



Offering State of Florida employees... *2011 benefit options*

Two dental plans to choose from - It's your choice!

Indemnity with PPO Insured Plan/ Freedom Advance (People First Plan Code: 4074)

- Coinsurance plan
- Access to over 120,000 DHA referable dentist locations nationwide offering up to 30% off their usual fees
- Fast and accurate claims processing
- Freedom to choose any dentist including specialists
- Lifetime of Smiles® including coverage for up to 4 cleanings per year
- Vision Discount Program included

[Learn more on page 2](#)

Prepaid Plan/Heritage Plus (People First Plan Code: 4024)

- Fixed copayment schedule for Plan Dentist services
- No deductibles or claim forms
- No annual maximums
- No waiting periods
- Pre-existing dental conditions are covered
- Each family member may choose their own dentist
- Vision Discount Program included

[Learn more on page 5](#)

We make it simple to enroll with two easy options:

- Call People First at 866.663.4735, or
- Visit <https://peoplefirst.myflorida.com>

Assurant Employee Benefits, who we are

Here are some facts about our company to help you determine the right insurance carrier for your dental plan.

Size and Experience – Assurant, Inc., our parent company is a premier provider of insurance products to many companies that are market leaders in their industries.

- A Fortune 500 company and member of the S&P 500 Index.
- Listed on the Forbes Global 2000 and Forbes 400 Best Big Companies.
- We are an established company with strong contracts and a solid history of integrity with nearly 100 years of experience in the insurance industry.

Expertise – Dental benefits is one of our specialties.

- One of the first to launch a voluntary dental program.
- Industry leader in adding features to make dental benefits an integral part of overall health care – Lifetime of Smiles® program to our insured plans (PPO).

Easy To Do Business With – We make it easy to find answers and assistance.

- Dental claims call center has been recognized as a “Center of Excellence” by the Purdue University Center.
- Our web site Online Advantage for Members offers you a wide range of information at your fingertips including:
 - Eligibility
 - Claims status
 - Find a dentist and/or specialist
 - Request ID card
 - Change facility for prepaid members
 - Benefit details
 - Dental fee cost estimator
 - Ask a Dentist
 - Dental Health Center
 - Customer service
- Dental care can do more than just save your teeth...we promote prevention and wellness through our online Dental Health Center for members – learn more by visiting the site!

State of Florida web site – We make it easy to learn more about the Indemnity with PPO and Prepaid plan being offered to you. You can also access Online Advantage for Members through this site.

- Visit www.assurantemployeebenefits.com/816/state_florida



Introducing your State of Florida Indemnity with PPO Insured Plan - Freedom AdvanceSM

How the plan works

Coverage includes dental and vision benefits through payroll deduction. This dental plan provides a variety of benefits and allows you and your family to use any dentist or specialist you choose. Benefits are paid after any applicable deductible has been met, up to the annual maximum for each covered family member.

Claim payments may be paid direct to you or you may assign them to your dentist, whichever you prefer. Freedom Advance offers a PPO (Preferred Provider Organization) through Dental Health Alliance, L.L.C.® (DHA®) that provides a variety of cost saving features when you see a DHA dentist.

Savings you can see

With DHA you can save money every time you visit the dentist. All of the dentists who participate in the DHA PPO network have agreed to discount their usual fees by approximately 30% on covered and non-covered services!

Sample Cost Savings*:

	Visit to Network Dentist	Visit to Non-Network Dentist
Normal Charge for Crown	\$862	\$862
Minus DHA Discount	30%	NA
Actual Fee	\$603	\$862
Insurance Pays 50%**	\$302	\$431
You Pay	\$301	\$431
Savings from using DHA	\$130	NA

**Savings may differ in cases where deductibles apply.*

***The example shows the 2nd year coinsurance benefit for Type III services; please note that the 1st year coinsurance for Type III services is 25%.*

Lifetime of Smiles®

Freedom Advance includes Lifetime of Smiles®, our oral health program dedicated to improving the smiles of our members for a lifetime with the following features!

