Prepaid Dental

Good news about dental benefits for employees of
CITY OF PEORIA

A Dental Plan Means Healthy Smiles

This prepaid dental plan offers benefits through a network of Plan Dentists. When you enroll for benefits, treatments you receive from your selected Plan Dentist will be provided at reduced fees called copayments. For your information, a partial list of frequently used dental treatments is included.

Plan Features

- No Deductibles
- No Waiting Periods
- Benefits are payable for pre-existing dental conditions within the copayment schedule
- No Claim Forms to File for Plan Dentist and Plan Specialist Services
- No Referrals Required for Specialist Services
- No Annual Maximum for Plan Dentist and Plan Specialist Services

Important Enrollment Information

To enroll, just follow three simple steps:

1. Select a general dentist from the Directory of Dentists for yourself and every eligible member of your family. Each family member may choose a different Plan Dentist. You must select a Plan Dentist to receive services. Except for certain specialist services, all services must be performed by this selected Plan Dentist. You may change your Plan Dentist(s) throughout the Plan Year in accordance with the provisions of the group agreement. However, all services must be performed by a Plan Provider.
2. Complete the enclosed enrollment form, being sure to include the Dental Facility Number of each Plan Dentist selected.
3. Return your completed enrollment form to your Personnel Department or Benefits Manager authorizing payroll deductions for your coverage.

Finding a Provider

You can find a dental provider in the Heritage Series Provider Network by visiting our web site at www.sunlife.com/findadentist, under “DHMO or Prepaid Dental Plan?” select your state and plan. Availability of Plan Dentists and Plan Specialists varies depending on location.

If you have any questions, call Customer Service at 800.443.2995.

Prepaid dental products are provided by United Dental Care of Arizona, Inc., an affiliate of Sun Life Assurance Company of Canada (Wellesley Hills, MA), under Form Series BDC-GDSA.

Savings You Can See

Monthly Payroll Deduction†

Employee $10.32

Employee + 1 Dependent $16.70

Employee + Family $25.58

†May be changed according to the terms of the Group Dental Service Agreement. Cost includes the Specialty Benefit Amendment.

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.

Secure 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.

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 limited Plan Benefits for covered dental Emergency Services for temporary pain relief.

2. Plan Specialist Services

See the enclosed Specialty Benefit Amendment Copayment Schedule.

ADA Code**	Service Description**	Member Copayment
	Appointments	
None	Office visit - during regularly scheduled hours***	10.00
D0120	Periodic oral evaluation - established patient (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	No Charge
D0140	Limited oral evaluation - problem focused	25.00
D0150	Comprehensive oral evaluation - new or established patient (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report	20.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	20.00
D0180	Comprehensive periodontal evaluation - new or established patient	20.00
None	Missed appointment without 24 hour notice***	25.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	80.00
D9440	Office visit - after regularly scheduled hours	40.00
	Diagnostic Dentistry	
D0210	Intraoral-complete series of radiographic images (once in any 3 calendar years)	10.00
D0220	Intraoral-periapical first radiographic image	No Charge
D0230	Intraoral-periapical each additional radiographic image	No Charge
D0240	Intraoral-occlusal radiographic image	No Charge
D0250	Extraoral-2D projection radiographic image created using a stationary radiation source, and detector	No Charge

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ADA Code**	Service Description**	Member Copayment
D0260	Extraoral-each additional radiographic image	No Charge
D0270	Bitewing-single radiographic image	No Charge
D0272	Bitewing-two radiographic images (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	No Charge
D0274	Bitewing-four radiographic images (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	No Charge
D0277	Vertical bitewings-7 to 8 radiographic images	No Charge
D0330	Panoramic radiographic image (once in any 3 calendar years)	10.00
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0425	Caries susceptibility tests	No Charge
D0460	Pulp vitality tests	No Charge
	Preventive Dentistry	
D1110	Prophylaxis - adult (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	10.00
D1120	Prophylaxis - child (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	10.00
D1203	Topical application of fluoride - child	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth	20.00
D1510	Space maintainer - fixed - unilateral*	85.00
D1515	Space maintainer - fixed - bilateral*	85.00
D1520	Space maintainer - removable - unilateral*	110.00
D1525	Space maintainer - removable - bilateral*	135.00
D1550	Re-cement or re-bond space maintainer	25.00
None	Additional prophylaxis (D1110 or D1120 service does not apply to patients with periodontal disease)***	35.00
	Restorative Dentistry	
D2140	Amalgam - one surface, primary or permanent	25.00
D2150	Amalgam - two surfaces, primary or permanent	30.00
D2160	Amalgam - three surfaces, primary or permanent	45.00
D2161	Amalgam - four or more surfaces, primary or permanent	55.00
D2330	Resin-based composite - one surface, anterior	50.00
D2331	Resin-based composite - two surfaces, anterior	65.00
D2332	Resin-based composite - three surfaces, anterior	80.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	110.00
D2391	Resin-based composite - one surface, posterior	85.00
D2392	Resin-based composite - two surfaces, posterior	100.00
D2393	Resin-based composite - three surfaces, posterior	105.00
D2394	Resin-based composite - four or more surfaces, posterior	130.00
D2510	Inlay - metallic - one surface*	245.00
D2520	Inlay - metallic - two surfaces*	275.00
D2530	Inlay - metallic - three or more surfaces*	315.00
D2542	Onlay - metallic - two surfaces*	305.00
D2543	Onlay - metallic - three surfaces*	325.00
D2544	Onlay - metallic - four or more surfaces*	340.00
D2610	Inlay - porcelain/ceramic one surface*	280.00
D2620	Inlay - porcelain/ceramic two surfaces*	310.00
D2630	Inlay - porcelain/ceramic three or more surfaces*	330.00
D2740	Crown - porcelain/ceramic substrate*	295.00
D2750	Crown - porcelain fused to high noble metal*	295.00
D2751	Crown - porcelain fused to predominantly base metal*	295.00
D2752	Crown - porcelain fused to noble metal*	295.00
D2790	Crown - full cast high noble metal*	295.00
D2791	Crown - full cast predominantly base metal*	295.00

