



ASSURANT
Employee
Benefits®

Dental HMO Option

for employees and retirees of
The University of Texas System



Heritage Series - Plus Plan

Underwritten by:
United Dental Care of Texas, Inc.

Assurant Employee Benefits is the brand name for prepaid products provided by United Dental Care of Texas, Inc. Plans contain limitations, exclusions, reductions and restrictions. Contact us for costs and complete details.

Smile

Good news about dental benefits for employees and retirees of

The University of Texas System

A Dental Plan Means Healthy Smiles

Because you are a valued employee or retiree, we are pleased to offer you the opportunity to enroll in a dental benefit plan underwritten by United Dental Care of Texas, Inc. This dental program is an “HMO dental care” plan, offering benefits through a network of Plan dentists. For your convenience, a partial list of some of the most frequently used dental treatments is included.

Dental HMO Plan Features

- No Deductibles
- No Waiting Periods for Covered Members
- Coverage for Pre-Existing Conditions*
- Worldwide Emergency Services Available
- Wide Range of Covered Procedures

Primary Family Dentist (PFD) Designation

To enroll, just follow these three simple steps:

1. Select a primary family dentist by going to www.assurantemployeebenefits.com/UT and clicking Find a Dentist or you can call 800.443.2995. Each family member may choose a different Plan dentist. You may change your dentist(s) throughout the plan year**; however, all services must be performed by a Plan provider.
2. Complete the Primary Family Dentist Selection Form located on the back of this booklet, being sure to include the Dental I.D. number of each dentist you have selected.
3. Select your Primary Family Dentist on UT TOUCH or you can mail your completed Dentist Selection Form to:

Attn: Customer Relations / GV-6
2323 Grand Blvd.
Kansas City, MO 64108

*Pre-Existing Conditions are defined as conditions that existed before the effective date of your HMO dental care plan.

**Changes must be made in accordance with group policy provisions.

THIS IS A DENTAL ONLY PLAN.

Savings You Can See

Monthly Payroll Deduction

Employee	\$10.05
Employee and Spouse	\$19.10
Employee and Child(ren)	\$21.11
Employee and Family	\$30.15

The following is a list of commonly used dental treatments. It is not the Evidence of Coverage. After you enroll, a complete list of copayments will be provided to you along with your Evidence of Coverage. **This is not the full copayment schedule.** The full copayment schedule is available on the web site at www.assurantemployeebenefits.com/UT.

Heritage Series - Plus Plan

1. Plan Dentist Services

The dental services listed in the following schedule are covered only when provided by the Member's selected Plan Dentist. The Member will be responsible for paying the amount listed in the "Member Copayment" column (plus any applicable lab fees*) at the time the service is received, or in accordance with the selected Plan Dentist's billing procedures. To fully understand the benefits, exclusions and limitations of this plan, the Member should consult the Evidence of Coverage. The Plan Dentist is permitted to charge the Member for any missed appointments if the Member fails to give at least 24 hours notice. The charge may not exceed \$20.00.

Services marked with a single asterisk (*) below also require separate payment of laboratory charges. The laboratory charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

Payment for each service of a Non-Plan Dentist (at that dentist's normal retail charge) is the responsibility of the Member, except for Plan Benefits for covered dental Emergency Services.

2. Plan Specialty Dentist Services

See the enclosed Specialty Benefit Copayment Schedule.

ADA Code**	Service Description**	Member Copayment
Appointments		
None	Office visit - during regularly scheduled hours***	No Charge
D0120	Periodic oral evaluation† (once in any 6 calendar months)	No Charge

