

Sample Copayments for the Secure Choice Individual Plan

The following is a sample of some frequently used dental procedures. When you enroll for the plan, you will pay reduced fees called copayments. These reduced fees are only 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 Dental Service Agreement. The sample below demonstrates potential savings with the Secure Choice plan and may not reflect your actual results.

DENTAL TREATMENT	YOUR COST	
	With the Secure Choice Plan	Average Retail Charges ¹
APPOINTMENTS		
Periodic Oral Evaluation	No Charge	\$42
Limited Oral Exam	\$25	\$64
Comprehensive Oral Evaluation	No Charge	\$67
DIAGNOSTIC DENTISTRY		
Complete X-Ray Series, Including Bitewings	\$5	\$107
PREVENTIVE DENTISTRY		
Routine Cleaning - Adult (once every 6 mos.)	\$5	\$78
Routine Cleaning - Child (once every 6 mos.)	\$5	\$60
Application of Fluoride (up to 18 years of age)	No Charge	\$37
Oral Hygiene Instruction	No Charge	\$47
Application of Sealant, Per Tooth	\$15	\$46
Fixed Space Maintainer	\$70**	\$456
FILLINGS/CROWNS		
Silver Fillings		
One Surface	\$15	\$117
Two Surfaces	\$20	\$148
Three Surfaces	\$30	\$180
White Fillings		
One Surface, Anterior	\$40	\$137
Two Surfaces, Anterior	\$50	\$169
Three Surfaces, Anterior	\$70	\$202
One Surface, Posterior	\$80	\$147
Two Surfaces, Posterior	\$90	\$188
Three Surfaces, Posterior	\$100	\$232
Crowns - Porcelain to High Noble Metal		
	\$300**	\$966
(cost of precious & semi-precious metal is additional)		
Core Buildup	\$85	\$212
ROOT CANALS		
Anterior	\$100	\$661
Bicuspid	\$190	\$758
Molar	\$200	\$983
PERIODONTICS		
Periodontal Scaling and Root Planing Per Quadrant	\$55	\$208
Full Mouth Debridement (complicated cleaning)	\$65	\$133

DENTAL TREATMENT	YOUR COST	
	With the Secure Choice Plan	Average Retail Charges ¹
DENTURES		
Complete Denture - Upper	\$335**	\$1,221
Complete Denture - Lower	\$335**	\$1,191
Partial Denture - Upper	\$390**	\$927
Partial Denture - Lower	\$390**	\$955
ORAL SURGERY		
Single Tooth Extraction	\$20	\$105
Removal of Impacted Tooth		
Soft Tissue	\$75	\$286
Partial Bony	\$100	\$371
Complete Bony	\$140	\$442
Complete Bony, with Complications	\$170	\$522
ORTHODONTICS		
Orthodontic treatment for children and adults is provided at a 25% reduction from the Plan Specialty Dentist's normal retail charges.		
The Plan Dentist you select may not perform all procedures listed. The copayments shown apply to those Plan Dentists who perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Plan Dentist. Charges for procedures not listed on the Copayment Schedule that are performed by your Plan Dentist are not covered under the Secure Choice Plan.		
Should you require dental services that your selected Plan Dentist is unable to provide, you may obtain those services from a Plan Specialty Dentist at a reduced rate. No referral is needed from your Plan Dentist in order for you to obtain services from a Plan Specialty Dentist. There is no applicable copayment schedule for specialty services. Instead, the following reductions off the Plan Specialty Dentist's normal retail charges apply to all services received. A 15% reduction applies if the Plan Specialty Dentist is an endodontic specialty dentist. A 25% reduction applies if the Plan Specialty Dentist is any other type of specialty, including but not limited to an orthodontic specialty dentist. You are responsible for paying the entire reduced charge at the time the service is received, or in accordance with the Plan Specialty Dentist's billing procedures.		
Payment for each service of a Non-Plan Dentist or Non-Plan Specialty Dentist (at that provider's normal retail charge) is your responsibility, except for limited Plan Benefits for covered dental Emergency Services as stated in the Individual Dental Service Agreement.		
Availability and participation of Plan Dentists and Plan Specialty Dentist(s) are subject to change.		



For further information contact:
888.882.8233

Assurant Dental
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Assurant Dental is the brand name for prepaid products administered by Union Security Insurance Company and provided by United Dental Care of Texas, Inc.
(Contract Form No. BDC-IDSA-TX)
United Dental Care of Texas, Inc. is a dental HMO.

Secure Choice

Individual
Dental HMO from
United Dental Care of Texas

Benefits Include
Cosmetic Dentistry
and Orthodontics

For use in Texas

**Members are responsible for additional lab fees for these services.
¹The Average Retail Charges were determined by "Company" claims analysis for the year 2013 for the state of Texas. The Retail Charges represent a mean average rounded to the nearest dollar representing what you may pay without the plan services.