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ADA Code**	Service Description**	Member Copayment
D2792	Crown - full cast noble metal*	295.00
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	30.00
D2920	Re-cement or re-bond crown	30.00
D2930	Prefabricated stainless steel crown - primary tooth	105.00
D2940	Protective restoration	35.00
D2950	Core buildup, including any pins	55.00
D2951	Pin retention - per tooth, in addition to restoration	25.00
D2952	Post and core in addition to crown, indirectly fabricated*	135.00
D2954	Prefabricated post and core in addition to crown	105.00
D2962	Labial veneer (porcelain laminate) - laboratory*	330.00
D2980	Crown repair necessitated by restorative material failure*	30.00
None	Temporary filling***	25.00
	Endodontics	
D3110	Pulp cap - direct (excluding final restoration)	25.00
D3120	Pulp cap - indirect (excluding final restoration)	22.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	60.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	145.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	225.00
D3330	Endodontic therapy, molar (excluding final restoration)	295.00
D3346	Retreatment of previous root canal therapy - anterior	335.00
D3347	Retreatment of previous root canal therapy - bicuspid	395.00
D3348	Retreatment of previous root canal therapy - molar	480.00
D3410	Apicoectomy-Anterior	270.00
D3421	Apicoectomy-Bicuspid (first root)	300.00
D3425	Apicoectomy-Molar (first root)	335.00
D3426	Apicoectomy-Each additional root	115.00
D3430	Retrograde filling - per root	85.00
D3450	Root amputation - per root	175.00
D3920	Hemisection (including any root removal), not including root canal therapy	145.00
	Periodontics	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	175.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	75.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	170.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	130.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	490.00
D4261	Osseous surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	284.00
D4320	Provisional splinting - intracoronal	170.00
D4321	Provisional splinting - extracoronal	150.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	90.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	57.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	90.00
D4910	Periodontal maintenance	55.00
None	Periodontal hygiene instructions***	5.00
	Prosthodontics, removable	
D5110	Complete denture - maxillary*	385.00
D5120	Complete denture - mandibular*	385.00
D5130	Immediate denture - maxillary*	480.00
D5140	Immediate denture - mandibular*	480.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)*	410.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)*	410.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	495.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	495.00
D5410	Adjust complete denture - maxillary	35.00

