



Fiscal Year 2007-2008

Assurant Dental Benefits

The Pre-paid/HMO Dental Plan - Assurant Employee Benefits (AIZ)

Assurant is a pre-paid/HMO dental plan. With Assurant's Heritage Series Plus Plan with Specialty Benefit Amendment, you will not have to pay an annual deductible or file any claim forms. Routine Preventive Care is covered at a \$5.00 co-payment for adults and children. Routine Preventive Care includes exams, cleanings, and fluoride applications (to age 18).

If you elect Assurant, you must select a participating dentist who is contracted with AIZ. If you enroll with dependent coverage, you and your dependents may each select your own Family Dentist from the Assurant Directory of Dentists. To change a Family Dentist selection, you must notify AIZ .

How your Specialty Benefit Amendment (SBA) Works

Should you need services of a dental care specialist, you may receive those services without a referral from your Plan Dentist. All SBA Plan Specialists are indicated with an "S" in the provider directory.

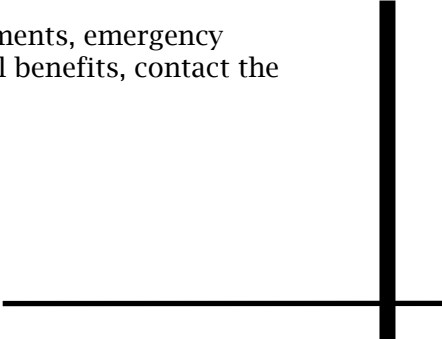
If you use an SBA Plan Specialist (a specialist who is a part of the plan provider network and accepts SBA co-payments) you will pay the corresponding member co-payment shown in the SBA Plan Specialist Co-payment list. All other services obtained from an SBA Plan Specialist, and all services obtained from a NON-SBA Plan specialist (a specialist who is a part of the plan provider network but does not accept SBA co-payments), 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 procedure.

To see a schedule of procedures with their related costs refer to the Dental Benefits Comparison Chart for a brief summary of benefits. If you have questions regarding Assurant, please contact AIZ Member Services at (800) 443-2995.

Vision Benefits

A Discount Vision Plan is included through Vision Service Plan (VSP). The vision plan includes discounts on eye exams, glasses, contact lenses and laser vision care. Vision services can be reached at 800-877-7195.

For a complete listing of participating dentists, covered services, co-payments, emergency procedures, coverage limitations and rules which apply to MCCCDC dental benefits, contact the member services department.



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Dental Benefits Comparison Chart

Type of Expense	Assurant	MetLife	
		In-Network	Out-of-Network**
Annual deductible (<i>Combined In-Network and Out-of-Network</i>)	none	\$50 per person /\$100 per family	
Office Visit Exams X-rays Cleaning and scaling	\$10.00 No Charge \$0.00-5.00 \$5 adult/child	covered in full no deductible <i>twice in fiscal year</i>	covered based on fee allowance no deductible <i>twice in fiscal year</i>
Topical fluoride treatment	No Copay for child under age 18; copay applies to cleaning	under age 18 only covered in full no deductible <i>twice in fiscal year</i>	under age 18 only covered at 90% no deductible <i>twice in fiscal year</i>
Space maintainers	patient pays \$70-105	Same as above	Same as above
Simple extraction	patient pays \$20.00	covered at 90% after deductible	covered at 90% after deductible
Surgical extraction	patient pays \$55.00	covered at 90% after deductible	covered at 90% after deductible
Impacted-tooth extraction	patient pays \$65-\$135	covered at 90% after deductible	covered at 90% after deductible
Amalgam filling Composite filling	patient pays \$20-\$70	see MetLife booklet for cov. limitations	see MetLife booklet for cov. limitations
Root canal	patient pays \$125-\$465	covered at 90% after deductible	covered at 90% after deductible
Crowns and bridges	patient pays \$265 plus lab fee	covered at 60% after deductible	covered at 60% after deductible
Complete upper or lower denture	patient pays \$365.00 plus lab fee	covered at 60% after deductible	covered at 60% after deductible
Periodontics	patient pays \$45-\$350	covered at 90% after deductible	covered at 90% after deductible
Gold: Fillings Inlay and onlay Crowns	all co-payments are exclusive of gold; the patient is responsible for the actual laboratory fee in addition to co-pay	covered at 60% after deductible	covered at 60% after deductible
Orthodontics: Adults Children (up to age 19) Initial diagnostic work-up and x-rays	25% discount is given from specialist UCR fee	An alternate benefit revision is allowable. plan pays 50% up to \$1,000 per person for lifetime	
Specialists*	15% discount Endodontist 25% discount all others Co-pay schedule will apply		
Max. benefit per person	unlimited	\$2,000 excluding orthodontic expenses	
<p>Assurant: All Assurant co-pays listed above apply to General Dentitsts Only. *Specialty Benefit Amendment Co-pay schedule will apply for Specialist's accepting SPA. MetLife: **Out-of-Network patients receive reimbursement based on MetLife's non-participating dentists' fee allowance, but are responsible for the remainder of the charges.</p>			