

# Brush up on your dental benefits

Tips to help manage your coverage

## ACCESSING YOUR BENEFITS

- To search for in-network providers, visit [unumdentalcare.com](http://unumdentalcare.com). Select Find a Dental Provider and specify the network. You can search by provider name or by location for a dentist near your home, office or anywhere else.
- From [unumdentalcare.com](http://unumdentalcare.com) you can log in to view your benefits, view claim history, print ID cards and access coverage information. If you do not have internet access, please call Customer Service toll-free at 888-400-9304.
- Unable to locate your dentist in our growing network? Refer a dentist by calling Customer Service toll-free at 888-400-9304 or emailing [NetworkRecruiting@unum.com](mailto:NetworkRecruiting@unum.com).
- When scheduling your appointment, identify yourself as a “Unum Dental member” and let the dental office know to check the network and information on your member ID card.
- With Unum Dental, you are free to choose any dentist but you'll save more by visiting one of our in-network dentists. When you visit an in-network provider, you receive special pricing and reduce your out-of-pocket expenses for covered services.

## FAQS

### Who will submit my claims to Unum Dental?

The majority of the dental claims we receive are submitted by providers. You may submit your own claim by downloading a claim form and mailing the completed form with receipts to our office. The address is listed on the back of your ID card.

### Will my benefits cover any dental procedure?

Because all policies have limitations, it is recommended that you review the certificate of coverage prior to having work done. Recognizing that dental problems can be resolved with more than one type of treatment, Unum Dental will reimburse for the least expensive method that will produce the same resolution within professionally acceptable limits.

### When should I have a pre-treatment estimate done?

We recommend you request a pre-treatment estimate for procedures expected to cost more than \$300. Please ask your dentist to submit the pre-treatment estimate request.

### How do we coordinate benefits?

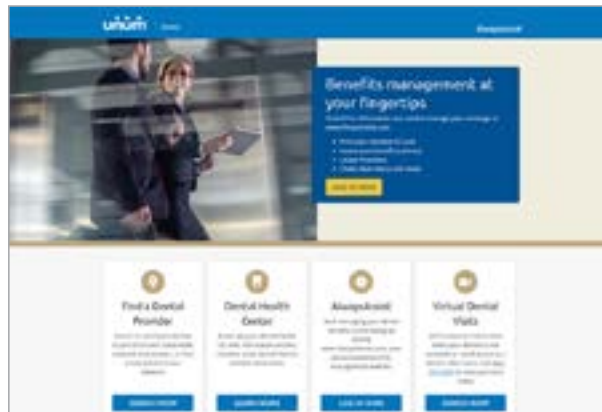
Generally, we follow the birthday rule for coordination of benefits. If a child has coverage under both parents’ policies, we use the birthday month of the parent that comes first in the year as primary. Refer to your Certificate for complete details on the order of benefit determination.

## MORE PROCEDURE-SPECIFIC INFORMATION

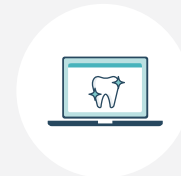
- On most plans, the policy will cover the replacement of a crown, bridge, inlay, onlay or denture if it is at least five years old and cannot be made serviceable.
- A claim is considered incurred on the date an impression is taken for a bridge, crown, or dentures, or when the pulp chamber is opened for a root canal.
- If your policy does not include composite (white) fillings on molars, we will pay the alternate benefit of an amalgam (silver) filling. You will be responsible for the difference in cost. However, benefits can only be considered upon completion of a procedure.



Find a network provider



- Click "Search Now" in the "Find a Dental Provider" section located on the left-hand side.
- Select to search by dentist name or location (city/state/zip).
- Confirm the dentist's name and address. Network dentists who practice at multiple offices may not be contracted in-network at every office. The network directory is updated monthly to reflect recently added providers and remove inactive ones.



Virtual Dental Visits through TeleDentistry.com

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

Visit [www.unumdentalcare.com](http://www.unumdentalcare.com) and click Virtual Dental Visits to get started.

The policies provide DENTAL insurance only.

**A NETWORK ACCESS PLAN IS AVAILABLE. NOT FOR USE IN NM AND OR.**

**EXCLUSIONS AND LIMITATIONS**

\*Virtual dentist visits are a preventive service and subject to the policy year maximum benefit. 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 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 crown;
- 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.

**THIS POLICY PROVIDES LIMITED BENEFITS**

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. Applicable to policy forms 20-GDN-POL, DN-2007, DN-2010, DN-2015.

The approved service area consists of all Massachusetts except Dukes and Nantucket Counties.

Underwritten by Starmount Life Insurance Company, Baton Rouge, LA. In New York, plans underwritten by Provident Life and Casualty Insurance Company, Chattanooga, TN.



Better benefits at work.™