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ADA Code**	Service Description**	Member Copayment
D5411	Adjust complete denture - mandibular	35.00
D5421	Adjust partial denture - maxillary	35.00
D5422	Adjust partial denture - mandibular	35.00
D5510	Repair broken complete denture base*	70.00
D5610	Repair resin denture base*	80.00
D5620	Repair cast framework*	80.00
D5630	Repair or replace broken clasp - per tooth*	100.00
D5640	Replace broken teeth - per tooth*	65.00
D5650	Add tooth to existing partial denture*	90.00
D5730	Reline complete maxillary denture (chairside)	150.00
D5731	Reline complete mandibular denture (chairside)	150.00
D5740	Reline maxillary partial denture (chairside)	140.00
D5741	Reline mandibular partial denture (chairside)	140.00
D5750	Reline complete maxillary denture (laboratory)*	150.00
D5751	Reline complete mandibular denture (laboratory)*	150.00
D5760	Reline maxillary partial denture (laboratory)*	150.00
D5761	Reline mandibular partial denture (laboratory)*	150.00
D5850	Tissue conditioning, maxillary	60.00
D5851	Tissue conditioning, mandibular	60.00
D5862	Precision attachment, by report*	160.00
	Prosthodontics, fixed	
D6210	Pontic - cast high noble metal*	340.00
D6211	Pontic - cast predominantly base metal*	340.00
D6212	Pontic - cast noble metal*	340.00
D6240	Pontic - porcelain fused to high noble metal*	340.00
D6241	Pontic - porcelain fused to predominantly base metal*	340.00
D6242	Pontic - porcelain fused to noble metal*	340.00
D6251	Pontic - resin with predominantly base metal*	340.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis*	165.00
D6721	Retainer crown - resin with predominantly base metal*	340.00
D6750	Retainer crown - porcelain fused to high noble metal*	340.00
D6751	Retainer crown - porcelain fused to predominantly base metal*	340.00
D6752	Retainer crown - porcelain fused to noble metal*	340.00
D6780	Retainer crown - 3/4 cast high noble metal*	340.00
D6790	Retainer crown - full cast high noble metal*	340.00
D6791	Retainer crown - full cast predominantly base metal*	340.00
D6792	Retainer crown - full cast noble metal*	340.00
D6930	Re-cement or re-bond fixed partial denture	55.00
D6940	Stress breaker	150.00
D6950	Precision attachment	230.00
D6980	Fixed partial denture repair, by report*	55.00
None	Resin bonded bridge pontic, per unit***(*)	245.00
	Oral Surgery	
D7111	Extraction, coronal remnants - deciduous tooth	25.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	25.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	85.00
D7220	Removal of impacted tooth - soft tissue	105.00
D7230	Removal of impacted tooth - partially bony	140.00
D7240	Removal of impacted tooth - completely bony	165.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	205.00
D7250	Removal of residual tooth roots (cutting procedure)	85.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	175.00
D7280	Exposure of an erupted tooth	165.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	95.00
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	140.00
D7510	Incision and drainage of abscess - intraoral soft tissue	95.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	205.00

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ADA Code**	Service Description**	Member Copayment
	Other Services	
D9220	Deep sedation/general anesthesia - first 30 minutes	185.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	180.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes	40.00
D9940	Occlusal guard, by report*	95.00
D9951	Occlusal adjustment - limited	55.00
D9952	Occlusal adjustment - complete	280.00
	Bleaching	
D9972	External bleaching-per arch-performed in office	185.00

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 Specialists may not perform or offer all services listed. Availability and participation of Plan Dentists and Plan Specialists are subject to change.

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

Specialty Benefit Amendment

Copayment Schedule for the Heritage Series

How Your Specialty Benefit Amendment (SBA) Works

Should you need the services of a dental care specialist, you may receive those services without a referral from your Plan Dentist.

To find a Plan Specialist (SBA or Non-SBA), refer to the provider directory. SBA Plan Specialists are indicated with "SBA". All other listed specialists are Non-SBA Plan Specialists. Or, you may visit the website at www.sunlife.com/findadentist (click on State, and then on Heritage Series). For more information about the SBA plan or assistance in finding a Plan Specialist, call Customer Service at 800.443.2995.

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

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

Payment for each service of a Non-Plan Specialist (a specialist who is **not** a part of the plan provider network), at that specialist's normal retail charge, is your responsibility, except for limited Plan Benefits for covered dental emergency services for temporary pain relief.

ADA Code**	Service Description**	SBA Plan Specialist Copayment
	Appointments	
D0140	Limited oral evaluation - problem focused	35.00
D0150	Comprehensive oral evaluation - new or established patient (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist) (may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist)	45.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	67.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	35.00
D0180	Comprehensive periodontal evaluation - new or established patient	80.00
	Endodontics	
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	280.00
D3330	Endodontic therapy, molar (excluding final restoration)	395.00
D3346	Retreatment of previous root canal therapy - anterior	360.00
D3347	Retreatment of previous root canal therapy - bicuspid	525.00
D3348	Retreatment of previous root canal therapy - molar	545.00
D3410	Apicoectomy-Anterior	265.00
D3421	Apicoectomy-Bicuspid (first root)	280.00
D3425	Apicoectomy-Molar (first root)	210.00
D3430	Retrograde filling - per root	90.00
	Periodontics	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	355.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	100.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	495.00
D4261	Osseous surgery (including elevation of full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	100.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	70.00

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ADA Code**	Service Description**	SBA Plan Specialist Copayment
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	80.00
	Oral Surgery	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	80.00
D7220	Removal of impacted tooth - soft tissue	105.00
D7230	Removal of impacted tooth - partially bony	135.00
D7240	Removal of impacted tooth - completely bony	200.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	220.00
D7250	Removal of residual tooth roots (cutting procedure)	75.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	180.00
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	130.00
D7510	Incision and drainage of abscess - intraoral soft tissue	105.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	185.00
	Other Services	
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	170.00

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 SBA Specialists who perform the corresponding listed services. Plan Specialists may not perform or offer all services listed. Availability and participation of SBA and Non-SBA Plan Specialists are subject to change.