- **Four cleanings per year** to include coverage for up to 4 periodontal cleanings in a 12 month period
- **Posterior tooth-colored fillings** preferred by many dentists and their patients
- **Genetic testing** to help identify individuals who are at genetic risk for gum disease
- **Periochips** to control bacteria and reduce the size of periodontal pockets
- **Online Dental Health Center** a trusted resource that offers members the most up-to-date information available on preventive dental care

PPO Customer Service 800.442.7742

State of Florida web site to locate participating dentist and plan information

www.assurantemployeebenefits.com/816/state_florida

Introducing your State of Florida Indemnity with PPO Insured Plan - Freedom AdvanceSM

Plan design

Benefit Maximum, Per Individual Benefit Year

In Network	\$1250
Out of Network	\$1000

Coinsurance Percentage Per Person
Per Individual Benefit Year

	Type I	Type II	Type III
During the 1st year	100%	80%	25%
During the 2nd year and thereafter	100%	80%	50%

Deductible,

*This deductible applies to Type II and III Services only
(Waived for Type I and Type IV Services)*

Per Individual Benefit Year.....	\$50
Insured Percent	
Type IV Dental Services.....	50%
Lifetime Orthodontia Maximum.....	\$1,000
<i>Only for dependent children under age 19</i>	

Plan rates (People First Plan Code: 4074)

Payroll Deduction	Bi-Weekly (24)	Monthly
Employee	\$20.74	\$41.48
Employee/Spouse	\$39.82	\$79.63
Employee/Child(ren)	\$46.92	\$93.84
Employee/Family	\$62.07	\$124.14

Type I Dental Services, Including:

- Routine Oral Examinations - once every 6 months in a row
- Routine Dental Cleanings - once every 6 months in a row (Frequencies combined with Periodontal Maintenance)
- Fluoride Treatment - once every 12 months in a row
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 - includes adjustments within 6 months of installation
Only for children under age 16
- Harmful Habit Appliance - once per person
*Only for children under age 16
(Not covered if Orthodontic related)*
- Bitewing X-Rays - once every 12 months

Type II Dental Services, Including:

- X-Rays:
 - Complete Series - once every 60 months
 - Panoramic - once every 60 months (may also be payable in connection with the removal of impacted teeth)
 - Other X-Rays (See Certificate of Insurance)
- New Fillings, Replacement Fillings - once every 24 months per Filling
- Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Introducing your State of Florida Indemnity with PPO Insured Plan - Freedom AdvanceSM

Type III 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 every 12 months
 - Scaling and Root Planing - once every 24 months per area
 - Periodontal Maintenance - once every 6 months (Frequencies combined with Routine Dental Cleanings)
- Major Gum Disease Treatment: (Major Periodontics)
 - Gingivectomy, Osseous Surgery, other major periodontic procedures - once every 36 months per area
- Crowns, Initial Placement, Replacement and Maintenance of Inlays, Onlays, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

Type IV Dental Services, Including:

Only for dependent children under age 19

- Limited Orthodontic Treatment
- Interceptive Orthodontic Treatment
- Comprehensive Orthodontic Treatment
- Minor Treatment to control harmful habits

Orthodontics.....12 Month Waiting Period

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 to the end of the calendar year in which they turn 26. Dependent eligibility variation exists in some states. Please refer to your Group Policy.

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.

How to find a DHA PPO dentist?

It's easy to locate participating general dentists and specialists in your area. You have these options:

1. **Visit** www.assurantemployeebenefits.com/816/state/florida
 - Choose the search method you prefer
 - Enter in your search criteria and a listing of participating dentists will be provided
2. **Call** Assurant Employee Benefits at 800.442.7742 for assistance in locating a DHA Dentist
3. If your dentist is not a participating provider you may **nominate** them at www.assurantemployeebenefits.com under "For Members" then "Find a Dentist" for consideration into the network.

PPO Customer Service 800.442.7742

State of Florida web site to locate participating dentist and plan information

www.assurantemployeebenefits.com/816/state_florida

Introducing your State of Florida Prepaid Plan - Plus Plan (Heritage Series network)

How the plan works

Coverage includes dental and vision benefits through payroll deduction. With the Plus prepaid plan you pay reduced fees called “copayments” for dental services provided by a network provider (Plan Dentist). At the time of enrollment, you must choose a Plan Dentist for each family member from the list of participating general dentists. Once you have selected a primary dentist, you will be included on your dentist’s monthly member roster and you can contact the office to make your dental appointments.

