

Voluntary Dental PPO

Good news about dental benefits for employees of **Earnhardt Management Company**

Your Dental Plan

As a valued employee of Earnhardt Management Company, you have the opportunity to enroll in a payroll-deduction dental program.

Plan Features:

- Freedom to choose any dentist, including specialists
- PPO options available¹
- 24-month rate guarantee
- Vision care program includes access to discounts (including contact lens exams)

How the Plan Works

This dental plan provides a variety of benefits and allows you and your family to use any dentist or specialist you choose. Benefits are paid after any applicable deductible has been met, up to the annual maximum. Claim payments may be made to you or your dentist, whichever you prefer.

Assurant[®] Dental Network, the dental network for your plan includes 100,000+ unique dentists contracted with Dental Health Alliance, L.L.C.[®] (DHA[®]) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.sunlife.com/findadentist, under PPO Plan, select your network, or call Customer Service at 800.442.7742.

IMPORTANT:

Coverage for eligible employees will begin October 1, 2017. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.

¹You are free to use the dentist or specialist of your choice. However, when you choose a dentist in our PPO network, you can save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

Plan frequencies, limitations and waiting periods apply.

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by the Patient Protection and Affordable Care Act. ("PPACA").

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Savings You Can See

Monthly Payroll Deduction

Employee	\$40.67
Employee + Spouse	\$79.55
Employee + Child(ren)	\$92.59
Employee + Family	\$139.75

Freedom Preferred-PPO

Yearly Benefit Maximum:	In-Network	Out-of-Network
Per Person, Per Policy Year	\$1,500	\$1,500

Coinsurance Percentage Per Person:

	In-Network	Out-of-Network
Type I Dental Services	100%	100%
Type II Dental Services	90%	80%
Type III Dental Services	60%	50%

Deductible:

	In-Network	Out-of-Network
Per Person, Per Policy Year	\$50	\$50
Waived for Type I Services	Yes	Yes

Type I Preventive Dental Services, Including:

- ◆ Oral Evaluations – once in any 6-month period
- ◆ Routine Dental Cleanings – once in any 6-month period
- ◆ 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
- ◆ Bitewing X-Rays – once in any 12-month period

Type II Basic Dental Services, Including:

- ◆ X-Rays:
 - ◆ Panoramic or complete series – once in any 60-month period
 - ◆ Other X-Rays (See Certificate of Insurance)
- ◆ New Fillings, including posterior composites
- ◆ 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
- ◆ Endodontics (includes root canal therapy)
- ◆ Endodontic retreatment (covered after 24 months have passed from initial treatment)
- ◆ 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 per area
 - ◆ Periodontal Maintenance – once in any 6 consecutive months
- ◆ Major Gum Disease Treatment: (Major Periodontics)
 - ◆ Gingivectomy, Osseous Surgery, other major periodontic procedures – once every 36 months per area

Type III Major Dental Services, Including:

- ◆ Complex Oral Surgery; General Anesthesia and IV Sedation when medically required for such Surgery
- ◆ Biopsy (including brush biopsy)

- ◆ 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
<i>Repairs, Re-Cementing of Fixed Partials (Bridges), Inlays, Onlays, or Crowns</i>	None
<i>Accidental Non-Chewing Injury</i>	None
<i>All Services under Endodontics (Includes root canal therapy)</i>	None
<i>Stainless Steel/Plastic Crowns Only for children under age 16</i>	None
<i>Relines, Rebases, Denture Adjustment</i>	None
<i>Complex Oral Surgery</i>	None
<i>All Services under Minor and Major Periodontics</i>	None
<i>Crown/Inlays/Onlays/Labial Veneers</i>	None
<i>Dentures (Partial or Complete)</i>	None
<i>Fixed Partial Dentures (Bridges)/Diagnostic Casts</i>	None

Waiting Periods for Late Entrants

<i>Type II Dental Services</i>	12 months
<i>Type III Dental Services</i>	24 months

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 employees, their spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

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 and you will be subject to the Waiting Periods for Late Entrants.

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.

Limitations & Exclusions

Benefits are not payable for:

Treatment which is not dentally necessary, does not have uniform professional endorsement or is experimental or investigational in nature; treatment of the temporomandibular joint; treatment related to changing or maintaining vertical dimension, altering or restoring occlusion, bite registration or bite analysis; treatment which does not have a reasonably favorable prognosis; treatment provided primarily for cosmetic purposes; replacement of natural teeth missing on the effective date of insurance; orthodontic treatment, unless such insurance is provided under the list of covered dental services.

