

Voluntary Dental PPO

Good news about dental benefits for employees of **State of Oklahoma**

Your Dental Plan

As a valued employee of State of Oklahoma, 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

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 – Select “For Members” – “Find a dentist” – “Dental Health Alliance”. Or call customer service at 800.442.7742.

IMPORTANT:

Coverage for eligible employees will begin January 1, 2013. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.

¹This dental program offers a PPO (Preferred Provider Organization) through Dental Health Alliance (DHA[®]) 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[®] 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.

Freedom Preferred-PPO

Yearly Benefit Maximum:	In-Network	Out-of-Network
Per Person, Per Policy Year	\$2,000	\$2,000

Coinsurance Percentage Per Person:

Type I Dental Services	100%	100%
Type II Dental Services	80%	70%
Type III Dental Services	60%	50%

Deductible:

Per Person, Per Policy Year	\$25	\$25
Waived for Type I Services	Yes	No

Child Orthodontia Benefits:

Type IV Deductible	\$0	\$0
Type IV Coinsurance	60%	50%
Lifetime Orthodontia Maximum	\$2,000	\$2,000

Only for dependent children under age 19

Type I Preventive Dental Services, Including:

- ◆ Oral Evaluations – twice in any 12-month period
- ◆ Routine Dental Cleanings – twice in any 12-month period (frequency combined with periodontal maintenance)
- ◆ Fluoride Treatment – once in any 12-month period
Only for children under age 16
- ◆ Genetic Test for Susceptibility to Oral Diseases
- ◆ 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
- ◆ Complex Oral Surgery
- ◆ 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
 - ◆ 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 every 36 months per area

Type III Major Dental Services, Including:

- ◆ General Anesthesia and IV Sedation when medically required for Complex Oral 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</i>	
<i>Only for children under age 16</i>	None
<i>Relines, Rebases, Denture Adjustment</i>	None
<i>Complex Oral Surgery</i>	None
<i>All Services under Minor and Major Periodontics</i>	None
<i>Crown/Inlays/Onlays/Labial Veneers</i>	None
<i>Dentures (Partial or Complete)</i>	None
<i>Fixed Partial Dentures (Bridges)/Diagnostic Casts</i>	None
<i>Orthodontia</i>	12 months

If you are covered under the current dental program on the day it terminates, your Orthodontic waiting period will be reduced by 12 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 less than age 26.

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.

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.