190.00	100.00
+	D2620 Inlay - porcelain/ceramic, two surfaces	200.00	100.00

ADA Code	Service Description	Member Copayment	Maximum Additional Charges to Members for Lab Fees
+ D2630	Inlay - porcelain/ceramic, three or more surfaces	230.00	100.00
+ D2740	Crown - porcelain/ceramic substrate	310.00	100.00
+ D2750	Crown - porcelain fused to high noble metal	310.00	100.00
+ D2751	Crown - porcelain fused to predominately base metal	310.00	100.00
+ D2752	Crown - porcelain fused to noble metal	310.00	100.00
+ D2790	Crown - full cast high noble metal	310.00	75.00
+ D2791	Crown - full cast predominately base metal	310.00	75.00
+ D2792	Crown - full cast noble metal	310.00	75.00
+ D2910	Recement inlay, onlay or partial coverage restoration	15.00	
+ D2920	Recement crown	15.00	
+ D2930	Prefabricated stainless steel crown - primary tooth	70.00	
+ D2940	Sedative filling	8.00	
+ D2950	Core buildup, including any pins	85.00	
+ D2951	Pin retention - per tooth, in addition to restoration	15.00	
+ D2952	Cast post and core, in addition to crown	85.00	75.00
+ D2953	Each additional cast post – same tooth	85.00	75.00
+ D2954	Prefabricated post and core, in addition to crown	85.00	
+ D2960	Labial veneer (laminare) – chairside	225.00	
+ D2962	Labial veneer (porcelain laminate) – laboratory	350.00	125.00
+ D2980	Crown repair, by report	30.00	75.00
+ None <sup>1</sup>	Temporary filling	15.00	
+ D9972	External Bleaching, per arch	175.00	
+ None <sup>1</sup>	External Bleaching, both arches	275.00	
<b>Endodontics</b>			
+ D3110	Pulp cap – direct (excluding final restoration)	20.00	
+ D3120	Pulp cap – indirect (excluding final restoration)	10.00	
+ D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament	30.00	
+ D3310	Root canal therapy: anterior (excluding final restoration)	210.00	
+ D3320	Root canal therapy: bicuspid (excluding final restoration)	310.00	
+ D3330	Root canal therapy: molar (excluding final restoration)	510.00	
+ D3346	Retreatment of previous root canal therapy – anterior	300.00	
+ D3347	Retreatment of previous root canal therapy – bicuspid	400.00	
+ D3348	Retreatment of previous root canal therapy - molar	600.00	
+ D3410	Apicoectomy /periradicular surgery – anterior	75.00	
+ D3421	Apicoectomy/periradicular surgery – bicuspid (first root)	100.00	
+ D3425	Apicoectomy / periradicular surgery - molar (first root)	125.00	
+ D3426	Apicoectomy / periradicular surgery – each additional root	45.00	
+ D3430	Retrograde filling – per root	55.00	
+ D3450	Root amputation – per root	75.00	
+ D3920	Hemisection (including any root removal), not including root canal therapy	85.00	
<b>Periodontics</b>			
+ D4210	Gingivectomy or Gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant	100.00	
+ D4211	Gingivectomy or Gingivoplasty – one to three teeth per quadrant	75.00	

