



ASSURANT
Employee
Benefits®

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State of Tennessee Prepaid Plan

Dental Benefit Option



Sponsored by the
State of Tennessee | 2012

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.



The State of Tennessee Sponsored Prepaid Dental Plan

A Dental Plan Means Healthy Smiles

We are pleased to offer you the chance to enroll in a dental benefit plan. This dental program is a Prepaid Plan. It offers a full range of benefits through a network of Plan dentists. Union Security Insurance Company is providing your dental benefit plan.

Savings You Can See

Monthly Payroll Deduction

Employee	\$9.35
Employee + Spouse	\$16.57
Employee + Child(ren)	\$19.42
Employee + Family	\$22.79
Retiree	\$10.28
Retiree + Spouse	\$18.23
Retiree + Child(ren)	\$21.36
Retiree + Family	\$25.06

Prepaid Plan Features:

- No Deductibles
- No Claims to File
- No Annual Dollar Maximum
- No Waiting Periods for Covered Members
- Coverage for Pre-Existing Conditions
- Wide Range of Covered Procedures
- No Referral Required for Specialist Services
- Fixed Copayment Schedule

Dental Treatment	Cost with Assurant Employee Benefits	Average Retail Charges*
For the Entire Family		
2 Examinations (1 every 6 months - Family)	\$ 0	\$ 280
1 Set Bitewing X-rays - 2 films (per Child)	\$ 0	\$ 66
1 Set Bitewing X-rays - 4 films (per Adult)	\$ 0	\$ 100
2 Routine Cleanings (1 every 6 months - Children)	\$ 0	\$ 192
2 Routine Cleanings (1 every 6 months - Adults)	\$ 0	\$ 252
10 Office Visits	\$ 100**	N/A
Mr. Miller		
1 Tooth-colored Filling (2 surfaces, posterior)	\$ 70	\$ 160
4 Quadrants Periodontal Scaling and Root Planing	\$ 240	\$ 748
Mrs. Miller		
1 Tooth-colored Filling (1 surface, posterior)	\$ 55	\$ 125
1 Root Canal (bicuspid)	\$ 200	\$ 703
1 Crown (porcelain to high noble metal)	\$ 275	\$ 840
The Millers' son		
2 Silver Fillings (1 surface each)	\$ 0	\$ 200
1 Extraction (single tooth)	\$ 15	\$ 104
The Millers' daughter		
2 Sealants	\$ 20	\$ 80
Annual Family Prepayment Fee	\$ 260	N/A
One Year Out-of-Pocket Cost	\$1,235	\$3,850

*The Average Retail Charges were determined by using the National Dental Advisory Service 2010 Comprehensive Fee Report (TN specific). The Retail Charges represent a mean average rounded to the nearest dollar.

**There is a \$10 office copayment each time you visit the dentist.

The costs and services presented are examples and may not reflect your actual experience in an Assurant Employee Benefits plan.

Compare the cost of dental treatments with the Assurant Employee Benefits State plan versus costs with no plan participation.
See the potential savings - \$2,615!

The bottom line is, Assurant Employee Benefits may save you money. Although this example is for illustrative purposes only, the **money you save** is real.

Important Information

about the Prepaid Plan

How the Plan Works

You must select a General Dentist from the list of network dentists to receive benefits. We update this list on a regular basis. Information is available online at www.assurantemployeebenefits.com/STofTN or you can call Customer Service at 800.443.2995. If you are an Active employee, you can also get a printed copy of the current dentist list from your agency's benefits coordinator. If you are a Retiree, you can also get a printed copy of the current dentist list from Benefits Administration. When you or your family receive dental services from your selected Plan General Dentist or from a Plan Specialist, you will be charged for those services according to the General Dentist or Specialist Copayment Schedules. Copayments are reduced fees that you pay the dentist for the treatment you receive. A list of copayments is included in this booklet.

IMPORTANT:

Coverage for you and the dependents you enroll will start January 1, 2012. The Annual Enrollment Transfer Period (October 1 through October 31) is the time when you and your eligible dependents can enroll in the Prepaid Plan option. If you do not enroll by October 31, you must wait until next year. If you are currently enrolled and you want to remain in this plan, you do not need to take any action.