Secure Choice Individual Plan

The Secure Choice individual plan provides dental benefits with attractive prepayment fees. To receive the benefits of the Secure Choice Plan you will need to select a Plan Dentist for you and your family members from the list of Plan Dentists. Please note that you may choose a different dentist for each family member.

Features

- No deductibles
- No claim forms
- No annual maximum
- Fixed copayment schedule for Plan Dentists
- Reduced fees on Orthodontic procedures for children and adults
- No referral required for Specialty Dentist benefits
- Benefits for pre-existing dental conditions

Prepayment Fee Options

Annual Prepayment Fees

Individual	\$115.28
Individual & One Dependent	\$195.10
Family	\$307.72

or

Automatic Monthly Bank Draft

Accounts are drafted on the 15th of each month prior to the month of benefits. A monthly administration charge is included in the fees below.

Individual	\$10.86
Individual & One Dependent	\$17.51
Family	\$26.89

\$35.00 Enrollment Fee

What are copayments?

Copayments are reduced fees that you pay directly to the dentist for some dental treatments. A partial list of some frequently used dental treatments is included on the back of this brochure. This list shows you the potential savings with United Dental Care of Texas, Inc. versus what you would pay without this Plan.

Cosmetic dentistry

United Dental Care of Texas, Inc. understands the importance of your appearance. That's why we have included cosmetic services, such as bleaching and bonding procedures, in your plan benefits.

Orthodontic benefits

The Secure Choice Plan includes reduced fees on Orthodontic procedures for children and adults. Plan Orthodontic Specialty Dentist provide reduced fees of 25% off his or her normal retail charge. Orthodontic services are available only in areas where United Dental Care of Texas, Inc. has Plan Orthodontist(s) who provide those services. Orthodontic treatment begun prior to your plan effective date is not eligible for this benefit.

Specialty benefits

Should the services of a Specialty Dentist be necessary you may seek treatment from any Plan Specialty Dentist listed in our printed or online directory. If an oral specialty dentist, orthodontic specialty dentist, periodontic specialty dentist or pedodontic specialty dentist provides treatment you will receive 25% off that specialist's normal retail charges. For treatment by an endodontic specialty dentist you will receive 15% off that Specialty Dentist's normal retail charges. Specialty Dentist services are available only in areas where United Dental Care of Texas, Inc. has Plan Specialty Dentist(s). Please note that payment for a service performed by a Non-Plan Specialty Dentist is your responsibility.



How do I join?

Three easy steps to enrolling in the Secure Choice Plan:

- 1 **Select** a general dentist from the Plan Dentist Directory or online at www.assurantemployeebenefits.com under Provider Search for Heritage Series. Each family member may choose a different Plan Dentist.
- 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, the completed application form and mail to United Dental Care of Texas, Inc. The annual prepayment fee may be paid by credit card for your convenience.

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 United Dental Care of Texas, Inc. Monthly prepayment fees will thereafter be drawn automatically from your bank account. While we accept automatic bank drafts from checking or savings accounts, **we cannot accept personal checks on a monthly basis.**

When will I receive a membership card?

Once your application has been processed, you will receive a membership card, the Individual Dental Service Agreement, and a complete list of copayments. Your effective date will be provided with your membership materials.

What if I need to change my dentist?

You may change dentists by simply calling the Customer Service Department at 800.443.2995.

How do I receive care?

After your effective date, phone the dentist you selected, and tell the office that you have United Dental Care of Texas, Inc. prepaid coverage. They will schedule your appointment to see the dentist.

Who is eligible?

You, your spouse and dependent children as defined by state law.

When do I renew my dental plan?

If you select the annual prepayment method, a renewal notification and billing statement will be mailed to your home in advance of your anniversary date. If you select the monthly bank draft method for payment, no action is required to renew your dental plan.

Renewal/Cancellation/Termination

This Plan renews at each yearly anniversary of the effective date. Company and Subscriber each have the right to terminate the Plan with prior written notice. Please consult the Individual Dental Service Agreement for details concerning renewability, cancellation and termination.

Limitations and Exclusions

1. Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).
2. Any part of any dental service for which a charge is incurred before the effective date of member's enrollment.
3. Any dental service initiated after Member's enrollment ends.
4. Services provided by Non-Plan Providers unless for Emergency Services as specifically provided in the EMERGENCY SERVICES Article of the Individual Dental Service Agreement.
5. Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five year period, appliance becomes unusable and cannot be made usable due to Member's illness or an accident involving damage to the appliance while it is in use.
6. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
7. Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
8. Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
9. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.
10. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
11. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
12. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
13. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
14. Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

Renewable at option of Company.