Visit www.assurantemployeebenefits.com/816/state_florida for a list of participating providers and complete plan information including the covered services.

Plan prepayment fees (People First Plan Code: 4024)

Payroll Deduction	Bi-Weekly (24)	Monthly
Employee	\$6.80	\$13.59
Employee/Spouse	\$11.49	\$22.98
Employee/Child(ren)	\$14.87	\$29.73
Employee/Family	\$17.43	\$34.86

Plan features

- No waiting periods
- No deductibles
- No claim forms
- No annual maximums
- Pre-existing dental conditions are covered
- Each family member may choose a different Plan Dentist
- Fixed copayment schedule for Plan Dentist services
- “No charge” services for oral exams, x-rays, routine cleanings and fluoride treatments
- Orthodontic benefits for adults and children
- Specialty care available at a 15% to 25% discount off participating specialists’ usual fees



Introducing your State of Florida Prepaid Plan - Plus Plan (Heritage Series network)

Is prepaid dental right for me?

Are you concerned with the rising cost of benefits?

Do you need a dental plan that is simple to use and understand?

If you answered "Yes" then prepaid dental may be the right dental choice for you!

How does a network-based plan work?

Your dental care is provided by a dentist who participates in the network – a network with over 5,500 referable locations of general dentists and specialists across the state of Florida.

How will I know what dentists participate?

To locate a directory of general dentists and specialists call customer service at 800.443.2995 for assistance or visit www.assurantemployeebenefits.com/816/state_florida (select Heritage Series network).

Do I have to select a primary dentist? Can I change my dentist?

Yes, you will need to select a primary dentist from the list of general dentists. You can change your primary dentist as frequently as every month with a simple call to customer service. Please note you must contact Assurant Employee Benefits by the 10th of the month for the change to be effective the 1st of the following month.

What if I choose to see a dentist other than my selected Plan Dentist?

The costs will not be covered by the dental plan and you will be responsible for the full payment to the dentist. This is why it's important for you to seek treatment from the selected Plan Dentist.

What about coverage for specialists?

You may see a specialist without a referral from your general dentist. Please see page 7 for information on how to obtain services from a Plan Specialist.

For more information about the prepaid plan who do I call?

Contact Customer Service by calling 800.443.2995.

The Prepaid plan is a network-based dental program and a great way to receive your dental care!

Prepaid Customer Service 800.443.2995

State of Florida web site to locate participating dentist and plan information www.assurantemployeebenefits.com/816/state_florida

PREPAID PLAN - PLUS PLAN (People First Plan Code: 4024)

Copayment Schedule

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. Dental services that do not appear on this list are not covered by the Plan.

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

Should the Member require dental services that his or her selected Plan Dentist is unable to provide, he or she may obtain those services from a Plan Specialist at a reduced rate. No referral is needed from the selected Plan Dentist in order for the Member to obtain services from a Plan Specialist.

There is no applicable copayment schedule for Plan Specialist services. Instead, the following reductions in that Plan Specialist's normal retail charges apply to all services received from a Plan Specialist. A 15% reduction applies if the Plan Specialist is an endodontist. A 25% reduction applies if the Plan Specialist is any other type of specialist, including but not limited to an orthodontist. The Member is responsible for paying the entire reduced charge at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

Payment for each service of a Non-Plan Specialist (at that specialist's normal retail charge) is the responsibility of the Member, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.

ADA Code	Plan Dentist Treatment	Member Copayment
None	Office visit - during regularly scheduled hours***	10.00
0120	Periodic oral evaluation (once in any 6 calendar months)	No Charge
0140	Limited oral evaluation - problem focused	20.00
0150	Comprehensive oral evaluation - new or established patient (once in any 6 calendar months)	No Charge
0160	Detailed and extensive oral evaluation - problem focused	15.00
0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	15.00
0180	Comprehensive periodontal evaluation - new or established patient	15.00
None	Missed appointment without 24-hour notice***	20.00
9310	Consultation (diagnostic service by dentist other than practitioner providing treatment)	60.00

