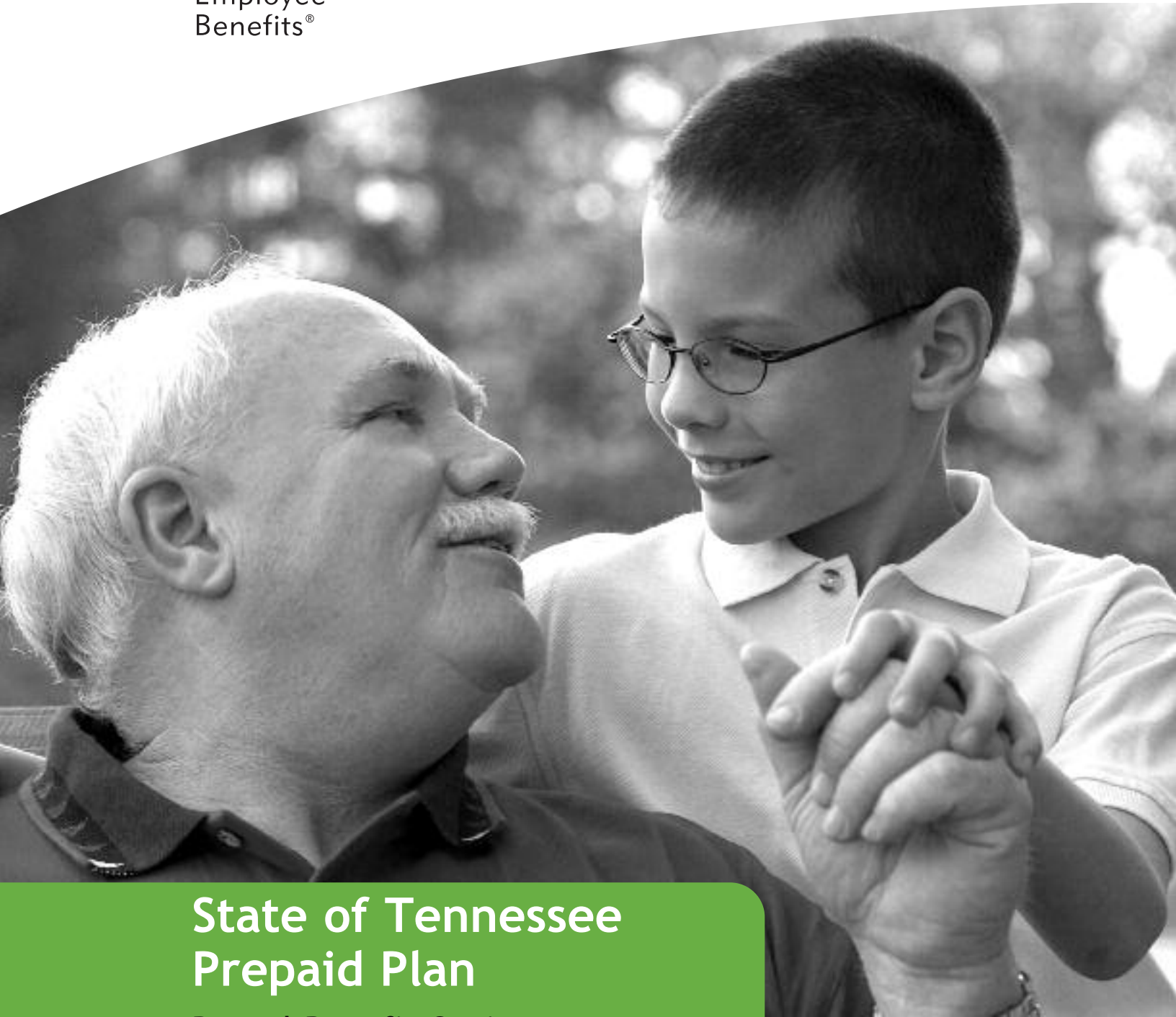




ASSURANT
Employee
Benefits®

Assurant. On your terms.™



**State of Tennessee
Prepaid Plan
Dental Benefit Option**

Sponsored by the
State of Tennessee

2011

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

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	\$ 352
1 Set Bitewing X-rays - 2 films (per Child)	\$ 0	\$ 80
1 Set Bitewing X-rays - 4 films (per Adult)	\$ 0	\$ 112
2 Routine Cleanings (1 every 6 months - Children)	\$ 0	\$ 118
2 Routine Cleanings (1 every 6 months - Adults)	\$ 0	\$ 160
10 Office Visits	\$ 100**	N/A
Mr. Miller		
1 Tooth-colored Filling (2 surfaces, posterior)	\$ 70	\$ 202
4 Quadrants Periodontal Scaling and Root Planing	\$ 240	\$ 900
Mrs. Miller		
1 Tooth-colored Filling (1 surface, posterior)	\$ 55	\$ 155
1 Root Canal (bicuspid)	\$ 200	\$ 754
1 Crown (porcelain to high noble metal)	\$ 275	\$ 988
The Millers' son		
2 Silver Fillings (1 surface each)	\$ 0	\$ 240
1 Extraction (single tooth)	\$ 15	\$ 120
The Millers' daughter		
2 Sealants	\$ 20	\$ 96
Annual Family Prepayment Fee	\$ 260	N/A
One Year Out-of-Pocket Cost	\$1,235	\$4,277

*The Average Retail Charges were determined by using the National Dental Advisory Service 2010 Comprehensive Fee Report. 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 - \$3,042!**

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

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.

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, 2011. The Annual Enrollment Transfer Period (September 15 through October 15) is the time when you and your eligible dependents can enroll in the Prepaid Plan option. If you do not enroll by October 15, 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. This 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.

Information available in your 2011 booklet:

Enrollment information	Page 2
Questions and Answers	Page 3
Full copayment schedules	Page 4 through 7
Dentist Selection Form	Page 8

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. The copayment schedule is included on pages 4 through 7 of this booklet. 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 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 roster the 1st day of the second following month.

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

A. The Plan Dentist receives a patient listing, called a roster, from us each month. This list includes all members who have chosen that individual as their dentist.

