



Easton Chamber of Commerce

PARTNERS IN PROGRESS

P.O. Box 69, Easton Massachusetts 02334 508-238-2225

Available to Members
of
the Easton Chamber of Commerce

GROUPS of ONE + DENTAL INSURANCE BENEFIT

Good News From **Health Services Administrators**



dental benefits!

- Available for 1+Lives
- Employee Paid, No Employer Contribution Required
- No Participation Limits
- Freedom to choose any dentist, including specialists
- Vision Discount Program included
- Provided by Assurant Employee Benefits

For more information call:

Toll Free:

(877) 777 – 4414



HEALTH SERVICES ADMINISTRATORS

135 Wood Road, Braintree, MA 02184

Website: WWW.HSAmembership.com

“New England’s Leading Health Care Administrator”

*Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Fortis Benefits Insurance Company through an Insurance policy issued to Health Services Administrators.

Plan limitations and exclusions apply.

01/09

Savings You Can See

Monthly Rates Effective 1/01/09 to 12/31/09

| | |
|---------------------------------|----------|
| Employee | \$57.00 |
| Employee + 1 Dependent | \$93.00 |
| Employee + 2 or more Dependents | \$136.00 |

Freedom Preferred-PPO

| | | |
|-----------------------------|---------|---------|
| Benefit Maximum: | In | Out |
| Per Person, Per Policy Year | \$1,250 | \$1,250 |

| | | |
|------------------------------------|------|------|
| Coinsurance Percentage Per Person: | | |
| Type I Dental Services | 100% | 100% |
| Type II Dental Services | 90% | 80% |
| Type III Dental Services | 60% | 50% |

| | | |
|-----------------------------|------|------|
| Deductible: | | |
| Per Person, Per Policy Year | \$50 | \$50 |

Type I Preventive Dental Services, Including:

- ◆ Oral Evaluations - once in any 12-month period
- ◆ Routine Dental Cleanings - once in any 6-month period (frequency combined with periodontal maintenance)
- ◆ Fluoride Treatment - once in any 12-month period
Only for children under age 14
- ◆ Sealants - No more than once per tooth per person, only for permanent molar teeth
Only for children under age 16
- ◆ Space Maintainer
Only for children under age 16
(Includes adjustments within 6 months of installation)
- ◆ Harmful Habit Appliance - once per person
Only for children under age 16
(Not covered if Orthodontic related)

Type II Basic Dental Services, Including:

- ◆ X-Rays:
 - ◆ Complete series - once in any 60-month period
 - ◆ Bitewing - once in any 12-month period
 - ◆ Panoramic - once in any 60-month period (may also be payable in connection with the removal of impacted teeth)
 - ◆ Other X-Rays (See Certificate of Insurance)
- ◆ New Fillings
- ◆ Replacement Fillings - once in any 24-month period per Filling
- ◆ Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- ◆ Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Type III Major Dental Services, Including:

- ◆ Endodontics (includes root canal therapy)
- ◆ Endodontic retreatment (covered after 24 months have passed from initial treatment)

- ◆ Complex Oral Surgery; General Anesthesia and IV Sedation when medically required for such Surgery
- ◆ Minor Gum Disease Treatment: (Minor Periodontics)
 - ◆ Provisional Splinting, Occlusal Adjustments - once in any 12-month period
 - ◆ Scaling and Root Planing - once in any 24-month period
 - ◆ Periodontal Maintenance - once in any 3 consecutive months (frequency combined with routine dental cleanings)
- ◆ Major Gum Disease Treatment: (Major Periodontics)
 - ◆ Gingivectomy, Osseous Surgery, other major periodontic procedures - once in any 36-month period per area
- ◆ Initial Placement, Replacement and Maintenance of Inlays, Onlays, Crowns, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

| | |
|---|--------------------------|
| Waiting Periods for Certain Services | From Your Effective Date |
| Repairs, Re-Cementing of Fixed Partial (Bridges), Inlays, Onlays, or Crowns | None |
| Accidental Non-Chewing Injury | None |
| Fillings | 6 months |
| All Services under Endodontics (Includes root canal therapy) | 6 months |
| Stainless Steel/Plastic Crowns Only for children under age 16 | 6 months |
| Relines, Rebases, Denture Adjustment | 6 months |
| Complex Oral Surgery | 12 months |
| All Services under Minor and Major Periodontics | 12 months |
| Crown/Inlays/Onlays/Labial Veneers | 12 months |
| Dentures (Partial or Complete) | 12 months |
| Fixed Partial Dentures (Bridges)/Diagnostic Casts | 12 months |

If you are covered under the current dental program on the day it terminates, your waiting periods will be reduced by 12 months or waived.

Other Policy Provisions

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 for an estimate of benefits payable.

Eligibility
Full-time employee, spouse and unmarried dependent children less than age 19 or 25 if a full-time student.

Late Entrants
If you elect coverage more than 31 days after your Eligibility Date, your Effective Date will be delayed to the next plan Anniversary Date.

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. We and the policyholder have the option to cancel the group policy.