ADA Code	Plan Dentist Treatment	Member Copayment
9440	Office visit - after regularly scheduled hours	40.00
Diagnostic Dentistry		
X-ray: intraoral		
0210	complete series (including bitewings) (once in any 3 calendar years)	No Charge
0220	periapical first film	No Charge
0230	periapical each additional film	No Charge
0240	occlusal film	No Charge
X-ray: extraoral		
0250	first film	No Charge
0260	each additional film	No Charge
0270	single film	No Charge
X-ray: bitewing		
0272	two films (once in any 6 calendar months)	No Charge
0274	four films (once in any 6 calendar months)	No Charge
0277	vertical bitewings - 7 to 8 films	No Charge
X-ray: panoramic film		
0330	(once in any 3 calendar years)	No Charge
0415	Bacteriologic studies for determination of pathologic agents	No Charge
0425	Caries susceptibility tests	No Charge
0460	Pulp vitality tests	No Charge
Preventive Dentistry		
Prophylaxis		
1110	Adult (once in any 6 calendar months)	No Charge
1120	Child (once in any 6 calendar months)	No Charge
1203	Topical application of fluoride (prophylaxis not included) - child	No Charge
1310	Nutritional counseling for control of dental disease	No Charge
1330	Oral hygiene instructions	No Charge
1351	Sealant - per tooth	10.00
Space maintainer		
1510*	fixed - unilateral	60.00
1515*	fixed - bilateral	60.00
1520*	removable - unilateral	85.00
1525*	removable - bilateral	105.00
1550	Recementation of space maintainer	15.00
None	Additional prophylaxis***	25.00
Occlusal		
9940*	guard	70.00
9951	adjustment - limited	30.00
9952	adjustment - complete	150.00
Restorative Dentistry		
Amalgam		
2140	one surface, primary or permanent	10.00
2150	two surfaces, primary or permanent	15.00
2160	three surfaces, primary or permanent	35.00
2161	four or more surfaces, primary or permanent	45.00
Resin-based composite		
2330	one surface, anterior	35.00
2331	two surfaces, anterior	45.00
2332	three surfaces, anterior	55.00

