

# Voluntary Dental PPO

## Good news about dental benefits for employees of **Town of Westford**

### 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<sup>1</sup>
- 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](http://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 Preferred also offers valuable protection, and provides increased benefits over the Freedom Basic plan.

### IMPORTANT:

**Coverage for eligible employees will begin November 1, 2011. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.**

<sup>1</sup>*This dental program offers a PPO (Preferred Provider Organization) through Dental Health Alliance (DHA<sup>®</sup>) that provides a variety of cost saving features. Although you may visit any dentist you choose, you will receive maximum savings if you visit a DHA<sup>®</sup> provider. The allowable amount for non-participating dentists is based on the usual and customary. Patients are responsible for fees in excess of usual and customary.*

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

Employee	\$26.64
Employee + 1 Dependent	\$50.49
Employee + 2 or more Dependents	\$93.23

## Freedom Basic-PPO

Yearly Benefit Maximum:	In-Network	Out-of-Network
Per Person, Per Policy Year	\$1,250	\$1,250

### Coinsurance Percentage Per Person:

Type I Dental Services	100%	100%
Type II Dental Services	100%	80%

### Deductible:

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

### Type I Preventive Dental Services, Including:

- ◆ Oral Evaluations – once in any 6-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*
- ◆ Bitewing X-Rays – once in any 12-month period

### Type II Basic Dental Services, Including:

- ◆ X-Rays:
  - ◆ Panoramic or complete series – once in any 60-month period
  - ◆ Other X-Rays (See Certificate of Insurance)
- ◆ New Fillings, including posterior composites
- ◆ 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 19.

### 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.*

# Savings You Can See

## Monthly Payroll Deduction

Employee	\$47.95
Employee + 1 Dependent	\$96.76
Employee + 2 or more Dependents	\$137.91

## Freedom Preferred-PPO

Yearly Benefit Maximum:	In-Network	Out-of-Network
Per Person, Per Policy Year	\$1,250	\$1,250

### Coinsurance Percentage Per Person:

Type I Dental Services	100%	100%
Type II Dental Services	100%	80%
Type III Dental Services	60%	50%

### Deductible:

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

### Child Orthodontia Benefits:

Type IV Deductible	\$0	\$0
Type IV Coinsurance	50%	50%
Lifetime Orthodontia Maximum	\$1,000	\$1,000

*Only for dependent children under age 19*

### Type I Preventive Dental Services, Including:

- ◆ Oral Evaluations – once in any 6-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*
- ◆ Bitewing X-Rays – once in any 12-month period

### Type II Basic Dental Services, Including:

- ◆ X-Rays:
  - ◆ Panoramic or complete series – once in any 60-month period
  - ◆ Other X-Rays (See Certificate of Insurance)
- ◆ New Fillings, including posterior composites
- ◆ 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
- ◆ Endodontics (includes root canal therapy)
- ◆ Endodontic retreatment (covered after 24 months have passed from initial treatment)
- ◆ 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 every 36 months per area

### Type III Major Dental Services, Including:

- ◆ Complex Oral Surgery; General Anesthesia and IV Sedation when medically required for such Surgery
- ◆ Biopsy (including brush biopsy)
- ◆ Initial Placement, Replacement and Maintenance of Inlays, Onlays, Crowns, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

### Type IV Orthodontic Dental Services

*Only for dependent children under age 19*

- ◆ Limited, Interceptive, and Comprehensive Orthodontic Treatment
- ◆ Minor Treatment to control harmful habits

### Waiting Periods for Certain Services

### From Your Effective Date

<i>Repairs, Re-Cementing of Fixed Partial (Bridges), Inlays, Onlays, or Crowns</i>	None
<i>Accidental Non-Chewing Injury</i>	None
<i>All Services under Endodontics (Includes root canal therapy)</i>	None
<i>Stainless Steel/Plastic Crowns Only for children under age 16</i>	6 months
<i>Relines, Rebases, Denture Adjustment</i>	6 months
<i>Complex Oral Surgery</i>	12 months
<i>All Services under Minor and Major Periodontics</i>	None
<i>Crown/Inlays/Onlays/Labial Veneers</i>	12 months
<i>Dentures (Partial or Complete)</i>	12 months
<i>Fixed Partial Dentures (Bridges)/Diagnostic Casts</i>	12 months
<i>Orthodontia</i>	24 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 19.

### 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.

# Vision Discount Services



## ACCESS PLAN

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<sup>1</sup>
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options<sup>2</sup>
- **Contact Lenses** – 15% discount off the contact lens exam (fitting and evaluation)<sup>2</sup>.
- **Laser VisionCare<sup>SM</sup>** – 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](http://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.

<sup>1</sup>Note: Does not apply to contact lens services. See contact lens section for applicable discount.

<sup>2</sup>Discounts 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](http://www.vsp.com)