

United Dental Care of Michigan, Inc.
2323 Grand Boulevard
Kansas City, MO 64108-2670
800.443.2995

EVIDENCE OF COVERAGE

ARTICLE I
DEFINITIONS

- 1.1 **Copayment:** Shall mean an additional fee charged to Member by Plan Provider as identified in the Copayment Schedule.
- 1.2 **Dependent:** Shall mean the spouse of any Subscriber and all newborn infants from and after the moment of birth, natural children, adopted children from the date of placement, stepchildren and foster children under age nineteen (19) who are unmarried and chiefly dependent on Subscriber for support and live in Plan Service Area. Dependents shall be eligible for coverage on the day Subscriber is eligible for coverage or on the day Subscriber acquires such Dependent, whichever is later. Eligibility may be extended up to age twenty-eight (28) for unmarried children who are chiefly dependent on Subscriber for maintenance and support and are registered students in regular, full-time attendance at an accredited school, college or university. Dependent shall also mean the child of Subscriber age nineteen (19) or over not capable of self-sustaining employment by reason of a disability or physical handicap and chiefly dependent on Subscriber for maintenance and support.
- 1.3 **Effective Date for a Member:** The date when coverage begins under Agreement.
- 1.4 **Emergency Services:** Shall mean bona fide emergency services, including necessary palliative treatment, provided after sudden onset of a dental condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate dental attention could reasonably be expected to result in serious jeopardy to the patient's dental health.
- 1.5 **Member:** Shall mean a Subscriber or Dependent enrolled in Plan.
- 1.6 **Group:** Shall mean the employer, association, or other organization identified in Agreement.
- 1.7 **Plan Dentist:** Shall mean a General Dentist who is under contract with Plan and responsible for providing dental services to Members of Plan.

- 1.8 **Plan Provider:** Shall mean a Plan Dentist or Plan Specialist under contract with Plan. The term shall include any hygienists and technicians recognized by the dental profession who act with and assist Plan Dentist or Plan Specialist. Establishment and location of all Plan Providers are within the sole discretion and determination of Plan. A list of Plan Providers shall be published in Plan Dentist Directory.
- 1.9 **Plan Specialist:** Shall mean a dentist practicing in a dental specialty under contract with Plan to provide specialty services to Members including, but not limited to, Endodontics, Orthodontics, Pedodontics, Periodontics and Oral Surgery.
- 1.10 **Plan Benefits:** Shall mean services provided under Agreement, subject to any limitations and exclusions.
- 1.11 **Prepayment Fee:** Shall mean the monthly fee paid by Group to Plan for each Member, including administrative or other fees necessary for provision of coverage.
- 1.12 **Service Area:** Shall mean the area where Plan is licensed to provide Plan Benefits.
- 1.13 **Subscriber:** Shall mean an employee, member, or beneficiary of Group who is eligible to participate in Plan under the eligibility requirements determined by Group.

ARTICLE II ELIGIBILITY AND EFFECTIVE DATE

- 2.1 **Plan Year:** The initial Plan Year shall begin on the Effective Date and last for a period of 12 calendar months. Each subsequent Plan Year shall begin on the Anniversary Date. The Plan Year will then last for a period of twelve (12) calendar months. The Anniversary Date for this plan is May 1.
- 2.2 **Eligibility:** Subscriber and his Dependent(s) are eligible to become Members of Plan during the open enrollment period set by Group. For Subscribers who become eligible after the Effective Date, eligibility shall be subject to Group's eligibility rules. Each Member must work or live in Plan Service Area in order to participate in Plan.

A newly acquired Dependent of Subscriber shall be eligible for coverage on the day Subscriber acquires Dependent or on the day Subscriber is eligible for coverage, whichever is later. All newborn infants shall be eligible for coverage from and after the moment of birth. If an additional Prepayment Fee is required for coverage of a newborn infant, Group must notify Plan. Any resulting Prepayment Fee must be paid within thirty-one (31) days after the date of birth.

- 2.3 **Coverage of Members/Effective Date:** Each Subscriber or Dependent whose Prepayment Fee has been accepted by Plan prior to the 20th day of the month will be covered beginning the first day of the following month. Each Subscriber or Dependent whose Prepayment Fee has been accepted by Plan between the 20th day and the last day of the month will be covered beginning the first day of the second following month.

ARTICLE III SUBSCRIBER COPAYMENTS

- 3.1 **Copayments:** Member shall be responsible for payment of all Copayments and charges for non-covered services. Member shall make payment to dental provider at the time service is rendered. Member may have an option to pay according to provider's billing procedures.

