Voluntary Dental PPO

Good news about dental benefits for employees of
Northwest Florida State College

Dental Plan Choice
Our company understands that today’s employees demand choice. That’s why we offer a voluntary dental program that allows you to choose between a basic and deluxe plan.

The Hi-Lo Choice provides you with the freedom to choose a dental plan that best fits your individual needs. Compare the cost and benefits of each plan, then determine which plan will work best for you and your family.

Plan Features:
- Freedom to choose any dentist, including specialists
- PPO options available
- 12-month rate guarantee
- Vision care program includes access to discounts (including contact lens exams)

How the Plan Works
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. Claim payments may be made to you or your dentist, whichever you prefer.

You may find a DHA provider by visiting the Assurant Employee Benefits web site at www.assurantemployeebenefits.com – Select “For Members” – “Find a dentist” – “Dental Health Alliance”. Or call customer service at 800.442.7742.

The Choice Is Yours
Freedom Basic provides coverage for some of the more common dental procedures. Freedom Advance also offers valuable protection, and provides increased benefits over the Freedom Basic plan.

IMPORTANT:
Coverage for eligible employees will begin the first day of the month following the eligibility period. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.

1The MAC plan allows employees to have access to the Dental Health Alliance (DHA)® PPO providers and take advantage of their fee discounts. Dentists participating in the DHA networks have agreed to discount their usual fees. Treatment is available from dentists who do not participate in DHA®, but their fees are subject to a Maximum Allowable Charge (MAC). The allowable amount for non-participating dentists is based on 20% off the 80th percentile of usual and customary. Patients are responsible for fees in excess of the MAC. There can be significant out-of-pocket expenses if a non-participating dentist is chosen.

Plan frequencies, limitations and waiting periods apply.

Assurant Employee Benefits is the brand name used for insurance products underwritten and issued by Union Security Insurance Company.
Savings You Can See

Monthly Payroll Deduction

<table>
<thead>
<tr>
<th>Category</th>
<th>Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$21.20</td>
</tr>
<tr>
<td>Employee + 1 Dependent</td>
<td>$38.71</td>
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<tr>
<td>Employee + 2 or more Dependents</td>
<td>$67.90</td>
</tr>
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</table>

Freedom Basic-PPO

Yearly Benefit Maximum:
Per Person, Per Policy Year $1,000

Coinsurance Percentage Per Person:
- Type I Dental Services: 100%
- Type II Dental Services: 80%

Deductible:
- Per Person, Per Policy Year: $50
- Waived for Type I Services: Yes

Type I Preventive Dental Services, Including:
- Oral Evaluations – once in any 12-month period
- Routine Dental Cleanings – once in any 6-month period
- Fluoride Treatment – once in any 12-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
- Space Maintainer
  - Only for children under age 16

Type II Basic Dental Services, Including:
- X-Rays:
  - Bitewing – once in any 12-month period
  - Panoramic or complete series – once in any 60-month period
  - Other X-Rays (See Certificate of Insurance)
- New Fillings
- Replacement Fillings – once in any 24-month period per Filling
- Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections
- Minor Gum Disease Treatment: (Minor Periodontics)
- Provisional Splinting, Occlusal Adjustments – once in any 12-month period
- Scaling and Root Planing – once in any 24-month period per area
- Periodontal Maintenance – once in any 6 consecutive months

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 less than age 26.

Late Entrants
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 ofCoverage. Please see the Group Policy, which alone determines all rights, benefits, and applicable Limitations and Exclusions. We and the policyholder have the option to cancel the group policy.
Monthly Payroll Deduction

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Employee</td>
<td>$40.23</td>
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<tr>
<td>Employee + 2 or more Dependents</td>
<td>$106.39</td>
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Freedom Advance-PPO

Yearly Benefit Maximum:
Per Person, Per Policy Year $1,000

Coinsurance Percentage Per Person:

<table>
<thead>
<tr>
<th></th>
<th>Type I</th>
<th>Type II</th>
<th>Type III</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the 1st Year</td>
<td>100%</td>
<td>80%</td>
<td>25%</td>
</tr>
<tr>
<td>During the 2nd Year</td>
<td>100%</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>During the 3rd Year</td>
<td></td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>and thereafter</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Deductible:
Per Person, Per Policy Year $50
Waived for Type I Services Yes

If you are covered under the current dental program on the day it terminates, your benefits will begin at the 2nd policy year level with Type I 100%, Type II 80%, and Type III 50%.

Type I Preventive Dental Services, Including:
- Oral Evaluations – once in any 12-month period
- Routine Dental Cleanings – once in any 6-month period
- Fluoride Treatment – once in any 12-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
- Space Maintainer
  - Only for children under age 16

Type II Basic Dental Services, Including:
- X-Rays:
  - Bitewing – once in any 12-month period
  - Panoramic or complete series – once in any 60-month period
- Other X-Rays (See Certificate of Insurance)
- New Fillings
- Replacement Fillings – once in any 24-month period per Filling
- Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Type III Major 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 in any 12-month period
  - Scaling and Root Planing – once in any 24-month period per area
- 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
- Initial Placement, Replacement and Maintenance of Inlays, Onlays, Crowns, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

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 less than age 26.

