

# 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](http://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 and mobile app to manage your benefits including claims information, ID cards and more.
- ✓ There’s no waiting period for preventive and basic services.

### Silver Plan

### What else is included?

#### Wellness benefits

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

#### Unumdentalcare.com

Use [unumdentalcare.com](http://unumdentalcare.com) and the mobile app 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](http://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
Carryover benefit	\$250
Threshold limit	\$500
Carryover account limit	\$1,000

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

## Coverage details and costs

Overview	Passive PPO	
Benefit Year Maximum*	\$1,000	
Deductible**	\$50 per benefit year Maximum 3 per family	
Plan Coinsurance	In-network	Non-network
Class A Preventive	100%	100%
Class B Basic	80%	80%
Class C Major	0%	0%

\*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
	Monthly cost†
You	\$22.87
You and your spouse	\$47.45
You and your children	\$62.17
Family	\$83.47

†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 contact customer service 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 contact customer service 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
<b>CLASS A PREVENTIVE SERVICES</b>	<p>Waiting Period: None</p> <ul style="list-style-type: none"> <li>• Routine exams (2 per 12 months)</li> <li>• Prophylaxis (2 per 12 months)</li> <li>• Bitewing x-rays (maximum of 4 films; 1 per 12 months)</li> <li>• Fluoride treatment for children up to age 16 (1 per 12 months)</li> <li>• Sealants for children up to age 16 (permanent molars, 1 per 36 months)</li> <li>• Space Maintainers for children up to age 16 (1 per 24 months)</li> <li>• Emergency Treatment (1 per 12 months)</li> <li>• Full mouth/panoramic x-rays (1 per 24 months)</li> </ul>
<b>CLASS B BASIC SERVICES</b>	<p>Waiting Period: None</p> <ul style="list-style-type: none"> <li>• Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth)</li> <li>• Simple extractions</li> <li>• Oral Surgery (extractions and impacted teeth)</li> <li>• Anesthesia (subject to review, covered with complex oral surgery)</li> <li>• Repair of crown, denture or bridge</li> <li>• Endodontics (root canals)</li> </ul>

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

### Exclusions and Limitations

Unum members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered. 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;
- the correction of congenital malformations;
- 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 removable 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.).

#### Late entrants:

Employees that waive coverage at initial enrollment (within 31 days of effective date) or in the new employee eligibility period and/or terminate coverage with Unum will have a twelve (12) month waiting period applied to basic and major services and orthodontia upon re-applying. The prior carrier is responsible for reimbursement of costs for procedures begun prior to the effective date.

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 DN-2002, DN-2007 and DN-2015 or contact your Unum Dental representative.

Underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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EN-2026 FOR EMPLOYEES (3-22)



MDOT

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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](http://unumdentalcare.com).



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- ✓ Your plan is backed by Unum's commitment to excellence in customer service.
- ✓ Personalized website and mobile app to manage your benefits including claims information, ID cards and more.
- ✓ There's no waiting period for preventive and basic services.

### Gold Plan

### What else is included?

#### Wellness benefits

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

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#### Virtual Dental Visits

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

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#### Carryover benefits

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The limits for this policy/certificate are:	Passive PPO
Carryover benefit	\$300
Threshold limit	\$600
Carryover account limit	\$1,200

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

## Coverage details and costs

Overview	Passive PPO	
Benefit Year Maximum*	\$1,200	
Deductible**	\$50 per benefit year Maximum 3 per family	
Plan Coinsurance	In-network	Non-network
Class A Preventive	80%	80%
Class B Basic	75%	75%
Class C Major	50%	50%

\*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
	Monthly cost†
You	\$30.28
You and your spouse	\$60.60
You and your children	\$62.15
Family	\$89.39