**ARTICLE IV
BENEFITS AND COVERAGES**

- 4.1 **Assignment of Benefits:** Member's coverage is intended for the sole use and benefit of Member and cannot be transferred to a third party.
- 4.2 **Plan Benefits:** Plan shall provide services to Members as set forth in the Evidence of Coverage and Copayment Schedule. Services are subject to limitations and exclusions. Services are provided for the term of Agreement. Plan reserves the right to change Plan Benefits after the initial Plan Year. Notice of change is subject to sixty (60) days written notice.
- 4.3 **Provision of Plan Benefits/Plan Providers:** Unless there is a need for Emergency Services or Member has Specialty Benefit Amendment coverage, Agreement provides only for services performed by a Plan Provider. Plan shall not have any liability due to treatment by any non-Plan dentist or physician. In addition, Plan shall not have any liability due to treatment by hospital, other person, institution or group. Each Member shall select a Plan Dentist from the Plan Dentist Directory furnished by Group to Member. Specialty services covered by Plan may be obtained from a Plan Specialist or non-Plan specialist. Agreement provides for services only. It is not an insurance policy. It does not reimburse Member or Group in cash except for: (a) Emergency Services or (b) Specialty Benefit Amendment services.
- 4.4 **Selection of Provider:**
- A. **Plan Dentist:** Each Member shall select a Plan Dentist from Plan Dentist Directory. To obtain Plan Benefits, Member shall contact selected Plan Dentist.
- Change of Selected Plan Dentist:** Member or Plan Dentist may request a change of Plan Provider selection by contacting Plan. Change requests received by the 20th of the month will be effective on the 1st of the next following month. Change requests received after the 20th of the month will be effective the 1st of the second following month. Change requests may be delayed until Member pays all monies owed selected Plan Dentist. Any Member who changes selected Plan Dentist without notifying Plan shall be denied coverage for services provided by non-selected Plan Dentist.
- B. **Specialist:** If Member requires specialist services that cannot be provided by Member's selected Plan Dentist, Member may obtain services from a Plan Specialist or a non-participating specialist. No referral is needed from selected Plan Dentist to obtain services from any specialist. Member's out-of-pocket amount will vary depending on whether services are received from a Plan Specialist or a non-Plan Specialist.
- 4.5 **Member/Plan Provider Relationship:** The relationship between Member and Plan Provider shall be an independent professional one. Plan Provider shall be solely responsible, without interference from Plan or Group for all services within the professional relationship between Member and Plan Provider. Plan or Plan Provider shall have the right to refuse treatment to any Member who: (1) fails to follow a prescribed course of treatment; (2) fails to keep confirmed appointments; (3) fails or refuses to pay proper Copayments, including any missed appointment fees or charges for non covered procedures; (4) uses the relationship for illegal purposes; or (5) otherwise makes the professional relationship unduly burdensome.
- 4.6 **Providers not participating with Plan:** Plan does not review practice standards of non-Plan Providers. Members who obtain services from non-Plan Providers should separately assess the practice standards and skills of those providers.

**ARTICLE V
LIMITATIONS AND EXCLUSIONS**

1. Medical costs associated with dental procedures are not covered.
2. The parent or guardian is responsible for affecting behavior of dependents so that provider may safely render proper dental care. Services rendered by a specialist because of behavior adjustment may affect Member's out of pocket expense. Such services needed may be physical restraint, sedation or other method of control.
3. Dentures or appliances will be replaced only after five years since dentures or appliances were provided by Plan. If denture or appliance becomes unserviceable due to illness or causes not controlled by ordinary means, the following will apply: Replacement will be made only if existing denture or appliance cannot be made serviceable.
4. Replacement of dentures, appliances or bridgework due to loss or theft is not covered.
5. Dental treatment provided or started prior to Member's eligibility to receive benefits is not covered. Dental treatment started after Member's termination is not covered.
6. Failure to follow prescribed treatment may result in additional charges. Accidents occurring during the course of any treatment may result in additional charges.
7. Restorations and endodontic posts and cores placed after root canal therapy are separate procedures from actual root canal treatment. Therefore, the specific co-payments listed for restorations or posts and cores will apply.
8. Orthodontic Treatment is limited as follows:
 - Minor treatment of tooth guidance/interceptive orthodontia is limited to eighteen (18) consecutive months.
 - Retention treatment is limited to eighteen (18) consecutive months. Ongoing treatment past eighteen (18) consecutive months is not covered. Also, ongoing treatment past eighteen (18) consecutive months may be subject to additional fees. This would be determined as outlined in the Copayment Schedule and determined by provider.
9. Orthodontic treatment involving therapy for myofunctional problems, T.M.J. dysfunctions, micrognathia, macroglossia, cleft palate or hormonal imbalances causing growth and developmental abnormalities, is not covered.
10. Extractions for Orthodontic purposes only are at a 25% discount off of Plan Provider's normal retail charge.
11. Orthodontic cases, involving orthognathic surgery, are not covered.
12. Treatment for malignancies, neoplasms or cysts, including biopsy, is not covered.
13. Services provided by non-Plan dentists are not covered unless preauthorized by Plan.
14. Copayments listed for restorations do not include the cost of lab fees.
15. Restorations and splints used to increase vertical dimension, restore occlusion, or replace/stabilize tooth structure loss by attrition are not covered.

16. Fixed prosthetic restoration of six (6) or more existing teeth, when performed as a simple procedure as part of a complete oral rehabilitation or reconstruction is not covered.
17. Complete oral rehabilitation or reconstruction involving replacement of six (6) or more missing teeth using fixed prosthetic restorations and/or appliances is not covered.
18. Dental treatment is not covered if Member's general health or physical limitations prevent provider from rendering appropriate dental treatment.
19. Costs associated with prescriptions or over the counter medications are not covered.
20. Implants, surgery for the insertion of implants, all related implant appliances and restorations, removable or fixed, are not covered.
21. The surgical removal of implants, or any surgery required to adjust, replace, or treat any problem related to an existing implant, or implant appliance, is not covered.
22. Plan payments for services of non-Plan providers are limited to a total of \$2,000.00 per calendar year.

