

**DENTAL DESCRIPTION OF BENEFITS – High Plan
Coastal Bend Insurance Cooperative**

Please take this information to the dentist, along with your ID card

Effective Date: 09/01/2008 Group Number: 5,345,604

CALENDAR YEAR DEDUCTIBLE (APPLIES TO CLASS II & III)

Individual \$50
Family 3 individuals

CALENDAR YEAR MAXIMUM BENEFIT (APPLIES TO CLASS I, II & III)

Each Eligible Family Member \$1,000

ORTHODONTIA (APPLIES TO CHILD ONLY)

Deductible \$0
Lifetime Maximum \$1,000

	CLASS I	CLASS II	CLASS III	CLASS IV
	DIAGNOSTIC & PREVENTIVE	BASIC RESTORATIVE	MAJOR RESTORATIVE	ORTHODONTIA
Coinsurance:	100%	80%	50%**	50%**
Description of Services: ***	Oral evaluations, routine cleanings, fluoride treatments, sealants, bitewing X-rays, intraoral complete series X-rays or panoramic film	Intraoral periapical X-rays, fillings, extractions, periodontics, root canal therapy	Crowns, dentures, fixed bridges, space maintainers, general anesthesia and intravenous sedation	Orthodontic extractions, full or partial bands, appliances (removable and fixed)

** A 12-month wait for new hires only

*** Routine cleanings, exams, fluoride treatments – 1 in any 6 months. Periodontal maintenance procedure (Class II) – 1 in any 3 months when combined with routine cleanings. Total number of combined periodontal maintenance procedures and routine cleanings not to exceed 4 in any 12 months.

Pre-Determination: If the charge for any dental treatment is expected to exceed \$300, Assurant Employee Benefits recommends a dental treatment plan be submitted to claims for review before treatment begins.

LOCAL OFFICE:

Assurant Employee Benefits
16775 Addison Road, Suite 500
Addison, TX 75001

T 214.258.1020 800.442.0911 F 214.258.1100

CLAIMS/CUSTOMER SERVICE:

Assurant Employee Benefits
PO Box 2940
Clinton, IA 52733
800.442.7742
Electronic Claims: Payor 70408

Employee Only	\$24.10
Employee & Spouse	\$46.33
Employee & Child(ren)	\$47.61
Employee & Family	\$69.84

This sheet is intended as a summary of benefits for a non-voluntary dental plan. Please consult your certificate booklet for complete coverage details.

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FREQUENTLY ASKED DENTAL ENROLLMENT QUESTIONS

QUESTION: What are my deductibles?

ANSWER: Your plan has a \$50 per person deductible; the family deductible is satisfied when 3 family members meet their \$50 per person deductible. The deductible is waived for Preventive services. Your Orthodontia coverage has no deductible.

QUESTION: Can I see my own dentist?

ANSWER: Yes, this plan allows you to see any dentist you want. However, the DHA[®] PPO helps you to reduce your out-of-pocket cost. If your dentist is not currently a DHA[®] provider, you can nominate your dentist for membership by calling toll-free 800.442.7742.

QUESTION: What is DHA[®]?

ANSWER: Dental Health Alliance[®] L.L.C., or DHA[®], is a national dental Preferred Provider Organization (PPO) owned and operated by Union Security Insurance Company and Assurant, Inc. DHA[®] PPO dentists will discount services not covered by this plan.

QUESTION: How do I locate a PPO provider?

ANSWER: To locate a DHA[®] PPO provider in your area, contact DHA[®] at 800.442.7742. A service representative can confirm whether your current dentist is a DHA[®] PPO panel member, help you nominate your dentist for DHA[®] membership, or refer you to DHA[®] PPO providers in your area. You can nominate your dentist or receive a referral through the DHA[®] website at www.dha.com. To simply locate a dentist, the DHA[®] PPO provider directory can be a valuable resource.

QUESTION: I was covered by my employer's prior plan. Do I have any waiting periods?

ANSWER: If you were covered under the prior carrier's dental plan, you do not have a waiting period for Class III Major services or Class IV Orthodontia services if you enroll within 31 days of becoming eligible for this plan.

QUESTION: When I visit the dentist, do I have to fill out a claim form?

ANSWER: No. Claim forms are available, but they are *not* required. Assurant Employee Benefits will accept a dentist's invoice of services in lieu of a claim form. You will, however, need to provide your dentist with your group number and your social security number, which serve as your identification for all claims.

QUESTION: Who is a Late Entrant?

ANSWER: A "Late Entrant" is anyone who enrolls in this dental plan more than 31 days after becoming eligible for the plan. Late Entrants may be subject to additional waiting periods for Class II Basic, Class III Major, and Class IV Orthodontia services, so there is an advantage to being a "Timely Entrant" who enrolls in the plan within 31 days of becoming eligible.

QUESTION: Who are eligible dependents?

ANSWER: Those qualified to be covered under your dental plan include your spouse and unmarried children less than age 25. Unmarried grandchildren who, for Federal income tax purposes, are your dependents at the time of application will also be included as dependents for insurance coverage. State variations, limitations, and exclusions may apply.

The insurance policy or policies described in this document are underwritten by Union Security Insurance Company, a subsidiary of Assurant, Inc. Assurant Employee Benefits, a business unit of Assurant, Inc., markets life, disability and dental benefits plans as well as related products and services.

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