



Dental Insurance can help you pay for dental exams, cleanings and other services.

How does it work?

Good dental care is critical to your overall well-being. With Unum DentalSM insurance, you can get the attention your teeth need — at a cost you can afford.

Unum Dental allows you to see any dentist you choose. To get the most from your benefits and reduce your out-of-pocket costs, choose one of our 111,000 participating network dentists, who will also file your claims.¹

The broad network of dentists is backed by the consistent, high-quality customer service of Unum. You can find in-network providers at unumdentalcare.com.

Why is this coverage so valuable?

- Routine dental care keeps your mouth and whole body healthy.
- Routine dental visits can help detect health problems early, when treatment is simpler and more affordable.²
- Your plan is backed by Unum’s commitment to excellence in customer service.

What’s covered?

In-network preventive care that may be covered up to 100% (Class A)

- Exams
- Cleanings
- Sealants
- Bite-wing X-rays
- Fluoride treatments

Other services that may be covered in your plan includes:

Basic Services (Class B)

- Restorations (fillings)
- Simple extractions

Major services (Class C)

- Inlays
- Onlays
- Crowns
- Bridges
- Periodontics (gum treatment)
- Endodontics (root canals)
- Oral Surgery

Refer to your certificate of coverage for the services covered under your plan(s).

What else is included?

Carryover benefit rider

Each year, you can earn more benefits if you have one cleaning and one regular exam, and the total claims paid during the year are below the threshold.

Pregnancy benefit

An extra cleaning for expecting mothers.

Wellness benefits

Oral cancer screenings for patients with high risk factors

AlwaysAssist.com

Use AlwaysAssist.com and the mobile app to manage your dental benefits, find providers and learn about good dental health. Features include easy access to ID cards, coverage information, forms and more.

Carryover benefits

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! Carryover benefits will be accrued and stored in the insured’s carryover account to be used in the next benefit year.

The limits for this policy/certificate are:	Passive PPO
Carryover benefit	\$250
Threshold limit	\$500
Carryover account limit	\$1,000



¹ Unum internal data (2019).

² American Dental Association, "Questions About Going to the Dentist" (2017).

Dental Insurance

Coverage details and costs

Overview	Passive PPO	
Benefit Year Maximum*	\$1,000 for Class A,B,C	
Deductible**	\$50 per benefit year Maximum 3 per family	
Waiting period	none	
Carryover benefit	Included	
	Coinsurance	In-network
	Class A	100%
	Class B	80%
	Class C	50%
		Non-network
	Class A	100%
	Class B	80%
	Class C	50%

*Applies to Class A, B and C Services, if applicable

**Waived for Class A (applies to Class B and C Services)

Dental carryover benefit

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! If an Insured submits qualifying claims for covered expenses during a benefit year and, in that benefit year, receives benefits that are less than their group's threshold limit, the insured will be credited a carryover benefit. Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year. If an insured reaches his or her certificate year maximum benefit, we will pay a benefit from the insured's carryover account up to the amount stored in the insured's carryover account. The accrued carryover benefits stored in the carryover account may not be greater than the carryover account limit.

Other specifications:

- An insured's carryover account will be eliminated, and the accrued carryover benefits lost, if the insured has a break in coverage of any length of time, for any reason.
- Eligibility for a carryover benefit will be established or reestablished at the time the first qualifying claim in a benefit year is received for covered expenses incurred during that benefit year.
- In order to be eligible to accumulate the carryover benefit, an insured must be enrolled in the plan at least four months prior to the start of the new policy year. Example: if the plan effective date is January 1st, the insured must be enrolled by September 1st.
- Only claims incurred on or after the start of the next policy year will count toward the threshold limit.
- Carryover benefits will not be applied to an insured's carryover account until the policy year that starts one year from the date the rider first applies.
- If charges for Class C services are not payable for an insured due to a benefit waiting period for certain covered procedures, this rider will not apply to the insured until the end of such waiting period. And, if the waiting period ends within the three months prior to the start of this plan's next benefit year, this rider will not apply to the insured until the next benefit year.
- Carryover benefits will not be applied to an insured's carryover account until the benefit year that starts one year from the date the rider first applies.

Definitions:

- "Benefit year" means calendar year or policy year, according to the type of plan applicable under the policy/certificate to which this rider is attached.
- "Carryover account" means the amount of an insured's accrued carryover benefits.
- "Carryover account limit" means the maximum amount of cumulative Carryover benefits that an insured can store in his or her carryover account.
- "Carryover benefit" means the dollar amount, which will be added to an insured's carryover account when he or she receives benefits in a benefit year that do not exceed the threshold limit.
- Qualifying claim means a claim under procedure classes A, B, C, and class D, orthodontia and must include 1 exam & 1 cleaning.
- "Threshold limit" means the maximum amount of benefits for all procedure classes A, B, C and D that an insured can receive during a benefit year and still be entitled to receive the carryover benefit.

Dependent children

Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

Services not listed

If you expect to require a dental service not included on this brochure, it may still be covered. Please contact customer service at (888) 400-9304 to confirm your exact benefits.

Dental Coverage	Passive PPO
	Monthly cost*
You	\$49.56
You and your spouse	\$97.88
You and your children	\$118.00
Family	\$179.00

*Rates guaranteed for 12 months from the effective date.

Alternate treatment

Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

Exclusions and Limitations

Unum members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered. The following dental services are not covered:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
- the correction of congenital malformations;
- the replacement of lost, discarded, or stolen appliances;
- replacement of bridges, dentures, crowns, inlays, onlays or dentures unless more than [5] years old and cannot be made serviceable;
- appliances, services or procedures relating to: (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition, abrasion, erosion or a fracture; (v) bite registration; or (vi) bite analysis;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, and related procedures;
- dentures for teeth missing prior to effective date of coverage; some exceptions apply and are detailed in the Certificate of Coverage;
- multiple x-rays done on same date of service will be combined to a full-mouth x-ray;
- cosmetic restorations on posterior permanent teeth and all primary teeth will be given alternate benefit;
- Anesthesia is covered with complex oral surgery only. Charges are subject to review. Pre-treatment estimate is recommended.
- services provided for any type of temporomandibular joint (TMJ) dysfunctions, musculoskeletal deficiencies involving TMJ or related structures, myofascial pain;

Late entrants

Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying. The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental – DN-2002, DN-2007 and DN-2015 or contact your Unum DentalSM representative.

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

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