

Dental Plan Summary
City of Franklin
July 1, 2017

Plan Features					
Deductible	In Network	Out-of-Network	Calendar Year Maximum For each person	In Network \$1000	Out-of-Network \$1000
Per person, per calendar year	\$50	\$50			
Waived for Class I Preventive	Yes	Yes			
Family limit of 3 individuals					
Coinsurance Percentage			Child Orthodontia Benefits		
Class I Preventive	100%	100%	Class IV Orthodontia coinsurance	50%	50%
Class II Basic	80%	80%	Lifetime orthodontia maximum	\$1000	\$1000
Class III Major	50%	50%			

Class I Preventive Dental Services, Including:

- Oral evaluations – twice in any 12-month period
- Routine dental cleanings – once in any 6-month period (frequency combined with periodontal maintenance)
- Fluoride treatment – once in any 6-month period. *Only for children under age 19*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 19*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Panoramic or complete series x-rays – once in any 60-month period
- Space maintainers. *Only for children under age 19*

Class II Basic Dental Services, Including:

- New fillings
- Replacement fillings – once in any 24-month period per filling
- Simple extractions, removal of exposed roots, incision and drainage
- Complex extractions
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Complex oral surgery
- Biopsy (including brush biopsy)
- General anesthesia and IV sedation when medically required
- Minor gum disease treatment: (minor periodontics)
 - Scaling and root planing – once in any 36-month period per area
 - Localized delivery of antimicrobial agents
 - Periodontal maintenance – once in any 3 consecutive months (frequency combined with routine dental cleanings)
- Major gum disease treatment: (major periodontics)
 - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area

Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations
- Dental implants

Class IV Child Orthodontia

- Limited, interceptive, and comprehensive orthodontic treatment
- Minor treatment to control harmful habits

Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse or domestic partner or party to a civil union and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Dental plan provisions, limitations and exclusions

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternate Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted to Assurant Employee Benefits for review before treatment begins.

Late Entrant Limitation

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 24 months of coverage for late entrants will be limited as follows:

Time Insured Continuously Under the Policy

Less than 6 months

At least 6 months but less than 12 months

At least 12 months but less than 24 months

At least 24 months

Benefits Provided for Only These Services

Preventive Dental Services

Preventive and Basic Restorative Dental Services

Preventive and all Basic Dental Services

Preventive, Basic and Major Dental Services

We will not pay for any treatment that is started or completed during the late entrant limitation period.

Other Important Plan Provisions

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misrepresented or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or denturist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, any treatment required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures, treatment for the prevention of bruxism (grinding of teeth), treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is \$100), treatment or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

This notice only applies to small employers as defined by your state. 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.

State variations can exist; please contact Assurant Employee Benefits for additional information.

How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, when you choose a dentist in the Assurant® Dental Network, your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

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 **888.901.6377**