ADA Code	Service Description	Member Copayment	Maximum Additional Charges to Members for Lab Fees
+ D4260	Osseous surgery – (including flap entry and closure) four or more contiguous teeth or bounded teeth spaces per quadrant	300.00	
+ D4261	Osseous surgery – (including flap entry and closure) one to three contiguous teeth or bounded teeth spaces per quadrant	240.00	
+ D4320	Provisional splinting – intracoronal	75.00	
+ D4321	Provisional splinting - extracoronal	95.00	
+ D4341	Periodontal scaling and root planing, four or more teeth per quadrant	75.00	
+ D4342	Periodontal scaling and root planing, one to three teeth per quadrant	55.00	
+ D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	95.00	
+ D4910	Periodontal maintenance	50.00	
+ None <sup>1</sup>	Periodontal hygiene instruction	No Charge	
+ None <sup>1</sup>	Periodontal charting for planning (specialty)	15.00	
<b>Removable Prosthodontics (Dentures)</b>			
+ D5110	Complete denture – maxillary	305.00	150.00
+ D5120	Complete denture – mandibular	305.00	150.00
+ D5130	Immediate denture – maxillary	365.00	175.00
+ D5140	Immediate denture – mandibular	365.00	175.00
+ D5211	Maxillary partial denture – resin base	320.00	125.00
+ D5212	Mandibular partial denture – resin base	320.00	125.00
+ D5213	Maxillary partial denture – cast metal framework with resin denture bases	400.00	175.00
+ D5214	Mandibular partial denture – cast metal framework with resin denture bases	400.00	175.00
	D5211 – D5214 including any conventional clasps, rests, and teeth		
+ D5410	Adjust complete denture – maxillary	15.00	
+ D5411	Adjust complete denture – mandibular	15.00	
+ D5421	Adjust partial denture – maxillary	15.00	
+ D5422	Adjust partial denture – mandibular	15.00	
+ D5510	Repair broken complete denture base	25.00	75.00
+ D5520	Replace missing or broken teeth – complete denture (each tooth)	35.00	75.00
+ D5610	Repair resin denture base	35.00	75.00
+ D5620	Repair cast framework	35.00	100.00
+ D5630	Repair or replace broken clasps	35.00	100.00
+ D5640	Replace broken teeth - per tooth	35.00	75.00
+ D5650	Add tooth to existing partial denture	35.00	75.00
+ D5730	Reline complete maxillary denture (chairside)	60.00	
+ D5731	Reline complete mandibular denture (chairside)	65.00	
+ D5740	Reline maxillary partial denture (chairside)	65.00	
+ D5741	Reline mandibular partial denture (chairside)	65.00	
+ D5750	Reline complete maxillary denture (laboratory)	95.00	75.00
+ D5751	Reline complete mandibular denture (laboratory)	95.00	75.00
+ D5760	Reline maxillary partial denture (laboratory)	95.00	75.00
+ D5761	Reline mandibular partial denture (laboratory)	95.00	75.00
+ D5850	Tissue conditioning – maxillary	25.00	
+ D5851	Tissue conditioning – mandibular	25.00	
+ D5862	Precision attachment, by report	150.00	
<b>Fixed Prosthodontics</b>			
+ D6210	Pontic – cast high noble metal	310.00	75.00

ADA Code	Service Description	Member Copayment	Maximum Additional Charges to Members for Lab Fees
+	D6211 Pontic – cast predominantly base metal	310.00	75.00
+	D6212 Pontic – cast noble metal	310.00	75.00
+	D6240 Pontic – porcelain fused to high noble metal	310.00	100.00
+	D6241 Pontic – porcelain fused to predominantly base metal	310.00	100.00
+	D6242 Pontic – porcelain fused to noble metal	310.00	100.00
+	D6245 Pontic – porcelain / ceramic	310.00	100.00
+	D6251 Pontic – resin with base metal	310.00	100.00
+	D6740 Crown – porcelain / ceramic	310.00	100.00
+	D6750 Crown – porcelain fused to high noble metal	310.00	100.00
+	D6751 Crown – porcelain fused to predominantly base metal	310.00	100.00
+	D6752 Crown – porcelain fused to noble metal	310.00	100.00
+	D6780 Crown - > cast high noble metal	310.00	75.00
+	D6790 Crown – full cast high noble metal	310.00	75.00
+	D6791 Crown – full cast predominantly base metal	310.00	75.00
+	D6792 Crown – full cast noble metal	310.00	75.00
+	D6930 Recement fixed partial denture	15.00	
+	D6940 Stress breaker	150.00	
+	D6950 Precision attachment, by report	150.00	75.00
+	D6980 Fixed partial denture repair, by report	55.00	75.00
<b>Oral Surgery</b>			
+	D7111 Extraction, coronal remnants – deciduous tooth	25.00	
+	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	25.00	
+	D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	65.00	
+	D7220 Removal of impacted tooth - soft tissue	80.00	
+	D7230 Removal of impacted tooth - partial bony	90.00	
+	D7240 Removal of impacted tooth – completely bony	115.00	
+	D7241 Removal of impacted tooth – completely bony, with unusual surgical complications	165.00	
+	D7250 Surgical removal of residual tooth roots (cutting procedure)	50.00	
+	D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	60.00	
+	D7280 Surgical access of an unerupted tooth	55.00	
+	D7310 Alveoloplasty in conjunction with extractions, per quadrant	65.00	
+	D7320 Alveoloplasty not in conjunction with extractions, per quadrant	75.00	
+	D7471 Removal of lateral exostosis (maxilla or mandible)	100.00	
+	D7510 Incision and drainage of abscess – intraoral soft tissue	30.00	
+	D7910 Suture of small wound up to 5 cm.	15.00	
+	D7960 Frenulectomy (frenectomy or frenotomy) – separate procedure	75.00	
<b>Other Services</b>			
	D9110 Palliative (emergency) treatment of dental plan – minor procedures	25.00	
***	D9215 Local anesthesia	No Charge	
+	D9220 Deep Sedation/General anesthesia -first 30 minutes	180.00	
+	D9230 Analgesia, Anxiolysis, Inhalation of nitrous oxide – first 30 minutes	20.00	
	D9241 Intravenous Conscious Sedation – first 30 minutes	180.00	
	D9242 Intravenous sedation / analgesia – each additional 15 min.	75.00	
	D9310 Consultation – provided by someone other than dentist providing treatment	94.00	