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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 can find a dentist in the Heritage Series Provider Network by visiting www.sunlife.com/findadentist. Under "DHMO or Prepaid Dental Plan?" select your state and plan. Note that your Plan Dentist must be a general dentist, not a specialist.

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 Sun Life Financial 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 is limited to the temporary relief of pain and has limited benefits.

If I need to see a specialist, how do I go about finding a Plan Specialist in my area?

You may find a list of Plan Specialists by looking in the plan network directory, visiting the web site at www.sunlife.com/findadentist or calling 800.443.2995 for assistance. No referrals are necessary from your Plan Dentist to seek treatment from a Plan Specialist.

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

Contact Customer Service by calling 800.443.2995.

Pre-existing Conditions

Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment.

Limitations and Exclusions

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 dental service initiated (a) before the effective date of the Member's enrollment or (b) after the Member's enrollment ends.
3. Services provided by Non-Plan Providers unless (a) for services of Non-Plan Specialists as specifically provided in the SPECIALIST SERVICES section of the Copayment Schedule or (b) for Emergency Services as specifically provided in the EMERGENCY PROCEDURES Article of the Evidence of Coverage.
4. 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.
5. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
6. 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).
7. Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
8. 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.
9. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
10. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
11. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
12. 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.
13. 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.

GROUP ENROLLMENT FORM

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Group Name **CITY OF PEORIA**	Group Number	Effective Date / /

❑ **I apply for the following coverage for myself and dependents, as listed**.

Prepaid Plan

❑ **Secure**

Employee First Name	MI	Last Name	❑ M ❑ F	Date of Birth / /	**Facility ID #**

Employee Street Address	City	State	Zip	Employee Social Security Number

Home Phone	Work Phone	Division/Department/Class	Date of Hire
( )	( )		/ /

Dependents to be included for coverage:

First Name MI Last Name (if different)	Relationship	Sex	Date of Birth	**Facility ID#**
Spouse		❑ M ❑ F	/ /	
Child(ren)		❑ M ❑ F	/ /	
		❑ M ❑ F	/ /	
		❑ M ❑ F	/ /	

Check any boxes that apply and follow instructions.

- ❑ Are you covering more than three children? **Please continue listing on additional Enrollment Forms.**
- ❑ Is the address of any child different than the member's? **Show that child's name & address on the back of this form.**
- ❑ Are you requesting coverage for a dependent child other than a son or daughter? **Forward legal custody paper.**
- ❑ Are you requesting coverage for dependent child over age 19 that is NOT a full time student? **Furnish proof of incapacity within 31 days of the Effective Date.**

❑ **I elect not to have coverage for myself or my dependents and I hereby waive coverage under the above mentioned plans.**

Signature:_____**Date:**_____

To the best of my knowledge and belief, each of the statements and answers supplied in this form is complete and true, and they constitute the sole basis for, and are the inducement for, the issuance of any coverage. Please read the following and sign below.

The Prepaid Plan is provided by United Dental Care of Arizona, Inc. and administered by Union Security Insurance Company.

I hereby apply for membership in this dental Plan for myself and for any eligible dependents listed above. I authorize the Group named above to make deductions, if any, required as my contribution. I agree, for myself and for any eligible dependents listed, to abide by the rules and regulations of the Plan and the terms and conditions of the Group Dental Service Agreement. I authorize any licensed dentist, physician, hospital or other health care provider to furnish Union Security Insurance Company and its affiliated dental companies with any required dental or medical information, as permitted by law about myself and any eligible dependents listed. I represent the information provided is true and correct to the best of my knowledge. I further understand that my coverage and benefits may be affected by failure to provide complete and accurate information. I will promptly advise the Plan and my Group of any changes in this information. I know that I and any authorized representative have a right to a copy of this authorization. A photocopy of this authorization will be as valid as the original. For claim purposes, the authorization will remain valid for the term of my coverage. The authorization is not governed by HIPAA, however, when necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information. **IMPORTANT WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of benefits.**

Notice of Information Practices

1. Personal information may be collected from persons other than the individual(s) proposed for coverage.
2. The information, as well as other personal or privileged information subsequently collected by the insurance institution or agent may in certain circumstances be disclosed to third parties without authorization.
3. A right of access and correction exists with respect to all personal information collected.
4. Applicant may request a more detailed explanation of information practices.

Signature:_____**Date:**_____