How to Enroll

To enroll, just follow these three simple steps:

1. Complete the State of Tennessee enrollment application and return it to your agency's benefits coordinator. If you are a Retiree, return the application to Benefits Administration.
2. Select a Plan General Dentist for yourself and every member of your family who you are enrolling. Each family member may choose a different Plan dentist. You may change your dentist during the plan year,* however, a Plan provider must perform all services. (See the "Questions & Answers" on page 3 for more information.)
3. Complete the Dentist Selection Form on the back cover of this booklet. Be sure to include the 7-digit Dental Facility ID# for the Plan General Dentist you select. The list of Plan Dentists is available online at www.assurantemployeebenefits.com/STofTN, by calling Customer Service at 800.443.2995, or in the printed directory. To receive the benefits of the Prepaid Plan you must select a Plan General Dentist.

*Changes must be made according to the group policy.

Questions and Answers

about the Prepaid Plan

Q. What is a prepaid plan?

A. With a prepaid plan, you pay reduced fees called “copayments” for dental services provided. To receive the reduced fees you must use a Plan Dentist.

Q. What are copayments and where can I locate the copayment schedule?

A. A copayment is the set fee that you pay to the Plan Dentist at the time of treatment for covered services. A sample copayment schedule for the most commonly performed procedures is included on page 4. **This is not the full copayment schedule.** The full copayment schedule is available on the web site at www.assurantemployeebenefits.com/StofTN. It is helpful to bring your copayment schedule to your dental visit.

Q. How do I select a Plan Dentist?

A. You should select your Plan Dentist when you enroll. Note that your Plan Dentist must be a general dentist, not a specialty dentist. Use the Dentist Selection Form on the back cover of this booklet. You can find a listing of Plan dentists online at www.assurantemployeebenefits.com/StofTN. Click on the ‘Find a Dentist’ option. Then choose the ‘Denticare’ network for the state of TN.

Q. How will the Plan Dentist know I am a patient?

A. The Plan Dentist receives a patient listing, called a roster, from us twice each month. The first of month roster arrives on or before the first day of each month. The mid-month roster arrives on or before the 15th of each month. The roster includes all members who have selected that individual as their dentist. Please confirm at the time you make your appointment that you are on the provider’s roster.

Q. How long does it take to appear on the patient list/roster of my Plan Dentist that I select?

A. If we receive your Plan Dentist selection by the 10th of the month, you will appear on the roster the 1st of the next month. If we receive the selection after the 10th, you will appear on the mid-month roster the 15th day of the next month. For example, if we receive your Plan Dentist selection by December 10th, you will be on the January 1st roster. If we receive your Plan Dentist selection after December 10th, you will be on the January 15th roster.

Q. Can I change my Plan Dentist?

A. Yes, you can. To change your Plan Dentist, contact Customer Service at 800.443.2995.

Q. What if I choose to see a dentist other than my selected Plan Dentist?

A. The costs will **not** be covered by your dental plan. You will be responsible for the full payment to the dentist. This is why it is important for you to seek treatment from your selected Plan Dentist.

Q. If I need to see a specialty dentist, how do I go about finding a Plan Specialty Dentist in my area?

A. You may find a list of Plan Specialty Dentists by looking in the plan network directory. You do not have to get a referral from your general dentist.

Q. What if I lose my Dental ID card or have a question about my plan?

A. Contact Customer Service by calling 800.443.2995, Monday through Friday from 7:30 a.m. to 5:30 p.m. (Central Standard Time).

Q. Is there a different copayment schedule for Plan Specialists?

A. Yes. A sample copayment schedule for Plan Specialists is listed on page 5. **This is not the full copayment schedule.** The full copayment schedule is available on the web site at www.assurantemployeebenefits.com/StofTN. Services provided by a Plan Specialist that are not listed on the full copayment schedule will be provided at a 25% reduction in the Participating Plan Specialist’s usual and customary fees. This includes services provided by Participating Oral Surgeons, Endodontists, Periodontists, Pedodontists, and Orthodontists.

Sample Copayment Schedule for Participating General Dentists

State of Tennessee Prepaid Dental Plan

This dental plan is provided by Union Security Insurance Company

This is not the full copayment schedule. The full copayment schedule is available on the web site at www.assurantemployeebenefits.com/STofTN. When you enroll for coverage, treatments you receive from your Participating General Dentist or Participating Specialist will be provided at reduced fees called copayments. Following enrollment, a complete list of Prepaid Plan Copayments for General Dentists and Specialists will be mailed to your home with your Certificate of Group Prepaid Dental Benefits.

Important Information

Participating General Dentist Services

The dental services listed on the Copayment Schedule are covered only when provided by the Member's selected Participating General Dentist. Dental services that do not appear on this list are not covered by the Plan. Members will be responsible for paying the amount listed in the "Member Copayment" column at the time the service is received, or in accordance with the Participating General Dentist's billing procedures.