ADA Code**	Service Description**	Member Copayment
D0140	Limited oral evaluation - problem focused	20.00
D0150	Comprehensive oral evaluation - new or established patient‡ (once in any 6 calendar months)	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	15.00
D0999	Emergency office visit (in conjunction with service)	No Charge
D9440	Emergency office visit - after regularly scheduled hours	40.00
Diagnostic Dentistry		
D0210	Intraoral - complete series (including bitewings)‡ (once in any 3 calendar years)	No Charge
D0220	Intraoral - periapical first film	No Charge
D0230	Intraoral - periapical each additional film	No Charge
D0270	Bitewing - single film	No Charge
D0272	Bitewings - two films‡ (once in any 6 calendar months)	No Charge
D0274	Bitewings - four films‡ (once in any 6 calendar months)	No Charge
D0330	Panoramic film‡ (once in any 3 calendar years)	5.00
Preventive Dentistry		
D1110	Prophylaxis - adult (once in any 6 calendar months)	No Charge
D1120	Prophylaxis - child (once in any 6 calendar months)	No Charge
D1203	Topical application of fluoride (prophylaxis not included) - child	No Charge
D1351	Sealant - per tooth	10.00
Restorative Dentistry		
D2140	Amalgam - one surface, primary or permanent	10.00
D2150	Amalgam - two surfaces, primary or permanent	15.00
D2160	Amalgam - three surfaces, primary or permanent	25.00
D2161	Amalgam - four or more surfaces, primary or permanent	35.00
D2330	Resin-based composite - one surface, anterior	30.00
D2331	Resin-based composite - two surfaces, anterior	40.00
D2332	Resin-based composite - three surfaces, anterior	50.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	65.00
D2391	Resin-based composite - one surface, posterior	60.00
D2392	Resin-based composite - two surfaces, posterior	70.00
D2393	Resin-based composite - three surfaces, posterior	80.00
D2394	Resin-based composite - four or more surfaces, posterior	110.00
D2750	Crown - porcelain fused to high noble metal*	275.00
D2751	Crown - porcelain fused to predominantly base metal*	275.00
D2790	Crown - full cast high noble metal*	275.00
D2791	Crown - full cast predominantly base metal*	275.00
D2920	Recement crown	15.00
D2930	Prefabricated stainless steel crown - primary tooth	80.00
D2950	Core buildup, including any pins	75.00
D2954	Prefabricated post and core in addition to crown	80.00
Endodontics		
D3310	Anterior (excluding final restoration)	95.00
D3320	Bicuspid (excluding final restoration)	165.00
D3330	Molar (excluding final restoration)	175.00
Periodontics		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	45.00
D4910	Periodontal maintenance	45.00
Removable Prosthodontics (Removable Dentures)		
D5110	Complete denture - maxillary*	295.00

ADA Code**	Service Description**	Member Copayment
D5120	Complete denture - mandibular*	295.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*.....	365.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*.....	365.00
	Fixed Prosthodontics (Bridges or Fixed Partial Dentures)	
D6751	Crown - porcelain fused to predominantly base metal*	275.00
	Oral Surgery	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	15.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	50.00
D7230	Removal of impacted tooth - partially bony.....	75.00
D7240	Removal of impacted tooth - completely bony	100.00
	Other Services	
D9910	Palliative (emergency) treatment of dental pain - minor procedure	25.00

This is a sample Member Copayment Schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to Plan Dentists who perform the corresponding listed services. The Plan Dentist selected by the Member may not perform all listed services. Plan Specialty Dentists may not perform or offer all services listed. Availability and participation of Plan Dentists and Plan Specialty Dentists are subject to change.

*Members are responsible for additional laboratory fees for these services.

**Current and prior versions of the Current Dental Terminology (CDT) codes (in the ADA Code column) and descriptors (in the Service Description column) are copyrighted by the American Dental Association (ADA) and are used by permission. © 2004 American Dental Association. All rights reserved.

***Service does not have an American Dental Association Current Dental Terminology code or descriptor.

‡More often if medically necessary as determined by attending Plan Dentist.

Specialty Benefit Copayment Schedule for the Heritage Series

How Your Specialty Benefit (SB) Works

Should you need the services of a specialty dentist, you may receive those services without a referral from your Plan Dentist.

To find a Plan Specialty Dentist (SB or Non-SB), refer to www.assurantemployeebenefits.com/UT. SB Plan Specialty Dentists are indicated with an "S". All other listed specialists are Non-SB Plan Specialty Dentists. For more information about the SB plan or for assistance in finding a Plan Specialty Dentist, call Customer Service at 800.443.2995.

If you use an SB Plan Specialty Dentist (a specialty dentist who is a part of the plan provider network and accepts SB copayments) for a service listed on the schedule below, you will pay the corresponding Member Copayment shown in the "SB Specialty Dentist Copayment" column at the time of service.

All other services obtained from an SB Plan Specialty Dentist, and all services obtained from a Non-SB Plan Specialty Dentist (a specialty dentist who is a part of the plan provider network but does not accept SB copayments), will be provided to you at a reduction in that Plan Specialty Dentist's normal retail charges. A 15% reduction applies if that dentist's specialty is endodontics. A 25% reduction applies if that dentist has any other type of specialty, including but not limited to orthodontics. You will be responsible for paying the entire reduced charge at the time of service or in accordance with that Plan Specialty Dentist's billing procedures.

