



Secure Choice
Individual Dental HMO from
UDC Dental California, Inc.

Benefits Include
Cosmetic Dentistry
and Orthodontics

For use in California

Secure Choice Individual Plan

The Secure Choice individual plan provides dental benefits with attractive prepayment fees. To receive the benefits of the Secure Choice Plan you will need to select a Plan Dentist for you and your family members from the list of Plan Dentists. Please note that you may choose a different dentist for each family member.

Features

- No deductibles
- No claim forms
- No annual maximum
- Fixed copayment schedule for Plan Dentists and Plan Specialists
- Copayments for Orthodontic procedures for children and adults
- No referral required for Plan Specialist benefits
- Benefits for pre-existing dental conditions

Prepayment Fee Options

Annual Prepayment Fees	
Individual	\$149.76
Individual & One Dependent	\$254.64
Family	\$407.76
or	
Automatic Monthly Bank Draft	
Accounts are drafted on the 15th of each month prior to the month of benefits. A monthly administration charge is included in the fees below.	
Individual	\$13.73
Individual & One Dependent	\$22.47
Family	\$35.23
\$35.00 Enrollment Fee	

What are copayments?

Copayments are reduced fees that you pay directly to the dentist for some dental treatments. A partial list of some frequently used dental treatments is included on the back of this brochure. This list shows you the potential savings with UDC Dental California, Inc. versus what you may pay without this Plan.

Cosmetic dentistry

UDC Dental California, Inc. understands the importance of your appearance. That's why we have included cosmetic services, such as bleaching and bonding procedures, in your plan benefits.

Orthodontic benefits

The Secure Choice Plan includes copayments for Orthodontic procedures for children and adults. Orthodontic services are available only in areas where UDC Dental California, Inc. has Plan Orthodontists who provide those services.

Specialty benefits

Should the services of a specialist be necessary you may seek treatment from any Plan Specialist listed in our printed or online directory. Please see the Evidence of Coverage and Disclosure Form (EOC) for a complete listing of covered Plan Specialist services. Plan Specialist services are available only in areas where UDC Dental California, Inc. has Plan Specialists. Please note that payment for a service performed by a Non-Plan Specialist is your responsibility.

How do I join?

Three easy steps to enrolling in the Secure Choice Plan:

1. **Select** a general dentist from the Plan Dentist Directory or online at www.assurantemployeebenefits.com under Provider Search for United Dental Care. Each family member may choose a different Plan Dentist.
2. **Complete** the attached application form. Be sure to include the Dental Facility Number of each dentist you have selected in the space provided and detach the application form from the brochure.
3. **Choose** your payment option. If you choose the **annual prepayment fee method** include the appropriate prepayment fee, the \$35 enrollment fee, the completed application form and mail to UDC Dental California, Inc. The annual prepayment fee may be paid by credit card for your convenience.

If you choose the **automatic monthly bank draft method** complete the Authorization Agreement on the reverse side of the application form, include a voided check, the first month's prepayment fee, the \$35 enrollment fee and mail to UDC Dental California, Inc. Monthly prepayment fees will thereafter be drawn automatically from your bank account. While we accept automatic bank drafts from checking or savings accounts, **we cannot accept personal checks on a monthly basis.**

When will I receive a membership card?

Once your application has been processed, we will provide you with a membership card, the Individual Dental Service Agreement, the EOC and a complete list of copayments. Your effective date will be provided with your membership materials.

What if I need to change my dentist?

You may change dentists by simply calling the Customer Service Department at 800.443.2995.

How do I receive care?

After your effective date, phone the dentist you selected, and tell the office that you have UDC Dental California, Inc. pre-paid coverage. They will schedule your appointment to see the dentist.

Who is eligible?

You, your spouse and dependent children as defined by state law.

When do I renew my dental plan?

If you select the annual prepayment method, a renewal notification and billing statement will be provided to you in advance of your anniversary date. If you select the monthly bank draft method for payment, no action is required to renew your dental plan.

Renewal/Cancellation/Termination

This Plan renews at each yearly anniversary of the effective date. Company and Subscriber each have the right to terminate the Plan with prior written notice. Please consult the Individual Dental Service Agreement and EOC for details concerning renewability, cancellation and termination.

Patient Protection and Affordable Care Act

For individuals and small groups with 50 or fewer employees, this coverage does not include and is not required to include the pediatric dental essential health benefit as required under the federal Patient Protection and Affordable Care Act.

