

Voluntary Dental PPO

(BASIC PLAN)

Good news about dental benefits for employees of NORTHWEST FLORIDA STATE COLLEGE

Your Dental Plan

As a valued employee of NORTHWEST FLORIDA STATE COLLEGE, you have the opportunity to enroll in a payroll-deduction dental program.

Plan Features:

- Freedom to choose any dentist, including specialists
- PPO options available¹
- 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.

Assurant[®] Dental Network, the dental network for your plan includes 100,000+ unique dentists contracted with Dental Health Alliance, L.L.C.[®] (DHA[®]) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.assurantemployeebenefits.com, select **For Members**, then **Find a dentist**, or call Customer Service at 800.442.7742.

IMPORTANT:

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 our PPO providers and take advantage of their fee discounts. Dentists participating in our networks have agreed to discount their usual fees. Treatment is available from dentists who do not participate in our networks, 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.

This notice only applies to employers with 50 or fewer employees. This coverage does not include and is not required to include the pediatric dental essential health benefit as required under the federal Patient Protection and Affordable Care Act.

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

Employee	\$22.71
Employee + 1 Dependent	\$41.46
Employee + 2 or more Dependents	\$72.74

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 employees, their spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

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 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.

Limitations & Exclusions

Benefits are not payable for:

Treatment which is not dentally necessary, does not have uniform professional endorsement or is experimental or investigational in nature; treatment of the temporomandibular joint; treatment related to changing or maintaining vertical dimension, altering or restoring occlusion, bite registration or bite analysis; treatment which does not have a reasonably favorable prognosis; treatment provided primarily for cosmetic purposes; replacement of natural teeth missing on the effective date of insurance; orthodontic treatment, unless such insurance is provided under the list of covered dental services.

Treatment not included in the list of covered dental services; treatment started before the date insurance begins; treatment started before any applicable waiting period has been served; treatment completed after insurance ends; athletic mouthguards; replacement of lost or stolen appliances; myofunctional therapy; infection control; oral hygiene instruction; broken appointments; completion of claim forms; exams required by a third party; travel time; transportation costs; professional advice given on the phone.

Treatment received due to war, riot, assault or felony; treatment for a work-related injury; treatment of an intentionally self-inflicted injury; treatment performed outside of the United States, other than emergency dental treatment; treatment provided by the person's employer or a member of the person's immediate family; treatment for which a charge would not have been made in the absence of insurance; treatment for which the insured does not have to pay; treatment that has not been both delivered to and accepted by the insured.

Voluntary Dental PPO

(ADVANCE PLAN)

Good news about dental benefits for employees of NORTHWEST FLORIDA STATE COLLEGE

Your Dental Plan

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Plan Features:

- Freedom to choose any dentist, including specialists
- PPO options available¹
- 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.

Assurant[®] Dental Network, the dental network for your plan includes 100,000+ unique dentists contracted with Dental Health Alliance, L.L.C.[®] (DHA[®]) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.assurantemployeebenefits.com, select **For Members**, then **Find a dentist**, or call Customer Service at 800.442.7742.

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Savings You Can See

Monthly Payroll Deduction

Employee	\$43.10
Employee + 1 Dependent	\$77.97
Employee + 2 or more Dependents	\$113.96

Freedom Advance-PPO

Yearly Benefit Maximum:

Per Person, Per Policy Year	\$1,000
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Coinsurance Percentage Per Person:

	Type I	Type II	Type III
During the 1 st Year	100%	80%	25%
During the 2 nd Year	100%	80%	50%
During the 3 rd Year and thereafter	100%	80%	50%

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

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

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Eligibility

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