The following is a sample of frequently used dental procedures. When you enroll for the Select plan, you will pay copayments for the procedures performed. These discounts are available from providers who participate in our network. After you enroll, a complete list of copayments will be mailed to your home along with your Individual Prepaid Dental Plan Agreement. The sample below demonstrates potential savings with the Select plan and may not reflect your actual results.

Table: Sample Copayments for the Select Individual Prepaid Dental Plan

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Select Plan</th>
<th>Our Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Cleaning - Adult (once every 6 mos.)</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td>FILLINGS/CROWNS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Fillings</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Silver Fillings</td>
<td>$35</td>
<td>$35</td>
</tr>
<tr>
<td>Gold Fillings</td>
<td>$45</td>
<td>$45</td>
</tr>
<tr>
<td>Inlay/Onlay</td>
<td>$80</td>
<td>$80</td>
</tr>
<tr>
<td>Chairside Ceramics</td>
<td>$125</td>
<td>$125</td>
</tr>
<tr>
<td>Bisque Bonding</td>
<td>$170</td>
<td>$170</td>
</tr>
<tr>
<td>Porcelain Veneers</td>
<td>$400</td>
<td>$400</td>
</tr>
<tr>
<td>Porcelain Crowns</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Bonding/Composites</td>
<td>$70*</td>
<td>$432</td>
</tr>
<tr>
<td>Inlays/Onlays</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Porcelain Bridges</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Complete Dentures, Full Arch (cost of precious &amp; semi-precious metal is additional)</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Complete Dentures, Partial Arch (cost of precious &amp; semi-precious metal is additional)</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Single Tooth Extraction</td>
<td>$300*</td>
<td>$999</td>
</tr>
<tr>
<td>Complete Bony Removal of Impacted Tooth</td>
<td>$400*</td>
<td>$1,399</td>
</tr>
<tr>
<td>Partial Bony Removal of Impacted Tooth</td>
<td>$300*</td>
<td>$999</td>
</tr>
<tr>
<td>Orthodontic treatment for children and adults is provided at 25% reduction from the Plan Specialist or Plan Dentist’s list charges.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The charges listed in this column were developed from charges dentists in Georgia submitted to Assurant Employee Benefits in 2013. The listed fees are considered to be reasonable and customary by the Plan. The Plan Dentist you select may not perform all procedures listed. For a complete list of copayments contact:

For further information contact:

888.882.8233
Assurant Dental
Attn: Individual Prepaid Dental Team
8100 W. 131st Street
Kansas City, MO 64141-6596
www.assurantdental.com

**For use in Georgia**
How does the plan work?

Dentists who participate in this prepaid dental plan have agreed to offer services to plan members at a discount. Please note that you may choose a different Plan Dentist for each family member.

Cosmetic dentistry

We understand the importance of your appearance. That’s why we’ve included 25% discounts of his or her list charge. Orthodontic benefits are available only in areas where there are Plan Participating providers. Upon your enrollment, information regarding the vision coverage for the month will be mailed to you.

Orthodontic benefits

The Select Plan includes discounts on Orthodontic procedures for children and adults. Plan Orthodontists provide discounts of 25% off their list charges. Orthodontic services are available only in areas where there are Plan Participating providers. The Select Plan includes discounts on Orthodontic procedures for children and adults. Plan Orthodontists provide discounts. There are no annual dollar maximums for plan services. These discounted fees are called copayments. Copayments may be paid by you and credited to your account. This plan provides dental benefits with attractive discounts. Orthodontic services are available only in areas where there are Plan Participating providers. The Select Plan includes discounts on Orthodontic procedures for children and adults. Plan Orthodontists provide discounts. There are no annual dollar maximums for plan services. These discounted fees are called copayments. Copayments may be paid by you and credited to your account. This plan provides dental benefits with attractive discounts.

Preparatory Fee Options

Annual Preparatory Fee

Individual....................................................$328.44
Individual & One Dependent.........................$478.87
Family......................................................$585.63
Spouse & Two Dependants.............................$585.44
Annual Preparatory Fee

Automatic Monthly Bank Draft

Account drafts are scheduled on the 15th of each month prior to the month of benefits. If the scheduled date is invalid, the payment will be made the following business day. Accounts drafted on the last day of the month will be paid on the first business day of the next month. The prepayment fee is due prior to each month of benefits. By completing the Authorization Agreement on the reverse side of this form, you are authorizing Union Security Insurance Company to automatically draft your checking account. The first month's prepayment fee, the $35 enrollment fee, and the second month's prepayment fee will thereafter be drawn automatically from your bank account. While we accept automatic draft payments from checking or savings accounts, we do not accept personal checks. To receive the benefits of the Select plan, you must choose the Select plan dentist for each member of your family.

Plan Features

- Noeductibles
- No claim forms
- No annual dollar maximum for plan services
- Discounts on Orthodontic procedures for children and adults
- No referral required for Specialist benefits
- Benefits for pre-existing dental conditions
- Prepayment Fee Schedule

Select Individual Prepaid Dental Plan

How to join?

Three easy steps to enrolling in the Select plan:

1. Select a general dentist from the Plan Dentist Directory or online at www.assistbenefits.com. If you need to find a general dentist for Georgia Prepaid, please call 800.443.2995 to select another provider.

2. Complete the attached application form. Be sure to include the Dental Facility Number of each dentist you have selected in the space provided and detach the application form from the brochure.

3. Choose your payment option. If you choose the annual prepayment fee method, include the appropriate prepayment fee, the $35 enrollment fee and mail to us. If you choose the automatic monthly bank draft method, complete the Authorization Agreement on the reverse side of the application form, include a voided check, the first month's prepayment fee, the $35 enrollment fee and mail to us. Monthly prepayment fees will thereafter be drawn automatically from your bank account. We accept automatic draft payments from checking or savings accounts, we do not accept personal checks.

When will I receive a membership card?

Once your application has been processed, you will receive any selected Individual Prepaid Dental Plan Agreement and a complete list of copayments.

What to choose.

You may select a change of dentist at any time by simply calling Customer Service at 800.443.2995 to select another participating provider.

Who is eligible?

Eligibility of Georgia Prepaid participants is determined by the Benefits and Copayment Schedule. Certain services may only be obtained once in any 3 calendar years. Those services are listed on the Benefits and Copayment Schedule as ADA Codes 0120, 0150, 0272 and 0274.

Limitations and Exclusions

1. Medical costs associated with dental procedures.
2. Dental treatment caused by failure to follow established oral hygiene guidelines. (Note: If existing denture or appliance cannot be made serviceable, replacement of dentures or appliance is covered only if existing denture or appliance becomes unserviceable due to wear and tear or 5 years. (Note: If existing denture or appliance cannot be made serviceable, replacement of dentures or appliance is covered only if existing denture or appliance becomes unserviceable due to wear and tear or behavior adjustment. Such services include, but are not limited to, temporary or partial dentures or bridges, restorations, and implant appliances.

21. Costs associated with prescriptions or over-the-counter medications.
22. Implants, surgery for the insertion of implants, all related implant appliances and restorations, whether related implant appliances and restorations, whether related implant appliances and restorations, whether related implant appliances and restorations, whether related implant appliances and restorations, whether related implant appliances and restorations, whether related implant appliances and restorations, whether related implant appliances and restorations.