

**ORLAND UNIFIED SCHOOL DISTRICT  
DENTAL DESCRIPTION OF BENEFITS**  
\*\*\*Please take this information to your dentist\*\*\*

Effective Date for Period: 1/01/2014

Plan Number: K1900984

**CALENDAR YEAR MAXIMUM BENEFIT**

Each Eligible Family Member  
Applies To

\$2,000 per calendar year  
Class I, II, III

**ADULT AND CHILD ORTHODONTIA**

Each Eligible Family Member  
Applies To

\$1,000 per calendar year  
Class IV

	CLASS I	CLASS II	CLASS III	CLASS IV
	DIAGNOSTIC & PREVENTIVE	BASIC RESTORATIVE	MAJOR RESTORATIVE	ADULT & CHILD ORTHODONTIA
<b>Coinsurance:</b>				
<b>Assurant® Dental Network</b>	100%	100%	50%	50%
<b>Non-PPO</b>	100%	100%	50%	50%
<b>Description of Services:</b>	Oral exams, Routine Cleanings, X-rays, Fluoride treatments, Space maintainers	Sealants, Restorative (fillings), Endodontics, Periodontics, Oral Surgery, General Anesthesia, Crowns, Inlays, Onlays and Cast Restorations	Full and Partial Dentures, Bridges and dental prosthetic repairs	Orthodontic extractions, full or partial bands, appliances (removable and fixed)

Plan includes a Dental Accident Benefit: 100% up to \$1,000 per calendar year when services provided within 180 days following the date of the accident and shall not include any services or conditions caused by an accident occurring before the member's eligibility date.

Assurant® Dental Network - For referral to a PPO provider, call 800.442.7742 or go to [www.assurantemployeebenefits.com](http://www.assurantemployeebenefits.com)

**Pre-Determination:** If the charge for any dental treatment is expected to exceed \$300, Assurant Employee Benefits recommends a dental treatment plan be submitted to claims for review before treatment begins.

Services provided by Union Security Insurance Company. This summary provides only a general overview and does not contain or describe all plan details. Please review your certificate booklet for a complete description, including all applicable limitations, exclusions, reductions and restrictions. In the event that a discrepancy exists between this summary and the plan document, the plan document provisions will prevail.

## ORLAND UNIFIED SCHOOL DISTRICT

Effective Date 1/01/2014

### CLAIMS/CUSTOMER SERVICE:

Assurant Employee Benefits  
PO Box 2940  
Clinton, IA 52733  
(800) 442-7742  
Electronic Claims: Payor 70408

### FREQUENTLY ASKED DENTAL ENROLLMENT QUESTIONS

**QUESTION: Can I see my own dentist?**

ANSWER: Yes, the dental plan allows you to see any dentist you want. However, the ASSURANT® DENTAL NETWORK can help you save money every time you visit a participating provider. All of the dentists who participate in the network offer discounts off their usual fees for all covered services. If your dentist is not currently a ASSURANT® DENTAL NETWORK provider, you can nominate your dentist for membership by calling toll-free 800.442.7742.

**QUESTION: What is ASSURANT® DENTAL NETWORK?**

ANSWER: ASSURANT® DENTAL NETWORK is a national dental Preferred Provider Organization (PPO) owned and operated by Union Security Insurance Company and Assurant, Inc.

**QUESTION: How do I locate a PPO provider?**

ANSWER: To locate a ASSURANT® DENTAL NETWORK PPO provider in your area, contact Assurant® at 800.442.7742. A service representative can confirm whether your current dentist is a PPO panel member, help you nominate your dentist for membership, or refer you to PPO providers in your area. You can nominate your dentist or receive a referral through the ASSURANT® DENTAL NETWORK website at [WWW.ASSURANTEMPLOYEEBENEFITS.COM](http://WWW.ASSURANTEMPLOYEEBENEFITS.COM). To simply locate a dentist, the PPO provider directory can be a valuable resource.

**QUESTION: When I visit the dentist, do I have to fill out a claim form?**

ANSWER: No. Claim forms are available, but they are *not* required. Assurant Employee Benefits will accept a dentist's invoice of services in lieu of a claim form. You will, however, need to provide your dentist with your group number and your social security number, which serve as your identification for all claims.

**QUESTION: Who are eligible dependents?**

ANSWER: Those qualified to be covered under your dental plan include your spouse and children under the age of 26.

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