ADA Code**	Service Description	SB Plan Specialty Dentist Copayment	Maximum Reimbursement with A Non-Plan Specialty Dentist
Appointments			
D0140	Limited oral evaluation - problem focused	35.00	20.00
D0150	Comprehensive oral evaluation - new or established patient† (once in any 6 calendar months)	45.00	25.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	67.00	45.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	35.00	25.00
D0180	Comprehensive periodontal evaluation - new or established patient	80.00	50.00
Endodontics			
D3320	Bicuspid (excluding final restoration)	280.00	320.00
D3330	Molar (excluding final restoration)	395.00	405.00
D3346	Retreatment of previous root canal therapy - anterior	360.00	230.00
D3347	Retreatment of previous root canal therapy - bicuspid	525.00	265.00
D3348	Retreatment of previous root canal therapy - molar	545.00	345.00
D3410	Apicoectomy/periradicular surgery - anterior	265.00	335.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	280.00	420.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	310.00	390.00
D3430	Retrograde filling - per root	90.00	85.00
Periodontics			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	355.00	195.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	100.00	65.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	495.00	395.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	215.00	170.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	100.00	90.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	70.00	65.00

If you choose to go to a Non-Plan Specialty Dentist (a specialty dentist who is not part of the plan provider network), you may still receive benefits!

If you obtain a service listed on the schedule below from a Non-Plan Specialty Dentist, you will be responsible for paying that specialty dentist's entire normal retail charge for the service at the time of service or in accordance with that specialty dentist's billing procedures. You may then submit a completed claim form, with an itemized bill attached to United Dental Care of Texas, Inc. (You may obtain claim forms by contacting Customer Service at 800.443.2995.) United Dental Care of Texas, Inc. will reimburse you the lesser of (a) the corresponding amount shown in the "Maximum Reimbursement with a Non-Plan Specialty Dentist" column of the schedule below or (b) the amount charged by that specialty dentist for service.

Payment for any other service of a Non-Plan Specialty Dentist, at that specialty dentist's normal retail charge, is your responsibility, except for Plan Benefits for covered dental Emergency Services.

Annual Maximum Benefit

There is no annual maximum benefit for services of an SB or Non-SB Plan Specialty Dentist. For services of a Non-Plan Specialty Dentist, there is a \$2,000 annual maximum benefit.

ADA Code**	Service Description	SB Plan Specialty Dentist Copayment	Maximum Reimbursement with A Non-Plan Specialty Dentist
Periodontics - continued			
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	80.00	50.00
Oral Surgery			
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	80.00	120.00
D7220	Removal of impacted tooth - soft tissue	105.00	125.00
D7230	Removal of impacted tooth - partially bony	135.00	155.00
D7240	Removal of impacted tooth - completely bony	200.00	130.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	220.00	180.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	75.00	125.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	180.00	70.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	130.00	150.00
D7510	Incision and drainage of abscess - intraoral soft tissue	105.00	55.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	185.00	145.00
Other Services			
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	170.00	115.00

This is a sample schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions.

Listed copayments apply only to SB Specialty Dentists who perform the corresponding listed services. Plan Specialty Dentists may not perform or offer all services listed. Availability and participation of SB and Non-SB Plan Specialty Dentists are subject to change.

**Current and prior versions of the Current Dental Terminology (CDT) codes (in the ADA Code column) and descriptors (in the Service Description column) are copyrighted by the American Dental Association (ADA) and are used by permission. © 2004 American Dental Association. All rights reserved.

†More often if medically necessary as determined by attending Plan Dentist.

Learn more about the prepaid dental plan being offered to you!

Your employer is offering you an attractive prepaid dental plan. This Q&A will help provide you more information about the plan being offered to you.

What is a prepaid plan?

With a prepaid plan you pay a monthly prepayment fee plus you pay reduced fees called “copayments” for dental services provided. To receive the reduced fees you must use a Plan Dentist selected at the time of enrollment.

What are copayments and where can I locate the copayment schedule?

A copayment is the set fee that you pay to the Plan Dentist at the time of treatment for covered services that are being performed.

The copayment schedule is a listing of covered services and copayments for your plan. The schedule is included in the Evidence of Coverage. It is helpful to bring your copayment schedule to your dental appointment.