†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 contact customer service 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 contact customer service 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
<b>CLASS A PREVENTIVE SERVICES</b>	<p>Waiting Period: None</p> <ul style="list-style-type: none"> <li>• Routine exams (2 per 12 months)</li> <li>• Prophylaxis (2 per 12 months)</li> <li>• Bitewing x-rays (maximum of 4 films; 1 per 12 months)</li> <li>• Fluoride treatment for children up to age 16 (1 per 12 months)</li> <li>• Sealants for children up to age 16 (permanent molars, 1 per 36 months)</li> <li>• Space Maintainers for children up to age 16 (1 per 24 months)</li> <li>• Emergency Treatment (1 per 12 months)</li> <li>• Full mouth/panoramic x-rays (1 per 24 months)</li> </ul>
<b>CLASS B BASIC SERVICES</b>	<p>Waiting Period: None</p> <ul style="list-style-type: none"> <li>• Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth)</li> <li>• Simple extractions</li> <li>• Oral Surgery (extractions and impacted teeth)</li> <li>• Anesthesia (subject to review, covered with complex oral surgery)</li> <li>• Repair of crown, denture or bridge</li> <li>• Endodontics (root canals)</li> </ul>
<b>CLASS C MAJOR SERVICES</b>	<p>Waiting Period: None</p> <ul style="list-style-type: none"> <li>• Inlays and onlays</li> <li>• Non-Surgical periodontics</li> <li>• Surgical periodontics (gum treatments)</li> <li>• Crowns, bridges, dentures and endosteal implants (in lieu of a 2 or 3—unit bridge)</li> </ul>

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

### Exclusions and Limitations

Unum members whose dental plan includes coverage of crowns and bridges will have the option of choosing an endosteal implant to replace a missing tooth instead of a conventional fixed 3-unit bridge, when a 3-unit bridge is approved for coverage. Crowns placed on implants will also be covered. Other implants or implant related services are not covered. The following dental services are not covered unless stated otherwise in the Certificate of Coverage:

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### Platinum Plan

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Carryover account limit	\$1,200

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## Coverage details and costs

Overview	Passive PPO	
Benefit Year Maximum*	\$1,200	
Deductible**	\$50 per benefit year Maximum 3 per family	
Plan Coinsurance	In-network	Non-network
Class A Preventive	100%	100%
Class B Basic	80%	80%
Class C Major	60%	60%
Class D Orthodontics	50%	50%

\*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
	Monthly cost†
You	\$38.06
You and your spouse	\$75.95
You and your children	\$86.57
Family	\$118.57

†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:

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### Dependent children

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### Services not listed

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### 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
<b>CLASS A PREVENTIVE SERVICES</b>	<p>Waiting Period: None</p> <ul style="list-style-type: none"> <li>• Routine exams (2 per 12 months)</li> <li>• Prophylaxis (2 per 12 months)</li> <li>• Bitewing x-rays (maximum of 4 films; 1 per 12 months)</li> <li>• Fluoride treatment for children up to age 16 (1 per 12 months)</li> <li>• Sealants for children up to age 16 (permanent molars, 1 per 36 months)</li> <li>• Space Maintainers for children up to age 16 (1 per 24 months)</li> <li>• Emergency Treatment (1 per 12 months)</li> <li>• Full mouth/panoramic x-rays (1 per 24 months)</li> </ul>
<b>CLASS B BASIC SERVICES</b>	<p>Waiting Period: None</p> <ul style="list-style-type: none"> <li>• Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth)</li> <li>• Simple extractions</li> <li>• Oral Surgery (extractions and impacted teeth)</li> <li>• Anesthesia (subject to review, covered with complex oral surgery)</li> <li>• Repair of crown, denture or bridge</li> <li>• Endodontics (root canals)</li> </ul>
<b>CLASS C MAJOR SERVICES</b>	<p>Waiting Period: 6 months††</p> <ul style="list-style-type: none"> <li>• Inlays and onlays</li> <li>• Non-Surgical periodontics</li> <li>• Surgical periodontics (gum treatments)</li> <li>• Crowns, bridges, dentures and endosteal implants (in lieu of a 2 or 3—unit bridge)</li> </ul>
<b>CLASS D ORTHODONTICS</b>	<p>Waiting Period: 6 months ††</p> <ul style="list-style-type: none"> <li>• Annual Maximum \$500</li> <li>• Separate Lifetime Maximum \$1,000</li> <li>• Crowns, bridges, dentures and endosteal implants (in lieu of a 2 or 3—unit bridge)</li> <li>• Up to 25% of lifetime allowance may be payable on initial banding</li> <li>• Dependent children to age 19 only</li> </ul>

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