ARTICLE VI EMERGENCY SERVICES

- 6.1 **Emergency Services:** Plan shall arrange for Emergency Services twenty-four (24) hours a day, seven (7) days a week.
- A. Inside Plan Service Area: If Member is in Plan Service Area and needs Emergency Services, Member should do the following: Contact Member's selected Plan Dentist to arrange for Emergency Services. If Member's Plan Dentist is unavailable, Member may obtain Emergency Services from any licensed dentist. Plan will reimburse Member for the actual cost of Emergency Services only, subject to any Copayments, limitations and exclusions.
 - B. Outside Plan Service Area: If Member is not in Plan Service Area and needs Emergency Services, Member should seek treatment from any licensed dentist. Plan will reimburse Member for the actual cost of Emergency Services, less a twenty-five dollar (\$25.00) administrative charge, subject to any Copayments, limitations and exclusions.
 - C. Additional Conditions: Reimbursement for Emergency Services provided by non-Plan dentists is subject to the following additional conditions:
 1. Covered Dental services include only those necessary to relieve acute symptoms of sufficient severity. This includes severe pain, bleeding, swelling, and the like. It also includes acute symptoms of severity, which, within reason, may place Member's dental health in serious jeopardy. It includes severity which may cause dysfunction of any bodily organ or part. It includes these cases of severity which last until Member can either: (1) return to Plan Service Area or (2) continue treatment with Plan Dentist.
 2. The Member must notify Plan or Plan Dentist of his condition and the service arrangements within forty-eight (48) hours after provision of Emergency Services. The Member must also return to Plan Dentist for continued services if indicated. It may happen that a Member's physical condition does not allow him to notify Plan within the prescribed time. He will need to notify Plan as soon as reasonably possible.

3. Reimbursement requests must be in writing. Such requests must be received by Plan within sixty (60) days of the date of service for which payment is requested. These requests must include invoices or other evidence of payment.
4. Failure to furnish proof within the required time shall not nullify or reduce claim. This applies if it was not reasonably possible to give proof within the required time. This is true provided proof is furnished as soon as reasonably possible.
5. If Emergency Services are performed at a hospital or outpatient care facility other than a dentist's office, Plan shall pay only applicable dental charges.

**ARTICLE VII
DENTAL CHARGES PAID BY MEMBERS**

- 7.1 Member shall furnish Plan written proof that Member paid provider for covered benefits and services. Plan may reimburse Member. If so it will be without prejudice to Plan's right to seek recovery of any payment made by Plan. Requests for reimbursement must be in writing. Such requests must include invoices describing services provided.
- A. Proof of Charges: If Member is charged for covered benefits, written proof of charges must be furnished to Plan. This must be within sixty (60) days after receipt of benefit.
 - B. Failure to Furnish Proof of Charges: Failure to furnish proof to Plan within the required time shall not nullify or reduce reimbursement. This is true: (1) only if it was not reasonably possible to provide proof within such time and (2) if proof is furnished as soon as reasonably possible.
 - C. Reimbursement of Charges: Reimbursement requests will be processed within thirty (30) days of receipt of request by Plan. This applies unless Member is notified of the need for additional time. If reimbursement is denied, written notice shall be given to Member. Such notice will contain the reasons for denial.
 - D. Review: Member may obtain a review of the denial through Plan's Member Appeals Process.
 - E. Limitations of Actions:
 1. No action at law or equity shall be brought under this Section against Plan prior to the end of a ninety (90) day period. This ninety (90) day period follows the date on which written proof of the charge or loss has been furnished to Plan, or later than three (3) years after the ending of the period of time in which such proof of charge or loss must be furnished to Plan.
 2. No liability shall be imposed upon Plan other than for benefits covered herein.

**ARTICLE VIII
COORDINATION OF BENEFITS**

- 8.1 Coordination of Benefits: Is the process for determining payment responsibility in cases where Member has benefit coverage with more than one carrier. The "primary" plan is the plan whose coverage applies first. The "secondary" plan may provide additional benefits after the primary benefits are applied.

Plan is "primary" under the following conditions:

If Member has coverage under more than one managed care plan, the plan that covers the individual as Member or Subscriber of Group is primary.

If Member has coverage under both a managed care plan and an indemnity plan, the managed care plan is primary.

In the case of covered Dependents who are not directly covered under a group plan, the plan of the parent whose birthday occurs earliest in the year (not the one who is oldest) is primary.

The above may not apply in the case of a divorce decree, court action or the like, which may mandate that other coverage be primary.

Managed care is not insurance. Therefore, coordination of benefits does not apply as in the typical insurance setting. When Plan is primary and an indemnity plan is secondary, Member pays any applicable copayment at the time of service. Member may then file a claim for the out-of-pocket copayment amount with the indemnity carrier, who would then reimburse Member a percentage of the copayment amount(s) paid according to the provisions of their indemnity plan.

When an indemnity plan is primary, the individual either files a claim for the out-of-pocket expense with the indemnity plan, or assigns reimbursement to the dentist. The indemnity plan will reimburse either Member or dentist according to the provisions of the indemnity plan. After reimbursement is made, any remaining balance is the responsibility of Member.

Plan may be of benefit to Member, in addition to primary indemnity coverage, by limiting Member's expense to the amount of the copayment under Plan. When the indemnity plan deductible has been met, Plan, as secondary, may put an upper limit on Member's out-of-pocket expense based on the Copayment Schedule. Payment to the dentist in such case would be the greater of the amount paid by the indemnity plan, or the amount paid by the indemnity plan plus an amount from Member. This process brings the total payment to dentist to the proper Plan copayment amount.

ARTICLE IX MEMBER APPEALS PROCESS

9.1 **Resolution Procedures:** Any inquiry, complaint or grievance shall be made by contacting Plan or Plan Provider. Members should take any question or concern directly to Plan Provider rendering service to resolve the issue immediately. Plan inquiries or dissatisfactions may be conveyed by telephone or in writing.

Definition: A complaint is defined as any dissatisfaction, expressed by Member orally or in writing to Plan regarding any aspect of the company's operation. This includes dissatisfaction with plan administration; appeal of an adverse determination; the denial, reduction or termination of a service; the way a service is provided; or disenrollment decisions.

A. **Verbal Complaint:** Member may contact Plan Customer Service department regarding any inquiry, complaint or grievance that cannot be resolved to Member's satisfaction. This occurs after speaking directly with the dentist or other concerned party. Plan Customer Service Representative will assess and resolve Member's concern. If Member is not satisfied with the resolution, Member may file a written complaint to Plan. Plan Customer Service Representative will provide Member with the guidelines. In addition, such representative will provide complaint form to be completed.