All procedures listed may not be performed by the Participating General Dentist you select. The Copayments shown apply to those Participating General Dentists who perform those services. Therefore, Members are encouraged to discuss availability of the scheduled services with their Participating General Dentist.

Participating Specialist Services

Should a Plan Member require dental services that their selected Participating General Dentist is unable to provide, they may obtain those services from a Participating Specialist. No referral is needed from the selected Participating General Dentist in order for the Member to obtain services from a Participating Specialist.

Oral Surgery, Endodontics, Periodontics, Pedodontics: Please see the Participating Specialist Copayment Schedule for complete details.

Orthodontics: If you are treated by a Participating Orthodontist, you will receive a 25% reduction off that Orthodontist's usual and customary charges. Payment for services performed by a non-participating Orthodontist will be the responsibility of the Member.

This is not the full Member Copayment Schedule. The full copayment schedule is available on the web site at www.assurantemployeebenefits.com/STofTN. It is not a Certificate of Group Prepaid Dental Benefits. Please see the Group Contract of Prepaid Dental Benefits and Certificate of Group Prepaid Dental Benefits, which determines all rights, benefits, and applicable limitations and exclusions.

ADA Code	Participating General Dentist Treatment	Member Copayment
APPOINTMENTS		
0120	Periodic oral evaluation	No Charge
0140	Limited oral evaluation - problem focused	20.00
0150	Comprehensive oral evaluation	No Charge
0180	Comprehensive periodontal evaluation	No Charge
0999	Office visit (in conjunction with service)	10.00
9430	Office visit (no service)	10.00
0999	Emergency office visit (in conjunction with service)	No Charge
9440	Emergency office visit (no service)	10.00
9999	Missed appointment (without 24 hour notice) (Per 30 min, Max \$40)	20.00
DIAGNOSTIC DENTISTRY		
0210	X-Ray - intraoral, complete series including bitewings	No Charge
0220	X-Ray - intraoral, periapical, first film	No Charge
0230	X-Ray - intraoral, periapical, each additional film	No Charge
0270	X-Ray - bitewing, single film	No Charge

ADA Code	Participating General Dentist Treatment	Member Copayment
0272	X-Ray - bitewing, two films	No Charge
0274	X-Ray - bitewing, four films	No Charge
0330	X-Ray - panoramic film	No Charge

PREVENTIVE DENTISTRY		
1110	Routine prophylaxis - adult (once every 6 mos.)	No Charge
1120	Routine prophylaxis - child (once every 6 mos.)	No Charge
1203	Topical application of fluoride - child up to age 18 (Prophylaxis not included)	No Charge
1351	Application of sealant, per tooth	10.00

RESTORATIVE DENTISTRY (FILLINGS/CROWNS)		
2140	Amalgam - One surface, primary or permanent	No Charge
2150	Amalgam - Two surfaces, primary or permanent	8.00
2160	Amalgam - Three surfaces, primary or permanent	18.00
2161	Amalgam - Four surfaces, primary or permanent	22.00
2330	Resin Filling - One surface, anterior	25.00
2331	Resin Filling - Two surfaces, anterior	35.00
2332	Resin Filling - Three surfaces, anterior	45.00
2335	Resin Filling - Four or more surfaces, anterior	55.00
2391	Resin Filling - One surface, posterior	55.00
2392	Resin Filling - Two surfaces, posterior	70.00
2393	Resin Filling - Three surfaces, posterior	90.00
2394	Resin Filling - Four or more surfaces, posterior	105.00
2750	Crown - Porcelain to high noble metal	275.00*
2751	Crown - Porcelain to base metal	275.00*
2790	Crown - Full cast high noble metal	255.00*
2791	Crown - Full cast base metal	255.00*
2920	Recement Crown	15.00
2930	Prefabricated stainless steel crown - primary tooth	65.00
2950	Core buildup, including any pins	75.00
2954	Prefabricated post and core, in addition to crown	75.00

ENDODONTICS (ROOT CANALS)		
3310	Root Canal - Anterior (excluding final restoration)	125.00
3320	Root Canal - Bicuspid (excluding final restoration)	200.00
3330	Root Canal - Molar (excluding final restoration)	250.00

PERIODONTICS		
4341	Periodontal Scaling and Root Planing, four or more teeth per quadrant	60.00
4910	Periodontal maintenance	45.00

REMOVABLE PROSTHODONTICS (DENTURES)		
5110	Complete upper denture	310.00*
5120	Complete lower denture	310.00*
5213	Partial denture - upper (cast metal framework/acrylic base)	350.00*
5214	Partial Denture-lower (cast metal framework/acrylic base)	350.00*