How do I select a Plan Dentist?

You should select your Plan Dentist when you enroll. You can visit the Assurant Employee benefits website for UT System Members at www.assurantemployeebenefits.com/UT and go to Find a Dentist. Note that your Plan Dentist must be a general dentist, not a specialty dentist.

How long does it take to appear on the patient list/roster of my Plan Dentist that I select at time of enrollment?

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. If you are not listed on the roster, please contact us at 800.443.2995.

How will the Plan Dentist know I am a patient?

The Plan Dentist receives a patient listing, called a roster, from Assurant Employee Benefits each month that includes all members who have chosen that individual as their dentist.

Please confirm at the time of making your appointment with the Plan Dentist that you are on the provider’s roster.

Can I change my Plan Dentist?

Yes, you can. To change your Plan Dentist, contact Customer Service at 800.443.2995.

What if I choose to see a dentist other than my selected Plan Dentist?

The costs will not be covered by your dental plan and 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.

If I have a dental emergency, do I need to see my Plan Dentist?

First, contact your Plan Dentist to make an appointment. If your Plan Dentist is unable to see you, you may seek treatment from any licensed dentist in the United States.

Please be informed that the emergency benefit in your plan only covers procedures administered in a dentist’s office or comparable facility to evaluate and stabilize conditions that are Dental Emergencies, as specified (with a description of benefits payable) in the Evidence of Coverage.

If I need to see a specialty dentist, how do I go about finding a Plan Specialty Dentist in my area?

You may find a list of Plan Specialty Dentists by visiting the web site at www.assurantemployeebenefits.com/UT or calling 800.443.2995 for assistance. No referrals are necessary from your Plan Dentist to seek treatment from a Plan Specialty Dentist.

What if I lose my Dental ID card or have a question about my plan?

Contact Customer Service by calling 800.443.2995.

Limitations & Exclusions

Termination

Pre-existing Conditions

Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether such conditions existed before the effective date of the Member's enrollment.

Plan Benefits are not available for:

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 a dental service for which a charge is incurred before the effective date of the Member's enrollment.
3. Any dental service initiated after the Member's enrollment ends.
4. Services provided by Non-Plan Providers unless (a) for services of Non-Plan Specialty Dentists as specifically provided in the SPECIALTY DENTIST SERVICES section of the Copayment Schedule or (b) for Emergency Services as specifically provided in the EMERGENCY PROCEDURES Article of the Evidence of Coverage.
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 the 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.

Orthodontic Extractions

Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.

Termination

The Member's enrollment may be terminated as stated in the TERMINATION article of the Evidence of Coverage.



ASSURANT
Employee
Benefits®

2323 Grand Blvd.
Kansas City, MO 64108
www.assurantemployeebenefits.com

Complete, detach and mail to:
Attn: Customer Relations/GV-6
2323 Grand Blvd.
Kansas City, MO 64108

PDC-TX-0511

Cut along dotted line 

Please complete this form by printing in ink or typing. Please select a Primary Family Dentist and note your selection on the appropriate line below.

Name _____			
<small>Last</small>	<small>First</small>	<small>Initial</small>	
Social Security # _____	Employee DDS Selection _____	DDS ID# _____	
Spouse _____	Spouse DDS Selection _____	DDS ID# _____	
<small>Last</small>	<small>First</small>	<small>Initial</small>	
Child _____	Child DDS Selection _____	DDS ID# _____	
<small>Last</small>	<small>First</small>	<small>Initial</small>	
Child _____	Child DDS Selection _____	DDS ID# _____	
<small>Last</small>	<small>First</small>	<small>Initial</small>	

Circle your UT Institution location:	<input type="checkbox"/> UT at Arlington	<input type="checkbox"/> UT Medical Branch - Galveston	<input type="checkbox"/> UT System Administration
	<input type="checkbox"/> UT at Austin	<input type="checkbox"/> UT at San Antonio	<input type="checkbox"/> UT Health Science Center at San Antonio
	<input type="checkbox"/> UT at Dallas	<input type="checkbox"/> UT Southwestern Medical Center	<input type="checkbox"/> UT M.D. Anderson Cancer Center
	<input type="checkbox"/> UT at El Paso	<input type="checkbox"/> UT Health Science Center at Houston	<input type="checkbox"/> Other _____

To change your Primary Family Dentist or to select a different Primary Family Dentist for a covered dependent(s), simply call Toll Free **800.443.2995**.