- B. Written Complaint: Plan expects receipt of a completed complaint form or correspondence from Member expressing dissatisfaction with service or care delivered by Plan or Plan Dentist. Once this occurs, Plan will acknowledge the written complaint within five (5) business days. Plan will investigate the complaint and will provide a written resolution to Member within thirty (30) calendar days. In matters of quality of care or clinical issues, an appropriate health professional will be consulted. If the complaint is not resolved to Member's satisfaction, Plan shall provide an appeal procedure.
- C. Appeal Procedure: If Member is not satisfied with the resolution of a written complaint, Member may request an appeal of Plan's assessment. Upon receipt of an appeal request, Plan will provide Member with Plan's written appeal process as defined by Plan or applicable State law.

ARTICLE X TERMINATION

- 10.1 **Termination of Eligibility**: If Subscriber is terminated or leaves Group, Subscriber and his Dependents shall continue to be covered until Plan is notified in writing of Subscriber's termination.
- 10.2 **Member Termination**: Member coverage shall terminate as follows:
 - A. On the last day of the month for which Group has placed Member on eligibility list and has paid the proper Prepayment Fee.
 - B. If Member ceases to meet eligibility requirements of Group, coverage will terminate on the next Prepayment Fee due date, subject to the individual conversion privilege, if available.
 - C. If Member commits fraud or material misrepresentation in the use of services or facilities, coverage for Member will terminate immediately upon written notice.
 - D. If Member commits fraud or material misrepresentation on the Enrollment Form, coverage will terminate immediately upon written notice. This provision will not be enforced after two (2) years from the time Member's coverage began.
 - E. If Group or Plan terminates Agreement, coverage for Member shall cease on the termination date. This shall be subject to any notice required by state law.
 - F. If Member fails to make required payments, Plan reserves the right to terminate coverage upon sixty (60) days written notice. Such payments include Copayments and missed appointment fees. Prepayment Fees received for terminated Member for the period after termination date shall be refunded to Group. Thereafter, Plan shall have no further liability or responsibility to Member.
 - G. A Member, after reasonable efforts, may be unable to establish a satisfactory dentist-patient relationship with a Plan Provider. If so, Plan reserves the right to terminate coverage upon sixty (60) days written notice. Prepayment Fees received for terminated Member for the period after termination date shall be refunded to Group. Thereafter, Plan shall have no further liability or responsibility to Member.
 - H. Coverage for Subscriber's Dependents will be terminated if the coverage for Subscriber terminates for any reason. This is subject to continuation privileges for certain Dependents as set forth herein.

- I. Once a Member is no longer qualified as a Dependent, coverage for that Member will terminate. Coverage shall not terminate while a Dependent child of Subscriber is and continues to be incapable of self-sustaining employment. This is by reason of a disability or physical handicap. Dependent must be chiefly dependent on the Subscriber for maintenance and support. Subscriber must furnish proof of incapacity and dependency to Plan. This must occur within thirty-one (31) days of the child attaining limiting age. This also must occur every year thereafter, if requested by Plan.
- J. A Member may have fulfilled his obligations under Plan for one (1) year. If so, Member may elect to terminate coverage by giving thirty (30) days written notice to Group.
- K. If Member no longer works or lives in Plan Service Area.

**ARTICLE XI
CONTINUATION OF COVERAGE/CONVERSION/COBRA**

- 11.1 **Continuation of Coverage:** If Agreement is terminated, each Plan Provider shall complete all dental procedures started prior to the date of termination. This will be pursuant to the terms of Agreement and as required by state law, except for orthodontia treatment. Should a Member in orthodontia treatment terminate for any reason, Member shall be responsible for payment of all services rendered after the termination date.
- 11.2 **Conversion Privilege:** If Member ceases to meet eligibility requirements of Group, Member may convert to an individual dental plan, if available. This occurs without furnishing evidence of insurability. To obtain an individual dental plan, Member must work or live in Plan Service Area. He must submit a completed individual enrollment form and all Prepayment Fees to Plan within thirty-one (31) days after termination date. Plan will notify Member in writing of coverage effective date. Conversion privileges shall not be made available to Member terminated as a result of fraud or material misrepresentation.
- 11.3 **Continuation of Coverage under COBRA:** If under the provisions of Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Public Law 99-272, Member is granted the right to continue coverage beyond the date Member's coverage would otherwise terminate, the following applies. Agreement shall be deemed to allow coverage to continue to comply with the provisions of applicable statutes. Member should contact Group concerning eligibility.

**ARTICLE XII
GENERAL PROVISIONS**

- 12.1 **Amendments:** By mutual consent, Plan and Group may modify, amend or alter Agreement. Such change shall be in writing and duly executed by both parties. Any change shall be attached to Agreement. Plan may amend Agreement unilaterally to comply with germane law.
- 12.2 **Distribution of Plan Materials and Notices to Members:** Plan may be obligated under state law to give notice or Plan materials to Member. If so, it shall be sufficient for Plan to give notice or Plan materials to the Group's delegate, unless state law requires otherwise. Group shall then be responsible for providing notice or Plan materials to Subscribers.
- 12.3 **Circumstances Beyond Plan's Control:** Rendition of dental services may be delayed or made impractical due to circumstances not within Plan's control. If this occurs, neither Plan nor Plan Provider shall have any liability or obligation to provide services on account of such delay. This includes, but is not limited to, complete or partial destruction of facilities, war, riot and civil insurrection. It also includes labor disputes or disability of a significant number of Plan Providers.

- 12.4 **Major Disaster or Epidemic:** If a major disaster or epidemic occurs, Plan Provider shall render dental services as practical according to his judgment. Such disaster or epidemic may limit available facilities or personnel. In such a situation, neither Plan nor Plan Provider shall have any liability or obligation for delay or failure to provide dental services.