FIXED PROSTHODONTICS		
6751	Crown - Porcelain fused to base metal, per unit	275.00*

ORAL SURGERY		
7140	Extraction, erupted tooth or exposed root	15.00
7210	Surgical removal of erupted tooth removal/sectioning	55.00
7230	Removal of impacted tooth - partial bony	75.00
7240	Removal of impacted tooth - complete bony	100.00

OTHER SERVICES		
9110	Palliative - Dental Pain	25.00
9210	Local Anesthesia (not in conjunction with surgery)	No Charge
9215	Local Anesthesia	No Charge
9220	Deep sedation/ general anesthesia (first 30 minutes)	No Charge
9221	Deep sedation /general anesthesia (each add 15 minutes)	168.00

Customer Service 800.443.2995

*Members are responsible for additional lab fees for these services.

Sample Copayment Schedule for Participating Specialists

State of Tennessee Prepaid Dental Plan

This dental plan is provided by Union Security Insurance Company

Important Information

This is not the full copayment schedule. The full copayment schedule is available on the web site at www.assurantemployeebenefits.com/STofTN.

Participating Specialist Services:

Should a Plan Member require dental services that their selected Participating General Dentist is unable to provide, they may obtain those services from a Participating Specialist. No referral is needed from the selected Participating General Dentist in order for the Member to obtain services from a Participating Specialist.

All procedures listed may not be performed by the Participating Specialist selected. The Copayments shown apply to those Participating Specialists who perform those services. Therefore, Members are encouraged to discuss availability of the scheduled services with Participating Specialists.

Services provided by the Participating Specialist that are not included in this Copayment schedule will be provided at a 25% reduction in the Participating Specialist's usual and customary fees.

This is not the full Member Copayment Schedule. The full copayment schedule is available on the web site at www.assurantemployeebenefits.com/STofTN. It is not a Certificate of Group Prepaid Dental Benefits. Please see the Group Contract of Prepaid Dental Benefits and Certificate of Group Prepaid Dental Benefits, which determines all rights, benefits, and applicable limitations and exclusions.

ADA Code	Participating General Dentist Treatment	Member Copayment
APPOINTMENTS		
0120	Periodic oral evaluation	No Charge
0140	Limited oral evaluation - problem focused	30.00
0150	Comprehensive oral evaluation	20.00
0180	Comprehensive periodontal evaluation	No Charge
0999	Office visit (in conjunction with service)	10.00
9430	Office visit (no service)	10.00
0999	Emergency office visit (in conjunction with service)	No Charge
9440	Emergency office visit (no service)	10.00
9999	Missed appointment (without 24 hour notice) (Per 30 min, Max \$40)	20.00
DIAGNOSTIC DENTISTRY		
0210	X-Ray - intraoral, complete series including bitewings	5.00
0220	X-Ray - intraoral, periapical, first film	No Charge
0230	X-Ray - intraoral, periapical, each additional film	No Charge
0270	X-Ray - bitewing, single film	No Charge
0272	X-Ray - bitewing, two films	No Charge
0274	X-Ray - bitewing, four films	No Charge
0330	X-Ray - panoramic film	20.00
PREVENTIVE DENTISTRY		
1110	Routine prophylaxis - adult (once every 6 mos.)	No Charge
1120	Routine prophylaxis - child (once every 6 mos.)	15.00
1203	Topical application of fluoride - child up to age 18 (Prophylaxis not included)	No Charge
1351	Application of sealant, per tooth	10.00
RESTORATIVE DENTISTRY (FILLINGS/CROWNS)		
2140	Amalgam - One surface, primary or permanent	5.00
2150	Amalgam - Two surfaces, primary or permanent	10.00
2160	Amalgam - Three surfaces, primary or permanent	20.00
2161	Amalgam - Four surfaces, primary or permanent	22.00

