

Unum Dental[™] insurance plan highlight sheet

Provision	High Plan In Network (Active PPO)	High Plan Out of Network (Active PPO)	Low Plan In/Out Network (Passive PPO)
Coinsurance Lev	rels		
 Class A — Preventive Routine exams (2 per calendar year), limited oral evaluation (no limitation) Prophylaxis (2 per calendar year); 1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy Prosthodontic Prophylaxis (2 per calendar year-not allowed when done on the same date as periodontal services) Bitewing X-rays (2 per calendar year, full mouth X-ray (1 per 36 months) Emergency pain Fluoride to age 18 (2 per calendar year,), space maintainers to age 13 (1 per lifetime) Sealants to age 18 (permanent molars, 1 per 36 months) Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+) 	100%	100%	80%
Class B — Basic Fillings (resin-based composites allowed on anterior and posterior teeth) Anesthesia (subject to review, covered with complex oral surgery) Pulp cap Localized delivery of antimicrobial agents Simple extractions, bone grafts Non-surgical periodontics, surgical periodontics (gum treatments) Oral surgery (surgical extractions & impactions), other oral surgery Biopsy of oral tissue Endodontics (root canals) Repairs: crown, denture, and bridges Professional consult/visit/services Occlusal adjustments	90%	80%	50%
 Class C — Major Inlays, onlays, Interim procedures Crowns, crown lengthening, bridges, dentures, implant support crown, implant support retainer, endosteal implant Occlusal guard Bleaching (Frequency limit of one time per tooth or per arch in any 36 month period. Only available to covered persons, in the High Plan, above the age of 16 with a separate lifetime maximum of \$500 - separate 50% coinsurance) 	60%	50%	50% Bleaching not covered
Class D — Orthodontia Adult & dependent child coverage	50%	50%	50%
> Up to 25% of lifetime allowance may be payable on initial banding	30 70	30 %	30 %
Deductibles			
Class A — Preventive	Waived	Waived	Waived
Class B, C — Basic & Major Calendar year per person Calendar year per family (maximum 3 per family)	\$50 \$150	\$100 \$300	\$150 \$450
Class D — Orthodontia	Waived	Waived	Waived
Maximums			
 Class A, B, C — Preventive, Basic & Major Annual maximum calendar year per person Plan also includes dental carryover benefits. See additional examples under carryover benefits on this dental plan Highlight Sheet. 	\$1,500	\$1,500	\$1,000
Class D — Orthodontia Lifetime maximum benefit per person	\$2,000	\$2,000	\$2,000

Carryover Benefits* – Earn extra benefits just by taking care of your teeth!

How it works:

Each benefit year a member must have: One cleaning, one regular exam, and total dental claims paid during the year below the threshold limit. If all three criteria are met, a portion of the annual maximum will carry over to the next year.

Base Plan Annual Maximum	Threshold Limit	Carryover Amount	Carryover Account Maximum	Total Potential Annual Maximum
\$1,000	\$500	\$250	\$1,000	\$2,000
\$1,500	\$700	\$350	\$1,250	\$2,750

Other specifications:

- > Each covered family member receives their own carryover benefit
- Group carryover benefit must be in effect for one benefit year before any members can utilize carryover benefits.
- A member must be on the plan for a minimum of four months before accruing carryover benefits.
- Carryover benefit cannot be used towards orthodontia.
- A member's carryover account will be eliminated, and the accrued carryover benefits lost if the insured has a break in coverage for any length of time or any reason.



For a claim form or for more information, please visit AlwaysAssist.com.

Example: \$1,500 base plan annual maximum carryover

In the first qualifying year, the member has one cleaning, one exam and incurs \$300 in paid claims. Member earns a \$350 carryover benefit that is applied to the next year's annual maximum.

Benefit in year two

Annual Maximum		Carryover Amount		Total Annual Maximum with Carryover
\$1,500	+	\$350	=	\$1,850

Member gets one cleaning, one regular exam and incurs \$300 in paid claims. Member earns a \$350 carryover benefit that is applied to the next year's annual maximum.

Benefit in year three

Annual Maximum		Carryover Amount		Total Annual Maximum with Carryover
\$1,500	+	\$700	=	\$2,200

Member gets one cleaning, one regular exam and incurs \$1,800 in paid claims. Member does not earn the carryover benefit in year three, but is able to utilize the carryover benefits earned in previous years to help pay the \$1,800 in claims. Because the entire \$700 would not be utilized by the \$1,800 claim, \$400 will carry over to the next year.

Benefit in year four

Annual Maximum		Carryover Amount		Total Annual Maximum with Carryover
\$1,500	+	\$400	=	\$1,900

Member has \$1,900 available to use in this year because of the \$1,500 regular annual maximum plus \$400 in remaining carryover benefit.

*Applies to the Low and High plans

The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Dental plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

In New York, dental plans are marketed by Unum, administered by Starmount Life Insurance Company and underwritten by Provident Life and Casualty Insurance Company, Chattanooga, TN.

unum.com

© 2019 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.