TO CONTACT CUSTOMER SERVICE, CALL 800.443.2995

United Dental Care of Michigan, Inc. is a for profit corporation licensed in the state of Michigan.

Copayment Schedule with Specialty Benefits

Benefits provided by:

United Dental Care of Michigan, Inc.
 2323 Grand Boulevard
 Kansas City, MO 64108-2670
 800.443.2995

United Dental Care of Michigan, Inc. is a for profit corporation licensed in the State of Michigan.

1. PLAN DENTIST SERVICES (subject to Limitations and Exclusions listed in the Evidence of Coverage):

The dental services listed on the Copayment Schedule below are covered only when provided by Member's selected Plan Dentist. Dental services that do not appear on this list are not covered by Plan. Member will be responsible for paying the amount listed in "Member Copayment" column at the time the service is received, or in accordance with Plan Dentist's billing procedures.

Payment for all services received from a non-Plan Dentist will be the responsibility of Member.

ADA Code**	Service Description**	Member Copayment
Appointments		
None	Office visit - during regularly scheduled hours***	5.00
D0120	Periodic oral evaluation	No Charge
D0140	Limited oral evaluation - problem focused	20.00
D0150	Comprehensive oral evaluation - new or established patient	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge
None	Missed appointment without 24 hour notice***	20.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	35.00
D9440	Office visit - after regularly scheduled hours	40.00
Diagnostic Dentistry		
D0210	Intraoral - complete series (including bitewings)	5.00
D0220	Intraoral - periapical first film	No Charge
D0230	Intraoral - periapical each additional film	No Charge
D0240	Intraoral - occlusal film	No Charge
D0250	Extraoral - first film	No Charge
D0260	Extraoral - each additional film	No Charge
D0270	Bitewing - single film	No Charge
D0272	Bitewings - two films	No Charge
D0274	Bitewings - four films	No Charge
D0330	Panoramic film	No Charge
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge

ADA Code**	Service Description**	Member Copayment
D0460	Pulp vitality tests	No Charge
Preventive Dentistry		
D1110	Prophylaxis - adult..... (once every 6 calendar months)	10.00
D1120	Prophylaxis - child..... (once every 6 calendar months)	9.00
D1203	Topical application of fluoride (prophylaxis not included) - child.....	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions.....	No Charge
D1351	Sealant - per tooth	13.00
D1510	Space maintainer - fixed - unilateral*.....	70.00
D1515	Space maintainer - fixed - bilateral*.....	70.00
D1520	Space maintainer - removable - unilateral*.....	85.00
D1525	Space maintainer - removable - bilateral*.....	110.00
D1550	Re-cementation of space maintainer	18.00
None	Additional prophylaxis (D1110 or D1120 service does not apply to patients with periodontal disease)***	35.00
Restorative Dentistry		
D2140	Amalgam - one surface, primary or permanent.....	17.00
D2150	Amalgam - two surfaces, primary or permanent.....	21.00
D2160	Amalgam - three surfaces, primary or permanent.....	25.00
D2161	Amalgam - four or more surfaces, primary or permanent.....	29.00
D2330	Resin-based composite - one surface, anterior.....	25.00
D2331	Resin-based composite - two surfaces, anterior.....	29.00
D2332	Resin-based composite - three surfaces, anterior.....	33.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	37.00
D2391	Resin-based composite - one surface, posterior.....	35.00
D2392	Resin-based composite - two surfaces, posterior.....	39.00
D2393	Resin-based composite - three surfaces, posterior.....	43.00
D2394	Resin-based composite - four or more surfaces, posterior.....	43.00
D2510	Inlay - metallic - one surface*.....	220.00
D2520	Inlay - metallic - two surfaces*.....	225.00
D2530	Inlay - metallic - three or more surfaces*.....	250.00
D2543	Onlay - metallic - three surfaces*.....	290.00
D2544	Onlay - metallic - four or more surfaces*.....	290.00
D2610	Inlay - porcelain/ceramic one surface*.....	250.00
D2620	Inlay - porcelain/ceramic two surfaces*.....	260.00
D2630	Inlay - porcelain/ceramic three or more surfaces*.....	270.00
D2740	Crown - porcelain/ceramic substrate*.....	270.00
D2750	Crown - porcelain fused to high noble metal*.....	270.00
D2751	Crown - porcelain fused to predominantly base metal*.....	270.00
D2752	Crown - porcelain fused to noble metal*.....	270.00
D2790	Crown - full cast high noble metal*.....	270.00
D2791	Crown - full cast predominantly base metal*.....	270.00
D2792	Crown - full cast noble metal*.....	270.00
D2910	Recement inlay, onlay, or partial coverage restoration.....	16.00
D2920	Recement crown.....	16.00
D2930	Prefabricated stainless steel crown - primary tooth.....	70.00
D2940	Sedative filling	28.00
D2950	Core buildup, including any pins.....	80.00
D2951	Pin retention - per tooth, in addition to restoration.....	17.00
D2952	Cast post and core in addition to crown*.....	105.00
D2954	Prefabricated post and core in addition to crown.....	88.00