ADA Code	Participating General Dentist Treatment	Member Copayment
2330	Resin Filling - One surface, anterior	25.00
2331	Resin Filling - Two surfaces, anterior	35.00
2332	Resin Filling - Three surfaces, anterior	45.00
2335	Resin Filling - Four or more surfaces, anterior	55.00
2391	Resin Filling - One surface posterior	60.00
2392	Resin Filling - Two surfaces, posterior	75.00
2393	Resin Filling - Three surfaces, posterior	95.00
2394	Resin Filling - Four or more surfaces, posterior	105.00
2750	Crown - Porcelain to high noble metal	275.00*
2751	Crown - Porcelain to base metal	275.00*
2790	Crown - Full cast high noble metal	255.00*
2791	Crown - Full cast base metal	255.00*
2920	Recement Crown	15.00
2930	Prefabricated stainless steel crown - primary tooth	80.00
2950	Core buildup, including any pins	75.00
2954	Prefabricated post and core, in addition to crown	75.00
ENDODONTICS (ROOT CANALS)		
3310	Root Canal - Anterior (excluding final restoration)	300.00
3320	Root Canal - Bicuspid (excluding final restoration)	425.00
3330	Root Canal - Molar (excluding final restoration)	600.00
PERIODONTICS		
4341	Periodontal Scaling and Root Planing, four or more teeth per quadrant	100.00
4910	Periodontal maintenance	45.00
REMOVABLE PROSTHODONTICS (DENTURES)		
5110	Complete upper denture	310.00*
5120	Complete lower denture	310.00*
5213	Partial denture -upper (cast metal framework/acrylic base)	350.00*
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6751	Crown - Porcelain fused to base metal, per unit	275.00*
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7140	Extraction, erupted tooth or exposed root	70.00
7210	Surgical removal of erupted tooth removal/sectioning	55.00
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OTHER SERVICES		
9110	Palliative - Dental Pain	25.00
9210	Local Anesthesia (not in conjunction with surgery)	No Charge
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9220	Deep sedation/ general anesthesia (first 30 minutes)	40.00
9221	Deep sedation /general anesthesia (each add 15 minutes)	168.00

Customer Service 800.443.2995

*Members are responsible for additional lab fees for these services.

Prepaid Plan Limitations & Exclusions

Union Security Insurance Company does not provide coverage for the following services:

1. Cost of hospitalization, pharmaceuticals and general anesthesia;
2. Services which, in the opinion of a Participating General Dentist(s) or Participating Specialist(s), are not necessary for the patient's dental health; except for those procedures listed on the copayment schedule as cosmetic procedures;
3. Services that cannot be performed because of the general health of the patient;
4. Treatment which, in the opinion of the participating General Dentist, must be performed by a non-participating Specialist;
5. Any service received from Member's selected Participating General Dentist that is not listed on the complete General Dentist Copayment Schedule (Form# FB-GDCS-TN).

How Do I Find Out More?

Please call Customer Service at 800.443.2995 Monday–Friday 7:00am - 5:30pm (Central Standard Time)

This is not a Certificate of Group Prepaid Dental Benefits. The Group Policy, which is on file with Benefits Administration, alone determines all rights and benefits and applicable Limitations and Exclusions. Following enrollment, a complete list of Prepaid Plan Copayments for General Dentists and Specialists will be mailed to your home with your Certificate of Group Prepaid Dental Benefits which includes Prepaid Plan Limitations and Exclusions. Customer Service 800.443.2995

*Members are responsible for additional lab fees for these services.

How do I join the Prepaid Plan?

1. Complete the appropriate sections of the State of Tennessee enrollment application. If you are an Active employee, return the application to your agency's coordinator. If you are a Retiree, return the application to Benefits Administration.
2. Select a General Dentist for yourself and every eligible member of your family. You can locate a list of General Dentists participating with the Prepaid Plan online at www.assurantemployeebenefits.com/STofTN or you can call Assurant Employee Benefits at 800.443.2995 for assistance with locating a Participating General Dentist.
3. Complete the Dentist Selection form below, being sure to include the 7-digit Dental Facility ID# for each Participating General Dentist you select. The 7-digit Dental Facility ID# is available online at www.assurantemployeebenefits.com/STofTN, by calling customer service at 800.443.2995, or in the printed directory available through your agency's benefits coordinator. **Mail the completed Dentist Selection Form to :**



ASSURANT
Employee
Benefits®

Assurant Employee Benefits
Att: Support Services-11th Floor
2323 Grand Blvd.
Kansas City, MO 64108

Products are marketed by Assurant Employee Benefits,
and are underwritten and/or provided by Union
Security Insurance Company.

cut along dotted line, complete, detach and mail

Dentist Selection Form

State of Tennessee Prepaid Plan - 2012

Please check one box to indicate Active or Retiree

Please Print

Name _____
LAST FIRST MIDDLE INITIAL

Social Security Number _____ Phone Number _____

Dentist Facility Number _____ Date _____

Signature _____

If eligible Family Members have a different dentist selection from yours, list the information below:

<i>First Name</i>	<i>MI</i>	<i>Last Name (if different)</i>	<i>Dentist Facility ID#</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____