Please confirm at the time you make your appointment that you are on the provider’s 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).

Copayment Schedule for Participating General Dentists

State of Tennessee Prepaid Dental Plan

This dental plan is provided by Union Security Insurance Company

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 a Member Copayment Schedule only. 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
0999	Missed appointment (without 24 hour notice) (Per 30 min, Max \$40)	20.00

ADA Code	Participating General Dentist Treatment	Member Copayment
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
0240	X-Ray - intraoral, occlusal	No Charge
0250	X-Ray - extraoral, first 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	No Charge
0340	Cephalometric film	No Charge
0460	Pulp vitality tests	No Charge
0470	Diagnostic casts	No Charge
PREVENTIVE DENTISTRY		
1110	Routine prophylaxis - adult (once every 6 mos.)	No Charge
1120	Routine prophylaxis - child (once every 6 mos.) child up to age 18	No Charge
1203	Topical application of fluoride - child up to age 18 (Prophylaxis not included)	No Charge
1330	Oral Hygiene instructions	No Charge
1351	Application of sealant, per tooth	10.00
1510	Space maintainer (fixed) - unilateral	45.00*
1515	Space maintainer (fixed) - bilateral	45.00*
1520	Space maintainer (removable) - unilateral	85.00*
1525	Space maintainer (removable) - bilateral	85.00*
1550	Recementation of space maintainer	15.00
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
2510	Inlay - Metallic, One surface	90.00*
2520	Inlay - Metallic, Two surfaces	100.00*
2530	Inlay - Metallic, Three or more surfaces	125.00*
2740	Crown - Porcelain/Ceramic	275.00*
2750	Crown - Porcelain to high noble metal	275.00*
2751	Crown - Porcelain to base metal	275.00*
2752	Crown - Porcelain to noble metal	275.00*
2790	Crown - Full cast high noble metal	255.00*
2791	Crown - Full cast base metal	255.00*
2792	Crown - Full cast noble metal	255.00*
2799	Provisional Crown	255.00*
2910	Recement Inlay, onlay or partial coverage restoration	15.00
2920	Recement Crown	15.00
2930	Prefabricated stainless steel crown - primary tooth	65.00
2931	Prefabricated stainless steel crown - permanent	65.00
2940	Sedative filling	3.00
2950	Core buildup, including any pins	75.00
2951	Pin retention (per tooth), in addition to restoration	10.00
2952	Cast post and core, in addition to crown	75.00*
2954	Prefabricated post and core, in addition to crown	75.00
2960	Labial veneer (laminare) - chairside	200.00
2962	Labial veneer (porcelain laminare) - laboratory	300.00*