ADA Code**	Service Description**	Member Copayment
D2960	Labial veneer (resin laminate) - chairside*	260.00
D2962	Labial veneer (porcelain laminate) - laboratory*	315.00
D2980	Crown repair, by report*	22.00
None	Temporary filling***	18.00
Endodontics		
D3110	Pulp cap - direct (excluding final restoration)	10.00
D3120	Pulp cap - indirect (excluding final restoration)	10.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	30.00
D3310	Anterior (excluding final restoration)	120.00
D3320	Bicuspid (excluding final restoration)	150.00
D3330	Molar (excluding final restoration)	190.00
D3346	Retreatment of previous root canal therapy- anterior	320.00
D3347	Retreatment of previous root canal therapy- bicuspid	380.00
D3348	Retreatment of previous root canal therapy- molar	455.00
D3410	Apicoectomy/periradicular surgery - anterior	140.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	150.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	170.00
D3426	Apicoectomy/periradicular surgery - (each additional root)	60.00
D3430	Retrograde filling - per root	40.00
D3450	Root amputation - per root	85.00
D3920	Hemisection (including any root removal), not including root canal therapy	85.00
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	115.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	69.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	220.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	132.00
D4320	Provisional splinting - intracoronal	90.00
D4321	Provisional splinting - extracoronal	75.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	50.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	30.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	30.00
D4910	Periodontal maintenance	30.00
None	Periodontal hygiene instructions***	No Charge
None	Periodontal charting for planning (specialty)***	12.00
Removable Prosthodontics (Removable Dentures)		
D5110	Complete denture - maxillary*	350.00
D5120	Complete denture - mandibular*	350.00
D5130	Immediate denture - maxillary*	400.00
D5140	Immediate denture - mandibular*	400.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)*	380.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)*	380.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	380.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	380.00
D5410	Adjust complete denture - maxillary	30.00
D5411	Adjust complete denture - mandibular	30.00
D5421	Adjust partial denture - maxillary	30.00
D5422	Adjust partial denture - mandibular	30.00
D5510	Repair broken complete denture base*	42.00

ADA Code**	Service Description**	Member Copayment
D5610	Repair resin denture base*	45.00
D5620	Repair cast framework*	60.00
D5630	Repair or replace broken clasp*	70.00
D5640	Replace broken teeth - per tooth*	45.00
D5650	Add tooth to existing partial denture*	50.00
D5730	Reline complete maxillary denture (chairside)	85.00
D5731	Reline complete mandibular denture (chairside)	85.00
D5740	Reline maxillary partial denture (chairside)	85.00
D5741	Reline mandibular partial denture (chairside)	85.00
D5750	Reline complete maxillary denture (laboratory)*	120.00
D5751	Reline complete mandibular denture (laboratory)*	120.00
D5760	Reline maxillary partial denture (laboratory)*	120.00
D5761	Reline mandibular partial denture (laboratory)*	120.00
D5850	Tissue conditioning, maxillary	60.00
D5851	Tissue conditioning, mandibular	60.00
D5862	Precision attachment, by report*	100.00
Fixed Prosthodontics		
D6210	Pontic - cast high noble metal*	270.00
D6211	Pontic - cast predominantly base metal*	270.00
D6212	Pontic - cast noble metal*	270.00
D6240	Pontic - porcelain fused to high noble metal*	270.00
D6241	Pontic - porcelain fused to predominantly base metal*	270.00
D6242	Pontic - porcelain fused to noble metal*	270.00
D6251	Pontic - resin with predominantly base metal*	270.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis*	250.00
D6721	Crown - resin with predominantly base metal*	270.00
D6750	Crown - porcelain fused to high noble metal*	270.00
D6751	Crown - porcelain fused to predominantly base metal*	270.00
D6752	Crown - porcelain fused to noble metal*	270.00
D6780	Crown - 3/4 cast high noble metal*	270.00
D6790	Crown - full cast high noble metal*	270.00
D6791	Crown - full cast predominantly base metal*	270.00
D6792	Crown - full cast noble metal*	270.00
D6930	Recement fixed partial denture	30.00
D6940	Stress breaker	95.00
D6950	Precision attachment	185.00
D6980	Fixed partial denture repair, by report*	80.00
None	Resin bonded bridge pontic, per unit*	200.00
Oral Surgery		
D7111	Extraction, coronal remnants - deciduous tooth	20.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	20.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	40.00
D7220	Removal of impacted tooth - soft tissue	50.00
D7230	Removal of impacted tooth - partially bony	70.00
D7240	Removal of impacted tooth - completely bony	80.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	100.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	45.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	90.00
D7280	Surgical access of an unerupted tooth	85.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	50.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	85.00
D7471	Removal of lateral exostosis (maxilla or mandible)	185.00

ADA Code**	Service Description**	Member Copayment
D7510	Incision and drainage of abscess - intraoral soft tissue	35.00
D7910	Suture of recent small wounds up to 5 cm.....	70.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.....	60.00
Anesthesia, Analgesia, and Sedation		
D9220	Deep sedation/general anesthesia - first 30 minutes.....	180.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide.....	20.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes.....	180.00
D9940	Occlusal guard, by report*	175.00
D9951	Occlusal adjustment - limited	90.00
D9952	Occlusal adjustment - complete	175.00
Bleaching		
D9972	External bleaching - per arch.....	150.00
None	External bleaching, both arches***	300.00

2. SPECIALIST SERVICES (subject to Limitations and Exclusions listed in the Evidence of Coverage):

Should Member require dental services that his selected Plan Dentist is unable to provide, he may obtain those services from a Plan Specialist or a non-Plan Specialist. No referral is needed from the selected Plan Dentist in order for Member to obtain services from the specialist of his choice. However, Member's out-of-pocket amount may vary depending on whether services are received from a Plan Specialist or a non-Plan Specialist. Member responsibilities for obtaining services under either method are outlined below.

A. Plan Specialist Services:

1. On Copayment Schedule (subject to Limitations and Exclusions listed in the Evidence of Coverage):

The following Copayment Schedule applies to covered services when they are provided by a Plan Specialist. If Member receives a service listed on the schedule, he will be responsible for paying the amount in "Member Copayment" column at the time the service is received, or in accordance with Plan Specialist's billing procedures.