<b>ADA Code</b>	<b>Service Description</b>	<b>Member Copayment</b>	<b>Maximum Additional Charges to Members for Lab Fees</b>
	D9430 Office visit for observation	5.00	
+	D9440 Office visit after regularly scheduled hours	45.00	
	D9910 Application of desensitizing medication	15.00	
	D9911 Application of desensitizing resin for cervical or root surface per tooth	10.00	
+	D9940 Occlusal Guards	75.00	75.00
+	D9951 Occlusal Adjustment – limited	35.00	
+	D9952 Occlusal Adjustment – complete	160.00	

\*\* Restorations and endodontic posts and cores placed after root canal therapy are subject to a separate Copayment. \*\*\* ADA service codes marked with “\*\*\*\*” can only be obtained in conjunction with ADA service codes marked with “+”

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<sup>1</sup>Service does not have an American Dental Association Current Dental Terminology code or descriptor.

**2. PLAN SPECIALIST SERVICES (subject to Limitations and Exclusions listed in the Member Benefits Description):**

Should Member require dental services that his selected Plan Dentist is unable to provide, he may obtain those services from a Plan Specialist. No referral is needed from Member's selected Plan Dentist in order for Member to obtain services from Plan Specialist of his choice. There is no applicable copayment schedule for Plan Specialist services. A 15% discount, off that Plan Specialist's list charge will be applied to services obtained from a Plan Specialist who is an Endodontist. A 25% discount, off that Plan Specialist's list charge, will be applied to all other services (including orthodontic services) received from a Plan Specialist. Member will be responsible for paying the entire discounted charge (including any applicable lab fees) at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

**Payment for all services received from a specialist who is not a-Plan Specialist will be the responsibility of Member.**

## HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL, DENTAL AND VISION INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### I. Our Commitment

Union Security Insurance Company and its affiliated prepaid dental companies\* are committed to protecting the personal information entrusted to us by our customers. The trust you place in us when you share your personal information is a responsibility we take very seriously and is the cornerstone of how we conduct our business.

We use the brand name "Assurant Employee Benefits" to associate our products and services and to connect us with the brand of our parent company, Assurant, Inc.

The Health Insurance Portability and Accountability Act (HIPAA) provides us and our affiliates with guidelines and standards to follow when we use or disclose your Protected Health Information (PHI). This new law also gives you, our customer, numerous rights regarding your ability to see, inspect, and copy your PHI. Because our commitment to privacy means complying with all privacy laws, we are providing you this notice outlining our privacy practices. The following information is intended to help you understand what we can and cannot do with your PHI and what your rights are under HIPAA.

### II. Our Use and Disclosure of Your PHI

HIPAA allows us to use and disclose your PHI for treatment, payment, and dental or vision care operations without asking your permission. For instance, we may disclose information to a dental or vision provider to assist the provider in properly treating you or a dependent (Treatment). We may disclose certain information to the dental or vision provider in order to properly pay a claim or to your employer in order to collect the correct premium amount (Payment). We may disclose your information in order to help us make the correct underwriting decision or to determine your eligibility (Operations).

Other examples of possible disclosures for purposes of dental or vision care operations include:

- Underwriting our risk and determining rates and premiums for your dental or vision plan;
- Determining your eligibility for benefits;
- Reviewing the competence and qualifications of dental care or other providers;
- Conducting or arranging for dental review, legal services, and auditing functions, including fraud and abuse detection and compliance;
- Business planning and development;
- Business management and general administrative duties such as cost-management, customer service, and resolution of internal grievances;
- Other administrative purposes.