ADA Code	Participating General Dentist Treatment	Member Copayment	ADA Code	Participating General Dentist Treatment	Member Copayment
ENDODONTICS (ROOT CANALS)			FIXED PROSTHODONTICS		
3110	Pulp Cap - Direct	No Charge	6210	Pontic - Cast high noble metal, per unit	255.00*
3120	Pulp Cap - Indirect	No Charge	6211	Pontic - Cast base metal, per unit	255.00*
3220	Pulpotomy (excluding final restoration)	20.00	6212	Pontic - Cast noble metal, per unit	255.00*
3310	Root Canal - Anterior (excluding final restoration)	125.00	6240	Pontic - Porcelain fused to high noble metal, per unit**	275.00*
3320	Root Canal - Bicuspid (excluding final restoration)	200.00	6241	Pontic - Porcelain fused to base metal, per unit	275.00*
3330	Root Canal - Molar (excluding final restoration)	250.00	6242	Pontic - Porcelain fused to noble metal, per unit	275.00*
3410	Apicoectomy - Anterior	50.00	6750	Crown - Porcelain fused to high noble metal, per unit**	275.00*
PERIODONTICS			6751	Crown - Porcelain fused to base metal, per unit	275.00*
4210	Gingivectomy or Gingivoplasty, four + contiguous teeth or bounded teeth spaces per quadrant	90.00	6752	Crown - Porcelain fused to noble metal, per unit	275.00*
4211	Gingivectomy or Gingivoplasty, one to three teeth per quadrant	50.00	6790	Crown - Full cast high noble metal, per unit	255.00*
4240	Gingival flap procedure including root planing, per quadrant	240.00	6791	Crown - Full cast base metal, per unit	255.00*
4241	Gingival flap procedure including root planing - one to three contiguous teeth or bounded teeth spaces, per quadrant	100.00	6792	Crown - Full cast noble metal, per unit	255.00*
4260	Osseous Surgery, (including flap entry and closure) four or more teeth or bounded teeth spaces per quadrant	300.00	6930	Recement bridge	15.00
4271	Free Soft Tissue Graft Procedure	300.00	ORAL SURGERY		
4341	Periodontal Scaling and Root Planing, four or more teeth per quadrant	60.00	7140	Extraction, erupted tooth or exposed root	15.00
4910	Periodontal maintenance	45.00	7210	Surgical removal of erupted tooth removal/sectioning	55.00
REMOVABLE PROSTHODONTICS (DENTURES)			7220	Removal of impacted tooth - soft tissue	65.00
5110	Complete upper denture	310.00*	7230	Removal of impacted tooth - partial bony	75.00
5120	Complete lower denture	310.00*	7240	Removal of impacted tooth - complete bony	100.00
5130	Immediate upper denture (excluding relines)	365.00*	7241	Removal of impacted tooth - complete bony, with complications	125.00
5140	Immediate lower denture (excluding relines)	365.00*	7250	Surgical removal of residual roots (cutting procedure)	40.00
5211	Partial denture-upper (resin base, including clasps, etc.)	310.00*	7310	Alveoloplasty in conjunction with extractions, per quadrant	40.00
5212	Partial denture -lower (resin base, including clasps, etc.)	295.00*	7510	Incision and drainage of abscess - intraoral soft tissue	25.00
5213	Partial denture -upper (cast metal framework/acrylic base)	350.00*	7960	Frenectomy	50.00
5214	Partial Denture-lower cast metal framework/acrylic (Cast Metal Framework/Acrylic Base)	350.00*	OTHER SERVICES		
5410	Adjust complete denture - upper	10.00	9110	Palliative - Dental Pain	25.00
5411	Adjust complete denture - lower	10.00	9210	Local Anesthesia (not in conjunction with surgery)	No Charge
5421	Adjust partial denture - upper	10.00	9215	Local Anesthesia	No Charge
5422	Adjust partial denture - lower	10.00	9220	Deep sedation/ general anesthesia (first 30 minutes)	No Charge
5510	Repair Broken Complete Denture Base	25.00*	9221	Deep sedation /general anesthesia (each add 15 minutes)	168.00
5520	Replace missing/broken teeth	40.00*	9230	Analgesia - Nitrous Oxide (per 30 minutes)	15.00
5610	Repair resin denture base	35.00*	9241	Intravenous conscious sedation/analgesia (first 30 minutes)	No Charge
5620	Repair cast framework	35.00*	9242	Intravenous conscious sedation/analgesia (each additional 15 minutes)	No Charge
5630	Repair or replace broken clasps	35.00*	9310	Consultation appointment	25.00
5640	Repair broken teeth, per tooth	35.00*	9910	Application - desensitizing medicament	18.00
5650	Add tooth to existing partial denture	35.00	9951	Occlusal adjustment (limited)	30.00
5660	Add clasp to existing partial denture	30.00	9952	Occlusal adjustment (complete)	150.00
5710	Rebase complete upper denture	95.00*	9972	External bleaching, per arch	150.00
5711	Rebase complete lower denture	10.00	9973	External bleaching, per tooth	30.00
5720	Rebase upper partial denture	10.00	Customer Service 800.443.2995		
5721	Rebase lower partial denture	10.00	*Members are responsible for additional lab fees for these services.		
5730	Reline complete upper denture - chairside	60.00	**Service does not have an American Dental Association current dental terminology code or nomenclature/descriptor.		
5731	Reline complete lower denture - chairside	60.00			
5740	Reline upper partial denture - chairside	60.00			
5741	Reline lower partial denture - chairside	60.00			
5750	Reline complete upper denture - laboratory	95.00*			
5751	Reline complete lower denture - laboratory	95.00*			
5760	Reline upper partial denture - laboratory	95.00*			
5761	Reline lower partial denture - laboratory	95.00*			

