

# Freedom Solutions<sup>SM</sup>

Assurant Employee Benefits has taken everything that is good about voluntary dental plans and made them better. Our long-term involvement in the voluntary dental market underscores our commitment to providing some of the most carefully designed and cost-effective plans available.



ASSURANT  
Employee  
Benefits

Assurant Employee Benefits specializes in quality employee benefits and services, including long-term and short-term disability, life and accidental death and dismemberment insurance, dental coverage and disability reinsurance management services. Assurant Employee Benefits also offers voluntary (employee-paid) disability, life and dental plans. Underwriting flexibility allows Assurant Employee Benefits to market tailor-made benefit plans for groups of most any size. Assurant Employee Benefits is located in Kansas City, Missouri.

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KC3023 (9/2005)



ASSURANT  
Employee  
Benefits

## Voluntary dental solutions for your employees

Freedom Solutions<sup>SM</sup>



## Our Voluntary Dental Plans add value to your benefits package by offering employees flexible, attractive, dental insurance coverage.

### Features

Here are just a few features of our Voluntary Dental plans:

- No premium contribution required from employer
- Easy administration – we work with your Payroll Department to establish billing procedures that will match your company's payroll cycles as closely as possible
- Freedom for each family member to visit any dentist, with no geographic restrictions within the U.S.
- No referrals required
- Quick claims processing—we use state-of-the-art claims scanning equipment to speed up the payment process
- Low participation requirements – only 20% or a minimum of 10 employees need to enroll for most plans
- Includes a vision care program, with discounts on eye exams, eyeglasses, contact lenses and other prescription eyewear when provided by participating providers

	Freedom Advance <sup>SM</sup>	Freedom Preferred <sup>SM</sup>	Freedom Basic <sup>SM</sup>	Freedom Schedule <sup>SM</sup>
<b>Rate Guarantee<sup>1</sup></b>	12 to 24 months	12 or 24 months	12 months	12 months
<b>Per Person Annual Deductible<sup>2</sup></b>	\$50	\$50	\$50	\$50
<b>Annual Maximum</b>	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000 or \$1,500	\$1,000
<b>Type I Dental Services (oral exams, cleanings, bitewing x-rays*, fluoride treatments, sealants)</b>	Coinsurance Percentage <sup>3</sup> 100%	Coinsurance Percentage <sup>3</sup> 80%, 90% or 100%	Coinsurance Percentage <sup>3</sup> 100%	100% of Maximum Covered Expense
<b>Type II Dental Services (simple extractions, x-rays, fillings)</b>	Coinsurance Percentage <sup>3</sup> 80%	Coinsurance Percentage <sup>3</sup> 70% or 80%	Coinsurance Percentage <sup>3</sup> 80% (includes minor periodontics)	
<b>Type III Dental Services (endodontics, complex oral surgery, minor and major periodontics, major restorations)</b>	Coinsurance Percentage <sup>3</sup> 10% Insured's 1st Policy Year, 25% Insured's 2nd Policy Year, 50% Thereafter	Coinsurance Percentage <sup>3</sup> 50%	Not Covered	There are no waiting periods for Type I and Type II Services.  Type III Services have a 6 month waiting period from the effective date of coverage.
<b>Participation Requirements</b>	greater of 10 enrolled or 20% of eligible employees	greater of 10 enrolled or 20% of eligible employees	greater of 10 enrolled or 20% of eligible employees	
<b>Waiting Periods<sup>4</sup> for:</b>				
<b>repairs</b>	none	none	not covered	There are no waiting periods for Type I and Type II Services.  Type III Services have a 6 month waiting period from the effective date of coverage.
<b>accidental non-chewing injury</b>	none	none	not covered	
<b>endodontic therapy</b>	none	6 months	not covered	
<b>relines/rebases</b>	none	6 months	not covered	
<b>stainless steel/plastic crowns<sup>5</sup></b>	none	6 months	not covered	
<b>complex oral surgery</b>	none	12 months	not covered	
<b>periodontics</b>	none	12 months	not covered	
<b>crowns/inlays/onlays</b>	none	24 months	not covered	
<b>dentures/partials</b>	none	24 months	not covered	
<b>fixed partial dentures (bridges)</b>	none	24 months	not covered	
<b>Type IV Ortho Option<sup>6</sup></b>	50%	50%	not covered	50%
<b>Ortho Deductible</b>	\$0	\$0	not covered	\$0
<b>Ortho Lifetime Maximum</b>	\$1,000	\$1,000	not covered	\$1,000

### Hi-Lo Choice

The Hi-Lo Choice provides employees with the freedom to choose a dental plan that best fits their individual needs. The employer chooses two plans to offer his employees. After considering the costs and the benefits of each plan, the employee can then determine which one of the two plans offered is best for him.

### Plan Combinations

Freedom Basic is always the "Lo" Choice. It may be combined with any of the following "Hi" Options: Freedom Preferred, Freedom Advance or Freedom Schedule. (Optional Ortho Rider is available for all "Hi" Option plans.)

**NOTE:** Deductible, Annual Maximum and Type I and Type II co-insurance must be the same.

### Enrollment

Employees select a plan at initial enrollment. All family members must have the same plan as the employee. The employee may not terminate coverage under one plan and later re-enter under another plan, except during Open Enrollment.

### Annual Open Enrollment

There are no Late-Entrant penalties. Employees may change choice of plan at a later Open Enrollment, however, full waiting periods apply.

### Participation Requirements

100 eligible employees with greater of 35 employees or 20% enrolled

### Limitations and Exclusions

#### BENEFITS ARE NOT PAYABLE FOR:

Treatment not dentally necessary or professionally endorsed; treatment experimental, investigational or cosmetic in nature; treatment for TMJ disorders; treatment related to changing or maintaining vertical dimension, altering or restoring occlusion, bite registration or bite analysis; treatment without a reasonably favorable prognosis; replacement of natural teeth missing on the effective date of insurance; orthodontic treatment, unless such insurance is provided under the list of covered dental services; treatment not listed under covered dental services; treatment started before the date insurance begins; treatment started before any applicable waiting period has been served; treatment completed after insurance ends; treatment received due to war, riot, assault or felony; treatment for a work-related injury; treatment performed outside of the United States, other than emergency dental treatment; treatment for which the insured does not have to pay.

#### BENEFIT ADJUSTMENTS

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted to Assurant Employee Benefits for an estimate of benefits payable.

#### ELIGIBILITY

Full-time employee, spouse and unmarried dependent children. Dependent eligibility variations exist in some states.

*This is a brief description only. It is not a Certificate of Coverage. Please see the Group Policy, which alone determines all rights, benefits, and applicable limitations and exclusions.*

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

<sup>1</sup>Freedom Schedule bitewings in Type II services

<sup>2</sup>Subject to standard contract termination provisions

<sup>3</sup>Option-waiver for Type I Dental Services

<sup>4</sup>Percent of Allowable Charge (a charge based on the general level of charges made by other providers in the area for like treatment)

<sup>5</sup>From Date of Coverage

<sup>6</sup>Children under age 16 only

<sup>7</sup>Covers dependent children. 24-month Waiting Period from Date of Coverage. Requires a minimum of 10 employees with one of more dependent children insured.