We can also make disclosures under the following circumstances without your permission:

- As required by law, including response to court and administrative orders, or to report information about suspected criminal activity;
- To report abuse, neglect, or domestic violence;

- To authorities that monitor our compliance with these privacy requirements;
- To coroners, medical examiners, and funeral directors;
- For research and public health activities, such as disease and vital statistic reporting;
- To avert a serious threat to health or safety;
- To the military, certain federal officials for national security activities, and to correctional institutions;
- To the entity sponsoring your group dental or vision plan but only for purposes of enrollment, disenrollment, eligibility or for the purpose of giving the plan sponsor summary information when necessary to help make decisions regarding changes to the plan. If the plan sponsor has certified that its plan documents have been amended to include certain privacy provisions, we may also disclose protected health information to the plan sponsor to carry out plan administration functions that the plan sponsor performs on behalf of the plan;
- To a spouse, family member, or other personal representative if they can show they are assisting in your care or payment of your care and then, without an authorization, only basic information about the status or payment of a claim.

**Unless you give us written authorization, we cannot use or disclose your PHI for any reason except as otherwise described in this notice.** You may revoke your written authorization at any time by writing us at the address indicated at the end of this notice.

### III. Your Individual Rights

You have the following rights with regard to your Protected Health Information:

- **To Restrict our Use or Disclosure.** You have the right to ask us to limit our use or disclosure of your PHI. While we will consider your request, we are not legally required to agree to the additional restrictions. If we do agree to all or part of your request, we will inform you in writing. We cannot agree to limit any use and disclosure of your PHI if the use or disclosure is required by law.
- **To Access your PHI.** You have the right to view and/or copy your PHI at any time by contacting us. If you want copies of your PHI, or want your PHI in a special format, we may charge you a fee. You have a right to choose what portions of your PHI you want copied and to have prior notice of copying costs. If for some reason we deny your request for access to your PHI, we will provide a written explanation of why your request was denied and explain how you can appeal the denial.
- **To Amend your PHI.** You have the right to amend your PHI, if you believe it is incomplete or inaccurate. Your request must be in writing, with an explanation of why you feel the information should be amended. If we approve your request to amend your PHI, we will make reasonable efforts to inform others, including people you name, about the amendment to your PHI. We may deny your request for various reasons, for example, if we determine that the information is correct and complete, or if we did not create the information. If we deny your request, we will provide you a written explanation of our decision. We also will explain your rights regarding having your request and our response included with all future disclosures of your PHI.
- **To Obtain an Accounting of our Disclosures.** You have the right to receive a listing from us of all instances in which we or our business associates have disclosed your PHI for purposes other than treatment, payment, health care operations, or as authorized by you. This list will include only those disclosures made since April 14, 2003 and will only go back six years. The accounting will tell you the date we made the disclosure, the name of the person or entity to whom the disclosure was

made, a description of the PHI that was disclosed, and the reason for the disclosure. There may be a charge for accounting disclosures if requested more than once a year.

- **To Request Alternative Communications.** You have the right to ask us to communicate with you about your confidential information by a different method or at another location. We will accommodate all reasonable requests.
- **To Receive Notice.** You are entitled to receive a copy of this notice that outlines our HIPAA privacy practices. We reserve the right to change these practices and the terms of this notice at any time. We will not make any material changes to our privacy practices without first sending you a revised notice. If you receive this notice on our website or by electronic mail, you may request a paper copy.

#### IV. Who to Contact for Questions and Complaints

If you want more information about our privacy practices, wish to exercise any of your rights with regard to your PHI, or have any questions about the information in this notice, please use the contact information below. If you believe we may have violated your privacy rights, or if you disagree with a decision that we made in connection with your PHI, you may file a complaint using the contact information below. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may locate the regional office nearest to you by visiting their web site, <http://www.hhs.gov/ocr/privacyhowtofile.htm>. We fully support your right to the privacy of your PHI, and will not retaliate in any way if you choose to file a complaint.

Mailing Address:	Assurant Employee Benefits Privacy Office P.O. Box 419052 Kansas City, MO 64141-6052
Telephone:	800.733.7879
Email:	PrivacyOffice.AEB@assurant.com
Web Site:	<a href="http://www.assurantemployeebenefits.com">www.assurantemployeebenefits.com</a>

#### V. Organizations Covered by This Notice

This notice applies to the privacy practices of the organizations referenced below. These organizations may share your PHI with each other as needed for payment activities or health care operations relating to the dental or vision insurance that we provide.

#### VI. Effective Date of This Notice: April 14, 2003

**\* In this notice, "we", "us", and "our" refer to Union Security Insurance Company and the following prepaid dental companies:** DentiCare of Alabama, Inc., Union Security DentalCare of Georgia, Inc., UDC Dental California, Inc., UDC Ohio, Inc., dba United Dental Care of Ohio, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc., Union Security DentalCare of New Jersey, Inc.