Copayment Schedule for Participating Specialists

State of Tennessee Prepaid Dental Plan

This dental plan is provided by Union Security Insurance Company

Important Information

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 a Member Copayment Schedule only. 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 Specialist 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
0999	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
0240	X-Ray - intraoral, occlusal	No Charge
0250	X-Ray - extraoral, first 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
0340	Cephalometric film	45.00
0350	Oral/facial photographic images	No Charge
0460	Pulp vitality tests	No Charge
0470	Diagnostic casts	10.00
PREVENTIVE DENTISTRY		
1110	Routine prophylaxis -adult (once every 6 mos.)	No Charge
1120	Routine prophylaxis - child (once every 6 mos.) Child up to age 18	15.00
1201	Topical application of fluoride - child up to age 18 (Prophylaxis included)	No Charge
1203	Topical application of fluoride - child up to age 18 (Prophylaxis not included)	No Charge
1330	Oral Hygiene instruction	No Charge
1351	Application of sealant, per tooth	10.00

ADA	Participating Specialist Dentist Treatment	Member Copayment
1510	Space maintainer (fixed) - unilateral	45.00*
1515	Space maintainer (fixed) - bilateral	45.00*
1520	Space maintainer (removable) - unilateral	85.00*
1525	Space maintainer (removable) - bilateral	85.00*
1550	Recementation of space maintainer	15.00

ADA	Participating Specialist Dentist Treatment	Member Copayment
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
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
2510	Inlay - Metallic, one surface	90.00*
2520	Inlay - Metallic, two surfaces	100.00*
2530	Inlay - Metallic, three or more surfaces	125.00*
2740	Crown - Porcelain/Ceramic	275.00*
2750	Crown - Porcelain to high noble metal	275.00*
2751	Crown - Porcelain to base metal	275.00*
2752	Crown - Porcelain to noble metal	275.00*
2790	Crown - Full cast high noble metal	255.00*
2791	Crown - Full cast base metal	255.00*
2792	Crown - Full cast noble metal	255.00*
2799	Provisional Crown	255.00*
2910	Recement Inlay, onlay or partial coverage restoration	15.00
2920	Recement Crown	15.00
2930	Prefabricated stainless steel crown - primary tooth	80.00
2931	Prefabricated stainless steel crown - permanent	65.00
2940	Sedative Filling	3.00
2950	Core Buildup, including any pins	75.00
2951	Pin Retention (per tooth), in addition to restoration	10.00
2952	Cast post and core, in addition to crown	75.00*
2954	Prefabricated post and core, in addition to crown	75.00
2960	Labial veneer (laminate) - chairside	200.00
2962	Labial veneer (porcelain laminate) - laboratory	300.00*

ADA	Participating Specialist Dentist Treatment	Member Copayment
ENDODONTICS (ROOT CANALS)		
3110	Pulp Cap - Direct	No Charge
3120	Pulp Cap - Indirect	No Charge
3220	Pulpotomy (excluding final restoration)	40.00
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
3410	Apicoectomy - Anterior	75.00

ADA	Participating Specialist Dentist Treatment	Member Copayment
PERIODONTICS		
4210	Gingivectomy or Gingivoplasty, four + contiguous teeth or bounded teeth spaces per quadrant	90.00
4211	Gingivectomy or Gingivoplasty, one to three teeth per quadrant	50.00
4240	Gingival flap procedure including root planing, per quadrant	240.00
4241	Gingival flap procedure including root planing - one to three contiguous teeth or bounded teeth spaces, per quadrant	100.00
4260	Osseous Surgery, (including flap entry and closure) four or more teeth or bounded teeth spaces per quadrant	300.00
4271	Free Soft Tissue Graft Procedure	300.00
4341	Periodontal Scaling and Root Planing, four or more teeth per quadrant	100.00
4910	Periodontal maintenance	45.00