ADA Code**	Service Description**	Member Copayment
Appointments		
D0140	Limited oral evaluation - problem focused	25.00
D0150	Comprehensive oral evaluation - new or established patient.....	25.00
Endodontics		
D3320	Bicuspid (excluding final restoration).....	235.00
D3330	Molar (excluding final restoration)	320.00
D3346	Retreatment of previous root canal therapy- anterior	335.00
D3347	Retreatment of previous root canal therapy- bicuspid.....	430.00
D3348	Retreatment of previous root canal therapy- molar	475.00
D3410	Apicoectomy/periradicular surgery- anterior	200.00
D3421	Apicoectomy/periradicular surgery- bicuspid (first root).....	230.00
D3425	Apicoectomy/periradicular surgery- molar (first root).....	265.00

ADA Code**	Service Description**	Member Copayment
D3430	Retrograde filling - per root.....	65.00
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant.....	225.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant.....	135.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.....	390.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant.....	234.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant.....	80.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant.....	48.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis.....	55.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.....	60.00
Oral Surgery		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.....	60.00
D7220	Removal of impacted tooth - soft tissue.....	80.00
D7230	Removal of impacted tooth - partially bony.....	105.00
D7240	Removal of impacted tooth - completely bony.....	150.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	160.00
D7250	Surgical removal of residual tooth roots (cutting procedure).....	60.00
D7280	Surgical access of an unerupted tooth.....	150.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant.....	100.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant.....	85.00
D7471	Removal of lateral exostosis (maxilla or mandible).....	220.00
D7510	Incision and drainage of abscess - intraoral soft tissue.....	70.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.....	145.00
Anesthesia, Analgesia, and Sedation		
D9241	Intravenous conscious sedation/analgesia - first 30 minutes.....	130.00

2. Not on Copayment Schedule (subject to Limitations and Exclusions listed in the Evidence of Coverage):

Dental services obtained from a Plan Specialist, but not listed on the schedule above, will be provided to Member at a discount. A 15% discount, off that Plan Specialist's normal retail charges, will be applied to services obtained from a Plan Specialist who is an Endodontist. A 25% discount, off that Plan Specialist's normal retail charges, will be applied to all other services (including orthodontic services) received from a Plan Specialist. Member will be responsible for paying the discounted charge at the time the service is received, or in accordance with Plan Specialist's billing procedures.

B. Specialist Services received from a non-Plan Specialist (subject to a \$2,000.00 limit paid by Plan in any calendar year):

1. On Copayment Schedule (subject to Limitations and Exclusions listed in the Evidence of Coverage):

If a Member chooses to receive a dental service listed on the following schedule from a non-Plan Specialist, he will be responsible for paying that specialist's entire normal retail charge for the service at the time the service is received or in accordance with specialist's billing procedures. Member may then submit a completed claim form, with an itemized bill attached, to Plan. (Member may obtain claim forms by contacting Plan.) Plan will pay Member lesser of the amount shown in "Plan Payment" column of the following schedule or the amount charged by specialist for the service.

ADA Code**	Service Description**	Plan Payment
Appointments		
D0140	Limited oral evaluation - problem focused	15.00
D0150	Comprehensive oral evaluation - new or established patient.....	15.00
Endodontics		
D3320	Bicuspid (excluding final restoration).....	265.00
D3330	Molar (excluding final restoration)	330.00
D3346	Retreatment of previous root canal therapy - anterior	215.00
D3347	Retreatment of previous root canal therapy- bicuspid.....	220.00
D3348	Retreatment of previous root canal therapy- molar.....	300.00
D3410	Apicoectomy/periradicular surgery - anterior.....	250.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root).....	350.00
D3425	Apicoectomy/periradicular surgery - molar (first root).....	335.00
D3430	Retrograde filling - per root.....	60.00
Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant.....	125.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant.....	75.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.....	310.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant.....	186.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant.....	70.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant.....	42.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis.....	35.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.....	40.00
Oral Surgery		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	90.00
D7220	Removal of impacted tooth - soft tissue.....	95.00
D7230	Removal of impacted tooth - partially bony	120.00
D7240	Removal of impacted tooth - completely bony	100.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	130.00
D7250	Surgical removal of residual tooth roots (cutting procedure).....	100.00
D7280	Surgical access of an unerupted tooth.....	110.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant.....	40.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant.....	100.00
D7471	Removal of lateral exostosis (maxilla or mandible).....	140.00
D7510	Incision and drainage of abscess - intraoral soft tissue	35.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.....	115.00
Anesthesia, Analgesia, and Sedation		
D9241	Intravenous conscious sedation/analgesia - first 30 minutes.....	100.00

2. Not on Copayment Schedule

Any service that is both (a) received from a non-Plan Specialist and (b) not listed on the schedule above will not be covered by plan. The entire charge for the service will be the responsibility of Member.

*Member will be responsible for cost of additional lab fees for these services.

***Current Dental Terminology* © American Dental Association.

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

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL, DENTAL AND VISION INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Our Commitment

Union Security Insurance Company and its affiliated prepaid dental companies* are committed to protecting the personal information entrusted to us by our customers. The trust you place in us when you share your personal information is a responsibility we take very seriously and is the cornerstone of how we conduct our business.

We use the brand name "Assurant Employee Benefits" to associate our products and services and to connect us with the brand of our parent company, Assurant, Inc.

The Health Insurance Portability and Accountability Act (HIPAA) provides us and our affiliates with guidelines and standards to follow when we use or disclose your Protected Health Information (PHI). This new law also gives you, our customer, numerous rights regarding your ability to see, inspect, and copy your PHI. Because our commitment to privacy means complying with all privacy laws, we are providing you this notice outlining our privacy practices. The following information is intended to help you understand what we can and cannot do with your PHI and what your rights are under HIPAA.

