3Rivers Inc

Unum Dental™

Dental Insurance can help you pay for dental exams, cleanings and other services.

How does it work?

Good dental care is critical to your overall well-being. With Unum Dental insurance, you can get the attention your teeth need — at a cost you can afford.

Unum Dental allows you to see any dentist you choose.

To get the most from your benefits and reduce out-of-pocket costs, choose an in-network provider by utilizing our large national network. These providers have agreed to file your claims and uphold the highest quality standards. You can find in-network providers at unumdentalcare.com.

Why is this coverage so valuable?

- Routine dental care keeps your mouth and whole body healthy.
- Your plan is backed by Unum's commitment to excellence in customer service.
- Personalized website to manage your benefits including claims information, ID cards and more.
- There's no waiting period for preventive and basic services.

What else is included?

Pregnancy benefit

An extra cleaning for expecting mothers in their 2nd or 3rd trimester.

Wellness benefits

Oral cancer screenings for patients 40 and older with high risk factors.

Unumdentalcare.com

Use unumdentalcare.com to search for providers, manage your benefits and learn about good dental health. Features include easy access to ID Cards, claims history and coverage information.

Virtual Dental Visits

24/7 dental care for dental emergencies when an in-person visit isn't an option. Available for active dental members*.

Visit unumdentalcare.com and click Virtual Dental Visits to get started.

Carryover benefits

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year.

The limits for this policy/certificate are:	Passive PPO	Passive PPO
Carryover benefit	$350	$250
Threshold limit	$700	$500
Carryover account limit	$1,250	$1,000

*Virtual dental visits are a preventive service and subject to policy year benefit maximum.

Coverage details and costs

Overview	Passive PPO		Passive PPO	
Benefit Year Maximum*	$1,500		$1,000	
Deductible**	$50 in-network and out-of-network Maximum 3 per family		$50 in-network and out-of-network Maximum 3 per family	
Plan Coinsurance	**In-network**	**Out-of-Network**	**In-network**	**Out-of-Network**
Class A Preventive	100%	100%	100%	100%
Class B Basic	80%	80%	70%	70%
Class C Major	50%	50%	50%	50%
Class D Orthodontics	50%	50%	N/A	N/A

*Applies to Class A, B and C Services, if applicable
**Waived for Class A (applies to Class B and C Services)

Dental Coverage	Passive PPO	Passive PPO
	Monthly cost†	Monthly cost†
You	$38.19	$27.69
You and your spouse	$72.46	$52.78
You and your children	$90.92	$66.02
Family	$125.19	$91.11

†Rates guaranteed for 24 months from the effective date.

Dental carryover benefit and how it works

Each benefit year a member must have:

- One cleaning,
- One regular exam, and
- Total dental claims for preventive, basic and major covered procedures paid during the year below the threshold limit.
- If all three criteria above are met, a portion of the annual maximum will carry over to the next year.

Other Specifications:

- Each covered family member receives their own carryover benefit.
- Group carryover benefit rider must be in effect for one benefit year before any members can utilize carryover benefits.
- A member must be on the plan for a minimum of three months before accruing carryover benefits.
- Carryover benefit may be used toward preventive, basic and major covered services only
- A member's carryover account will be eliminated, and the accrued carryover benefits lost if the insured has a break in coverage for any length of time or any reason.

Dependent children

Dependent age guidelines vary by state. Please refer to your policy certificate or call our Contact Center at (888) 400-9304.

Services not listed

If you expect to require a dental service not included on this brochure, it may still be covered. Please call our Contact Center at (888) 400-9304 to confirm your exact benefits.

Alternate treatment

Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

Covered Procedures & Waiting Periods	Passive PPO	Passive PPO
CLASS A PREVENTIVE SERVICES	Waiting Period: None • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) – (1 additional cleaning or periodontal maintenance per 12 months, if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (maximum of 4 films; 1 per 12 months) • Fluoride treatment for children up to age 16 (1 per 12 months) • Sealants for children up to age 16 (permanent molars, 1 per 36 months) • Space Maintainers • Emergency Treatment (1 per 12 months) • Full mouth/panoramic x-rays (1 per 36 months) • Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+)	Waiting Period: None • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) – (1 additional cleaning or periodontal maintenance per 12 months, if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (maximum of 4 films; 1 per 12 months) • Fluoride treatment for children up to age 16 (1 per 12 months) • Sealants for children up to age 16 (permanent molars, 1 per 36 months) • Space Maintainers • Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+)
CLASS B BASIC SERVICES	Waiting Period: None • Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth) • Simple extractions • Oral Surgery (extractions and impacted teeth) • Anesthesia (subject to review, covered with complex oral surgery) • Repair of crown, denture or bridge • Non-Surgical periodontics • Surgical periodontics (gum treatments) • Periodontal maintenance (2 per 12 month in combination with prophylaxis) • Endodontics (root canals)	Waiting Period: None • Emergency Treatment (1 per 12 months) • Full mouth/panoramic x-rays (1 per 36 months) • Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth) • Simple extractions • Oral Surgery (extractions and impacted teeth) • Anesthesia (subject to review, covered with complex oral surgery) • Non-Surgical periodontics • Surgical periodontics (gum treatments) • Periodontal maintenance (2 per 12 month in combination with prophylaxis) • Endodontics (root canals)
CLASS C MAJOR SERVICES	Waiting Period: None • Inlays and onlays • Crowns, bridges, dentures and implants	Waiting Period: None • Repair of crown, denture or bridge • Inlays and onlays • Crowns, bridges, dentures and implants
CLASS D ORTHODONTICS	Waiting Period: 12 months †† • Separate Lifetime Maximum: $1,000 • Up to 25% of lifetime allowance may be payable on initial banding • Dependent children to age 19 only	

Refer to your certificate of coverage for the services covered under your plan.

Exclusions and Limitations

The following dental services are not covered unless stated otherwise in the Certificate of Coverage:

- any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior elective or cosmetic restorations;
- replacement of a removable device or appliance that is lost, missing or stolen, and for the replacement of removable appliances that have been damaged due to abuse, misuse, or neglect. This may include but not be limited to removable partial dentures or dentures;
- replacement of any permanent or removeable device or appliance unless the device or appliance is no longer functional and is older than the limitation in the Schedule of Covered Procedures. This may include but not be limited to bridges, dentures and crowns;
- any appliance, service, or procedure performed for the purpose of splinting, to alter vertical dimension or to restore occlusion;
- any appliance, service or procedure performed for the purpose of correcting attrition, abrasion, erosion, abfraction, bite registration, or bite analysis;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, or dentures and any associated surgery, or other customized services or attachments;
- services provided for any type of temporomandibular joint (TMJ) dysfunction, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain.

Limitations:

- Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. On any given day, more than 8 periapical x-rays or a panoramic film in conjunction with bitewings will be paid as a full mouth radiograph. Pre-estimates are recommended for any treatment expected to exceed $300.

Takeover benefits:

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included in your benefits, then waiting periods for service will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to us. Application of takeover benefits is subject to Underwriting review and approval. New hires with prior-like dental coverage (lapse in coverage must be less than 63 days) will receive takeover credit for the length of time they had with the prior carrier and must provide proof of coverage (including coverage dates) to receive takeover credit (i.e. one page benefit summary, Certificate of Creditable Coverage, etc.).

††Subject to takeover benefits

A Network Access plan is available.

THIS POLICY PROVIDES LIMITED BENEFITS

Better benefits at work.™

unum.com

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental 20-GDN or contact your Unum Dental representative.

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