PREPAID PLAN - PLUS PLAN

Copayment Schedule

ADA Code	Plan Dentist Treatment	Member Copayment	ADA Code	Plan Dentist Treatment	Member Copayment
Resin-based composite continued					
2335	four or more surfaces or involving incisal angle (anterior).....	65.00	3426	Apicoectomy/periradicular surgery (each additional root).....	100.00
2391	one surface, posterior.....	60.00	3430	Retrograde filling - per root.....	40.00
2392	two surfaces, posterior.....	70.00	3450	Root amputation - per root.....	70.00
2393	three surfaces, posterior.....	80.00	3920	Hemisection (including any root removal), not including root canal therapy.....	80.00
2394	four or more surfaces, posterior.....	110.00	Periodontics		
Inlay-metallic					
2510*	one surface.....	102.00	4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded teeth spaces per quadrant.....	120.00
2520*	two surfaces.....	125.00	4211	one to three teeth, per quadrant.....	65.00
2530*	three or more surfaces.....	150.00	4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.....	140.00
Onlay-metallic					
2542*	two surfaces.....	215.00	4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant.....	100.00
2543*	three surfaces.....	220.00	4260	Osseous surgery, (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.....	350.00
2544*	four or more surfaces.....	220.00	4261	Osseous surgery, (including flap entry and closure) - one to three teeth, per quadrant.....	203.00
Inlay-Porcelain/ceramic					
2610*	one surface.....	200.00	4320	Provisional splinting - intracoronal.....	80.00
2620*	two surfaces.....	210.00	4321	Provisional splinting - extracoronal.....	75.00
2630*	three or more surfaces.....	220.00	4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.....	50.00
Crown					
2740*	porcelain/ceramic substrate.....	265.00	4342	Periodontal scaling and root planing - one to three teeth, per quadrant.....	30.00
2750*	porcelain fused to high noble metal.....	265.00	4355	Full mouth debridement to enable comprehensive evaluation and diagnosis.....	70.00
2751*	porcelain fused to predominantly base metal.....	265.00	4910	Periodontal maintenance.....	45.00
2752*	porcelain fused to noble metal.....	265.00	None	Periodontal hygiene instructions***.....	No Charge
2790*	full cast high noble metal.....	265.00	Removable Prosthodontics (Removable Dentures)		
2791*	full cast predominantly base metal.....	265.00	5110*	Complete denture - maxillary.....	295.00
2792*	full cast noble metal.....	265.00	5120*	Complete denture - mandibular.....	375.00
2910	Recement inlay.....	15.00	5130*	Immediate denture - maxillary.....	400.00
2920	Recement crown.....	15.00	5140*	Immediate denture - mandibular.....	400.00
2930	Prefabricated stainless steel crown - primary tooth.....	80.00	5211*	Maxillary partial denture - resin base..... (including any conventional clasps, rests, and teeth).....	350.00
2940	Sedative filling.....	15.00	5212*	Mandibular partial denture - resin base..... (including any conventional clasps, rests, and teeth).....	350.00
2950	Core buildup, including any pins.....	75.00	5213*	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth).....	380.00
2951	Pin retention - per tooth, in addition to restoration.....	15.00	5214*	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests, and teeth).....	380.00
2952*	Cast post and core, in addition to crown.....	90.00	5410	Adjust complete denture - maxillary.....	15.00
2954	Prefabricated post and core, in addition to crown.....	80.00	5411	Adjust complete denture - mandibular.....	15.00
2962*	Labial veneer (porcelain laminate) - laboratory.....	315.00	5421	Adjust partial denture - maxillary.....	15.00
2980	Crown repair.....	25.00	5422	Adjust partial denture - mandibular.....	15.00
None	Temporary filling***.....	15.00	5510*	Repair broken complete denture base.....	30.00
Endodontics					
3110	Pulp cap - direct (excluding final restoration).....	15.00	5610*	Repair resin denture base.....	35.00
3120	Pulp cap - indirect (excluding final restoration).....	10.00	5620*	Repair cast framework.....	35.00
3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.....	40.00	5630*	Repair or replace broken clasp.....	35.00
Root canal therapy					
3310	anterior (excluding final restoration).....	135.00	5640*	Replace broken teeth - per tooth.....	35.00
3320	bicuspid (excluding final restoration).....	195.00	5650*	Add tooth to existing partial denture.....	35.00
3330	molar (excluding final restoration).....	245.00			
Retreatment of previous root canal therapy					
3346	anterior.....	325.00			
3347	bicuspid.....	385.00			
3348	molar.....	460.00			
3410	Apicoectomy/periradicular surgery - anterior.....	125.00			
3421	Apicoectomy/periradicular surgery - bicuspid (first root).....	170.00			
3425	Apicoectomy/periradicular surgery - molar (first root).....	220.00			

PREPAID PLAN - PLUS PLAN

Copayment Schedule

ADA Code	Plan Dentist Treatment	Member Copayment	ADA Code	Plan Dentist Treatment	Member Copayment
Removable Prosthodontics (Removable Dentures) Cont.					
Reline					
5730	complete maxillary denture (chairside).....	60.00	7111	Extraction, coronal remnants - deciduous tooth	20.00
5731	complete mandibular denture (chairside).....	60.00	7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	15.00
5740	maxillary partial denture (chairside).....	60.00	7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.....	50.00
5741	mandibular partial denture (chairside).....	60.00	Removal of impacted tooth		
5750*	complete maxillary denture (laboratory).....	95.00	7220	soft tissue.....	65.00
5751*	complete mandibular denture (laboratory).....	95.00	7230	partially bony.....	75.00
5760*	maxillary partial denture (laboratory).....	95.00	7240	completely bony.....	100.00
5761*	mandibular partial denture (laboratory).....	95.00	7241	completely bony, with unusual surgical complications.....	135.00
5850	Tissue conditioning, maxillary.....	25.00	7250	Surgical removal of residual tooth roots (cutting procedure).....	40.00
5851	Tissue conditioning, mandibular.....	25.00	7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	100.00
5862	Precision attachment.....	150.00	7281	Surgical exposure of impacted or unerupted tooth to aid eruption.....	85.00
Fixed Prosthodontics (Bridges or Fixed Partial Dentures)					
Pontic					
6210*	cast high noble metal.....	265.00	7310	Alveoloplasty in conjunction with extractions - per quadrant.....	60.00
6211*	cast predominantly base metal.....	265.00	7320	Alveoloplasty not in conjunction with extractions - per quadrant.....	90.00
6212*	cast noble metal.....	265.00	7510	Incision and drainage of abscess - intraoral soft tissue.....	35.00
6240*	porcelain fused to high noble metal.....	265.00	7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.....	125.00
6241*	porcelain fused to predominantly base metal.....	265.00	Anesthesia, Analgesia, and Sedation		
6242*	porcelain fused to noble metal.....	265.00	9220	Deep sedation/general anesthesia - first 30 minutes.....	180.00
6251*	resin with predominantly base metal.....	265.00	9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	15.00
6545*	Retainer - cast metal for resin bonded fixed prosthesis..	140.00	9241	Intravenous conscious sedation/analgesia - first 30 minutes.....	165.00
Crown					
6721*	resin with predominantly base metal.....	265.00	9242	Intravenous conscious sedation/analgesia - each additional 15 minutes.....	30.00
6750*	porcelain fused to high noble metal.....	265.00	Bleaching		
6751*	porcelain fused to predominantly base metal.....	265.00	9972	External bleaching per arch.....	155.00
6752*	porcelain fused to noble metal.....	265.00			
6780*	3/4 cast high noble metal.....	265.00			
6790*	full cast high noble metal.....	265.00			
6791*	full cast predominantly base metal.....	265.00			
6792*	full cast noble metal.....	265.00			
6930	Recement fixed partial denture.....	15.00			
6940	Stress breaker.....	150.00			
6950	Precision attachment.....	195.00			
6980*	Fixed partial denture repair.....	45.00			
None*	Resin bonded bridge pontic, per unit***.....	235.00			