Treatment not included in the list of covered dental services; treatment started before the date insurance begins; treatment started before any applicable waiting period has been served; treatment completed after insurance ends; athletic mouthguards; replacement of lost or stolen appliances; myofunctional therapy; infection control; oral hygiene instruction; broken appointments; completion of claim forms; exams required by a third party; travel time; transportation costs; professional advice given on the phone.

Treatment received due to war, riot, assault or felony; treatment for a work-related injury; treatment of an intentionally self-inflicted injury; treatment performed outside of the United States, other than emergency dental treatment; treatment provided by the person's employer or a member of the person's immediate family; treatment for which a charge would not have been made in the absence of insurance; treatment for which the insured does not have to pay; treatment that has not been both delivered to and accepted by the insured.

Employee Application

Please print clearly in blue or black ink.

ISSUE

Check one – Employer Use

New Employee Change COBRA

EMPLOYEE INFORMATION—Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (<i>last, first, initial</i>)		Employer Earnhardt Management Company		Employment location		
Group policy/participant # 5299324/0		Account # or Bill Group Name	Cert. #	Employee SSN	Employee birthdate	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Job title or position	Employee hire date	# hours per week	Earnings \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other \$ _____	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Children <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	Zip		

**ELECTIONS ARE NOT VALID WITHOUT A SIGNATURE AT THE END OF THIS APPLICATION.
DEPENDENT INFORMATION—Required if Dependent coverage applies**

Name (Last Name, First Name)	Date of Birth	Gender	Relationship	Facility ID

NOTE — Coverage not elected will be assumed refused even if not specifically refused

DENTAL BENEFITS— You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

Coverage	EMPLOYEE MONTHLY COST
Employee	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Refuse Dental Benefits

Were you covered under another dental plan within the last 31 days? Yes No
 If "Yes," termination date _____ Reason for termination of coverage _____

ISSUE

Employee name		Employer Earnhardt Management Company
Group policy/participant no. 5299324/0	Account no.	Cert. no.

MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:

(1) Apply for the coverages designated for which I am eligible under my employer's plan with Union Security Insurance Company. (2) Understand if coverages have been refused, I am not entitled to benefits under those coverages. For Dental coverage, I understand that I will not be entitled to benefits until the expiration of any Late Entrant Limitation period specified in the policy. (3) Authorize any required deductions from my earnings. (4) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief. (5) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured. (6) Understand that I have the right to select any dental care provider of my choice. (7) Understand that the dental plan includes a pre-estimate provision that will advise me in advance of the benefits I may be eligible for if the procedure is performed. (8) Understand that coverages include waiting periods, limitations, and exclusions that may affect my entitlement to benefits. When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee's signature _____ Date _____

Vision Discount Services



ACCESS PLAN

Your dental plan includes a vision discount plan through Vision Service Plan (VSP). The vision plan includes discounts on exams (including contact lens exams) and the purchase of eyeglasses, sunglasses and other prescription eyewear when provided by VSP doctors. VSP is available for you and everyone covered on your dental plan!

Services Available from a VSP Doctor

- **Eye Exams** – 20% discount applied to VSP doctor's usual and customary fees for eye exams¹
- **Glasses** – 20% discount applied to VSP doctor's usual and customary fees for complete pairs of prescription glasses and spectacle lens options²
- **Contact Lenses** – 15% discount off the contact lens exam (fitting and evaluation)².
- **Laser VisionCareSM** – VSP has contracted with many of the nation's laser surgery facilities and doctors, offering you a discount off PRK and LASIK surgeries, available through contracted laser centers

Other Valuable Features for You

- Immediate savings when using a VSP doctor
- You may use the discounts as often as you wish
- No waiting periods
- No deductibles
- No claim forms to fill out

How to Use VSP

Locate a VSP doctor near you. You may either use our Web-based doctor locator at www.vsp.com, or call VSP at 800.877.7195 to request a doctor listing.

Identify yourself as a VSP member and be prepared to provide the *enrolled member's* social security number when you make your appointment. (The VSP doctor will verify your eligibility and vision plan coverage, and will obtain authorization for services and materials. If you are not currently eligible for services, the VSP doctor is responsible for communicating this to you.)

Your fees are automatically reduced at the time of service – with no claim forms to fill out!

THIS VISION DISCOUNT PLAN IS NOT INSURANCE.

¹Note: Does not apply to contact lens services. See contact lens section for applicable discount.

²Discounts only offered through the VSP doctor who provided an eye exam within the last 12 months.

VSP Member Services Support: 800.877.7195

Visit our Web site at www.vsp.com