ADA Code	Participating Specialist Dentist Treatment	Member Copayment
REMOVABLE PROSTHODONTICS (DENTURES)		
5110	Complete upper denture	310.00*
5120	Complete lower denture	310.00*
5130	Immediate upper denture (excluding relines)	365.00*
5140	Immediate lower denture (excluding relines)	365.00*
5211	Partial denture-upper (resin base, including clasps, etc.)	310.00*
5212	Partial denture - lower (resin base, including clasps, etc.)	295.00*
5213	Partial denture - upper (cast metal framework/acrylic base)	350.00*
5214	Partial denture - lower (cast metal framework/acrylic base)	350.00*
5410	Adjust complete denture - upper	10.00
5411	Adjust complete denture - lower	10.00
5421	Adjust partial denture - upper	10.00
5422	Adjust partial denture - lower	10.00
5510	Repair broken complete denture base	25.00*
5520	Replace missing/broken teeth - comp denture/tooth	40.00*
5610	Repair resin denture base	35.00*
5620	Repair cast framework	35.00*
5630	Repair or replace broken clasps	35.00*
5640	Repair broken teeth, per tooth	35.00*
5650	Add tooth to existing partial denture	35.00
5660	Add clasp to existing partial denture	30.00
5710	Rebase complete upper denture	95.00*
5711	Rebase complete lower denture	10.00
5720	Rebase upper partial denture	10.00
5721	Rebase lower partial denture	10.00
5730	Reline complete upper denture - chairside	60.00
5731	Reline complete lower denture - chairside	60.00
5740	Reline upper partial denture - chairside	60.00
5741	Reline lower partial denture - chairside	60.00
5750	Reline complete upper denture - laboratory	95.00*
5751	Reline complete lower denture - laboratory	95.00*
5760	Reline upper partial denture - laboratory	95.00*
5761	Reline lower partial denture - laboratory	95.00*
FIXED PROSTHODONTICS		
6210	Pontic - Cast high noble metal, per unit	255.00*
6211	Pontic - Cast base metal, per unit	255.00*
6212	Pontic - Cast noble metal, per unit	255.00*
6240	Pontic - Porcelain fused to high noble metal, per unit**	275.00*
6241	Pontic - Porcelain fused to base metal, per unit	275.00*
6242	Pontic - Porcelain fused to noble metal, per unit	275.00*
6750	Crown - Porcelain fused to high noble metal, per unit**	275.00*
6751	Crown - Porcelain fused to base metal, per unit	275.00*
6752	Crown - Porcelain fused to noble metal, per unit	275.00*
6790	Crown - Full cast high noble metal, per unit	255.00*
6791	Crown - Full cast base metal, per unit	255.00*
6792	Crown - Full cast noble metal, per unit	255.00*
6930	Recement bridge	15.00
ORAL SURGERY		
7140	Extraction, erupted or exposed root	70.00
7210	Surgical removal of erupted tooth removal/sectioning	55.00
7220	Removal of impacted tooth - soft tissue	65.00
7230	Removal of impacted tooth - partial bony	75.00
7240	Removal of impacted tooth - complete bony	120.00
7241	Removal of impacted tooth - complete bony, with complications	140.00
7250	Surgical removal of residual roots - cutting procedure	40.00
7310	Alveoloplasty in conjunction with extractions per quadrant	60.00
7510	Incision and drainage of abscess - intraoral soft tissue	35.00
7960	Frenectomy	60.00

ADA Code	Participating Specialist Dentist Treatment	Member Copayment
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)	40.00
9221	Deep sedation /general anesthesia (each add 15 minutes)	168.00
9230	Analgesia - Nitrous Oxide (per 30 minutes)	15.00
9241	Intravenous conscious sedation/analgesia (first 30 minutes)	30.00
9242	Intravenous conscious sedation/analgesia (each additional 15 minutes)	20.00
9310	Consultation appointment	45.00
9910	Application - desensitizing medicament	18.00
9951	Occlusal adjustment (limited)	30.00
9952	Occlusal adjustment (complete)	150.00
9972	External bleaching, per arch	150.00
9973	External bleaching, per tooth	30.00

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.

**Service does not have an American Dental Association current dental terminology code or nomenclature/descriptor.

Dentist Selection Form

State of Tennessee Prepaid Plan

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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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



ASSURANT
Employee
Benefits®

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