This is an example of the 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. Availability of Plan Dentists is 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.

Current Dental Terminology © American Dental Association.

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

Products marketed by Assurant Employee Benefits are underwritten or provided by Union Security Insurance Company or an affiliated prepaid dental company.

Limitations & Exclusions

Termination

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.

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 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.

Limitations and Exclusions

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.

Products marketed by Assurant Employee Benefits are underwritten or provided by Union Security Insurance Company or an affiliated prepaid dental company.

How do I find a Prepaid Plan Dentist?

There are three steps in finding and selecting a prepaid plan dentist:

1. Visit the Assurant Employee Benefits' State of Florida web site at http://www.assurantemployeebenefits.com/816/state_florida. Select the "Prepaid Provider Search" on the home page. You will be able to customize the provider search based on your input.
2. List the provider's name on your enrollment form along with the ID#. Providers not available to new patients are indicated with an * in the Status field. If you are not currently a patient, you may not select these providers.
3. If you are unable to choose a provider at the time of enrollment, you must call Customer Service at 800.443.2995 on or after your effective date of coverage and select a plan provider. You will need to have a plan provider assigned before you can make an appointment.

Your prepaid dental plan is simple to use when you follow these steps:

- Verify with your Plan Dentist that you are on their roster before making a dental appointment.
- Call early for routine dental care for the best availability of appointment times.
- Be familiar with your copayment schedule to determine your costs for dental services.
- Discuss concerns regarding proposed treatments with your Plan Dentist.
- Contact customer service at 800.443.2995 for assistance with selecting or changing your Plan Dentist.

Prepaid Customer Service 800.443.2995

State of Florida web site to locate participating dentist and plan information www.assurantemployeebenefits.com/816/state_florida



Vision Discount Program

(Included with both the PPO and Prepaid Plan)



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 doctor's professional services when purchasing all prescription contact lenses² (materials at doctor's usual and customary fees)³
- **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

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.

³VSP offers valuable savings on annual supplies of selected brands of contact lenses.

VSP Member Service 800.877.7195

How to Enroll for your 2011 dental plan

Enrolling in an Assurant Employee Benefits dental plan is easy! Here are the simple options for completing your enrollment form:

- Call People First Service Center at 866.663.4735
- OR*
- Enroll online at <https://peoplefirst.myflorida.com>

If you need more information, please call us...

Servicing Agent
State Securities Corporation
800.277.2300 • 850.386.2300 (Tallahassee)

Assurant Employee Benefits Customer Service
800.443.2995 (Prepaid Plan-Heritage Series)
800.442.7742 (PPO Insured Plan-Freedom Advance)

www.assurantemployeebenefits.com/816/state_florida



ASSURANT
Employee
Benefits®