II. Our Use and Disclosure of Your PHI

HIPAA allows us to use and disclose your PHI for treatment, payment, and dental or vision care operations without asking your permission. For instance, we may disclose information to a dental or vision provider to assist the provider in properly treating you or a dependent (Treatment). We may disclose certain information to the dental or vision provider in order to properly pay a claim or to your employer in order to collect the correct premium amount (Payment). We may disclose your information in order to help us make the correct underwriting decision or to determine your eligibility (Operations).

Other examples of possible disclosures for purposes of dental or vision care operations include:

- Underwriting our risk and determining rates and premiums for your dental or vision plan;
- Determining your eligibility for benefits;
- Reviewing the competence and qualifications of dental care or other providers;
- Conducting or arranging for dental review, legal services, and auditing functions, including fraud and abuse detection and compliance;
- Business planning and development;
- Business management and general administrative duties such as cost-management, customer service, and resolution of internal grievances;
- Other administrative purposes.

We can also make disclosures under the following circumstances without your permission:

- As required by law, including response to court and administrative orders, or to report information about suspected criminal activity;
- To report abuse, neglect, or domestic violence;
- To authorities that monitor our compliance with these privacy requirements;
- To coroners, medical examiners, and funeral directors;
- For research and public health activities, such as disease and vital statistic reporting;
- To avert a serious threat to health or safety;
- To the military, certain federal officials for national security activities, and to correctional institutions;
- To the entity sponsoring your group dental or vision plan but only for purposes of enrollment, disenrollment, eligibility, or for the purpose of giving the plan sponsor summary information when necessary to help make decisions regarding changes to the plan. If the plan sponsor has certified that its plan documents have been amended to include certain privacy provisions, we may also disclose protected health information to the plan sponsor to carry out plan administration functions that the plan sponsor performs on behalf of the plan;
- To a spouse, family member, or other personal representative if they can show they are assisting in your care or payment of your care and then, without an authorization, only basic information about the status or payment of a claim.

Unless you give us written authorization, we cannot use or disclose your PHI for any reason except as otherwise described in this notice. You may revoke your written authorization at any time by writing us at the address indicated at the end of this notice.

III. Your Individual Rights

You have the following rights with regard to your Protected Health Information:

- **To Restrict our Use or Disclosure.** You have the right to ask us to limit our use or disclosure of your PHI. While we will consider your request, we are not legally required to agree to the additional restrictions. If we do agree to all or part of your request, we will inform you in writing. We cannot agree to limit any use and disclosure of your PHI if the use or disclosure is required by law.
- **To Access your PHI.** You have the right to view and/or copy your PHI at any time by contacting us. If you want copies of your PHI, or want your PHI in a special format, we may charge you a fee. You have a right to choose what portions of your PHI you want copied and to have prior notice of copying costs. If for some reason we deny your request for access to your PHI, we will provide a written explanation of why your request was denied and explain how you can appeal the denial.

- **To Amend your PHI.** You have the right to amend your PHI, if you believe it is incomplete or inaccurate. Your request must be in writing, with an explanation of why you feel the information should be amended. If we approve your request to amend your PHI, we will make reasonable efforts to inform others, including people you name, about the amendment to your PHI. We may deny your request for various reasons, for example, if we determine that the information is correct and complete, or if we did not create the information. If we deny your request, we will provide you a written explanation of our decision. We also will explain your rights regarding having your request and our response included with all future disclosures of your PHI.
- **To Obtain an Accounting of our Disclosures.** You have the right to receive a listing from us of all instances in which we or our business associates have disclosed your PHI for purposes other than treatment, payment, health care operations, or as authorized by you. This list will include only those disclosures made since April 14, 2003 and will only go back six years. The accounting will tell you the date we made the disclosure, the name of the person or entity to whom the disclosure was made, a description of the PHI that was disclosed, and the reason for the disclosure. There may be a charge for accounting disclosures if requested more than once a year.
- **To Request Alternative Communications.** You have the right to ask us to communicate with you about your confidential information by a different method or at another location. We will accommodate all reasonable requests.
- **To Receive Notice.** You are entitled to receive a copy of this notice that outlines our HIPAA privacy practices. We reserve the right to change these practices and the terms of this notice at any time. We will not make any material changes to our privacy practices without first sending you a revised notice. If you receive this notice on our website or by electronic mail, you may request a paper copy.

IV. Who to Contact for Questions and Complaints

If you want more information about our privacy practices, wish to exercise any of your rights with regard to your PHI, or have any questions about the information in this notice, please use the contact information below. If you believe we may have violated your privacy rights, or if you disagree with a decision that we made in connection with your PHI, you may file a complaint using the contact information below. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights. You may locate the regional office nearest to you by visiting their web site, <http://www.hhs.gov/ocr/privacyhowtofile.htm>. We fully support your right to the privacy of your PHI, and will not retaliate in any way if you choose to file a complaint.

Mailing Address:	Assurant Employee Benefits Privacy Officer P.O. Box 419052 Kansas City, MO 64141-6052
Telephone:	800.733.7879
Email:	PrivacyOffice.AEB@assurant.com
Web Site:	www.assurantemployeebenefits.com

V. Organizations Covered by This Notice

This notice applies to the privacy practices of the organizations referenced below. These organizations may share your PHI with each other as needed for payment activities or health care operations relating to the dental or vision insurance that we provide.

VI. Effective Date of This Notice: April 14, 2003

*** In this notice, “we”, “us”, and “our” refer to Union Security Insurance Company, and the following prepaid dental companies:** DentiCare of Alabama, Inc., Union Security DentalCare of Georgia, Inc., UDC Dental California, Inc., UDC Ohio, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc., Union Security DentalCare of New Jersey, Inc.