Late Entries
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. We and the policyholder have the option to cancel the group policy.
Online Advantage for Members

Assurant Employee Benefits offers you online service capability to help manage your dental care! With a click of a mouse you have immediate access to your plan information with Online Advantage for Members.

Features at your fingertips:

- View eligibility
- View benefit details*
- View claims status
- Find a dentist and/or specialist
- Request ID card
- Change facility for prepaid members
- Dental fee cost estimator
- Ask a dentist
- Dental health center
- Contact customer service

Registering for Online Advantage

To register go to www.assurantemployeebenefits.com, in the Online Advantage Login go to Register Now. All you will need is your Member ID# and date of birth, it's that easy! You can login anytime to view your plan information.

For more information about how Online Advantage can work for you please visit the online demo, call customer service at 800.442.7742 or email claims.dental@assurant.com.

Online Advantage is quick, smart, and convenient!

www.assurantemployeebenefits.com

Products and services marketed by Assurant Employee Benefits are underwritten by Union Security Insurance Company or an affiliated prepaid dental company. In New York, products and services marketed by Assurant Employee Benefits are underwritten by Union Security Life Insurance Company of New York, which is licensed in New York and has its principal place of business in Syracuse, New York.

This policy provides DENTAL insurance only.

*Not available for Prepaid.
You may be surprised to discover that treatment of dental disease cost over $65 billion dollars annually! The cost for treating dental disease is more than cancer, diabetes, and arthritis.

The good news is most dental disease is preventable. Your dental plan is designed to cover most preventive services at no cost to keep your smile a healthy one. Should you need more of the major services, your plan is designed to pay a portion with some out-of-pocket expense.

We highly recommend a pre-determination for any of those major services that are expected to exceed $300.

Pre-determination facts:
- A pre-determination is an estimate of how much of a proposed treatment plan will be covered under your dental program.
- A pre-determination allows you, the member, to figure costs before receiving major treatment.

A pre-determination is designed to help avoid any mis-understanding between you, your dentist, and us as to how much will be paid for any dental services.

Dental Claims Center awarded 2005 Center of Excellence.

Dental Claims / Customer Service:
Assurant Employee Benefits
PO Box 2940
Clinton, IA 52733
800.442.7742

Electronic Claims: Payor 70408
www.assurantemployeебenefits.com
Finding A DENTIST Online

Dental PPO

A listing of providers can be viewed online at www.assurantemployeebenefits.com under the “Find a Dentist” link and using the following network for each plan.

“DHA Series”

Customer Service 1-800-733-7879

Dental health is connected to overall health

The importance of good oral health continues to increase as research indicates the strong connection between oral health and general health. "1 The key to healthcare cost savings tomorrow may be preventive dental care today.

- People with periodontal (gum) disease are almost twice as likely to suffer from coronary artery disease. "2
- Pregnant women with periodontal disease may be seven times more likely to deliver a low birth weight or preterm baby. "3

The national average for two exams, two cleanings and a set of bitewing x-rays is $281.

A molar root canal and associated services could exceed $1,000.
Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, 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 exams.¹
- **Glasses** - 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options.²
- **Contact Lenses** - 15% discount off the contact lens exam (fitting and evaluation).²
- **Laser VisionCare**℠ - 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 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: 800.877.7195
Visit our Web site at www.vsp.com
# Group Insurance Enrollment Card

**Assurant Employee Benefits**

Check one – Employer Use
- [ ] Initial Employee:
  - [ ] Transfer from Prior Dental
  - [ ] Non-Transfer
- [ ] New Employee
- [ ] Change
- [ ] Open Enrollment

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**Employer**: Northwest Florida State College  
**(Group No. 600161)**

**Employee First Name**:  
**MI**:  
**Last Name**:  

**Address**:  
**City**:  
**State**:  
**Zip**:  

**Social Security No.**:  
**Birthdate**:  
**Date of Hire**:  
**Phone**:  
**Sex**:  
- [ ] M  
- [ ] F

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**DENTAL COVERAGE**

I APPLY FOR:  
- [ ] Freedom Basic (Lo Plan)
- [ ] Freedom Advance (Hi Plan)
- [ ] Employee only
- [ ] Employee and eligible dependents

I DECLINE COVERAGE FOR:  
- [ ] Employee
- [ ] Spouse
- [ ] Child(ren)

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Do you have eligible dependents?  
- [ ] Yes  
- [ ] No

If “Yes,” complete below to enroll them.

<table>
<thead>
<tr>
<th>Relation</th>
<th>Sex</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child(ren)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the address of any child is different than the employee’s address, please show that child’s name and address below.

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 ___________

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Union Security Insurance Company  
Mail to: Assurant Employee Benefits  
2323 Grand Boulevard Kansas City Missouri 64108  
Form 59 (6/02) FL  
KC3018(02/2019)