Limitations of Benefits

1. Replacement of bridgework, dentures or other fixed or removable appliances are not covered unless (a) at least five (5) years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five (5) year period, appliance becomes unusable and cannot be made usable due to Member's illness or an accident involving damage to the other appliance while it is in use.
2. Orthodontic treatment is limited as follows:
 - a) Limited orthodontic treatment of tooth guidance orthodontia is limited to eighteen (18) consecutive months of continuous treatment.
 - b) Active orthodontic treatment (from placement of banding/bracketing) is limited to twenty-four (24) consecutive months of continuous treatment and is allowed once per lifetime.
 - c) Retention treatment is limited to twelve (12) consecutive months. Ongoing retention treatment past twelve (12) consecutive months may be subject to additional fees as determined by Plan Specialist. Additional fees will be the sole responsibility of the Member.

Sample Copayments for the Secure Choice Individual Plan

The following is a sample of some frequently used dental procedures. When you enroll for the plan, you will pay reduced fees called copayments. These reduced fees are only available from providers who participate in our network. After you enroll, a complete list of copayments will be provided to you along with your Individual Dental

Service Agreement and EOC. The sample below demonstrates potential savings with the Secure Choice plan and may not reflect your actual results. Please see the EOC for a complete list of services covered by the plan.

DENTAL TREATMENT	YOUR COST		DENTAL TREATMENT	YOUR COST	
	With the Secure Choice Plan	Average Retail Charges ¹		With the Secure Choice Plan	Average Retail Charges ¹
APPOINTMENTS			DENTURES		
Periodic Oral Evaluation	No Charge	\$55	Complete Denture - Upper	\$425**	\$1,485
Limited Oral Exam	\$20	\$77	Complete Denture - Lower	\$425**	\$1,480
Comprehensive Oral Evaluation	No Charge	\$82	Partial Denture - Upper	\$450**	\$1,108
			Partial Denture - Lower	\$450**	\$1,160
DIAGNOSTIC DENTISTRY			ORAL SURGERY		
Complete X-Ray Series, Including Bitewings	\$10	\$134	Single Tooth Extraction	\$20	\$108
			Removal of Impacted Tooth		
PREVENTIVE DENTISTRY			Soft Tissue	\$85	\$320
Routine Cleaning - Adult (once every 6 mos.)	\$10	\$98	Partial Bony	\$100	\$402
Routine Cleaning - Child (once every 6 mos.)	\$10	\$79	Complete Bony	\$155	\$468
Application of Fluoride (up to 18 years of age)	No Charge	\$46	Complete Bony, with Complications	\$195	\$592
Oral Hygiene Instruction	No Charge	\$49			
Application of Sealant, Per Tooth	\$20	\$60	OTHER SERVICES		
Fixed Space Maintainer	\$85**	\$483	External Bleaching, Per Arch	\$175	\$268
FILLINGS/CROWNS			ORTHODONTICS		
Silver Fillings			Please see the EOC for a complete listing of covered orthodontic procedure.		
One Surface	\$20	\$132			
Two Surfaces	\$25	\$158			
Three Surfaces	\$35	\$184			
White Fillings					
One Surface, Anterior	\$40	\$169			
Two Surfaces, Anterior	\$50	\$198			
Three Surfaces, Anterior	\$65	\$229			
One Surface, Posterior	\$75	\$181			
Two Surfaces, Posterior	\$90	\$226			
Three Surfaces, Posterior	\$105	\$269			
Crowns - Porcelain to High Noble Metal	\$280**	\$1041			
(cost of precious & semi-precious metal is additional)					
Core Buildup	\$65	\$237			
ROOT CANALS					
Anterior	\$180	\$724			
Bicuspid	\$225	\$836			
Molar	\$325	\$1068			
PERIODONTICS					
Periodontal Scaling and Root Planing Per Quadrant	\$90	\$234			
Full Mouth Debridement (complicated cleaning)	\$65	\$142			

**Members are responsible for additional lab fees for these services.

¹The Average Retail Charges were determined by "Company" claims analysis for the year 2013 for the state of California. The Retail Charges represent a mean average rounded to the nearest dollar representing what you may pay without the plan services.

Exclusions of Benefits

Plan Benefits are not available for:

1. Any service 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 started and completed prior to Effective Date.

Any dental service listed in the Copayment Schedule, started, but not completed prior to the Effective Date, will be considered a Plan Benefit only if completion of the dental service is provided by a Plan Provider. For dental services other than orthodontics, Member will be responsible for the full Copayment amount plus any applicable alloy or precious metals fees, for the dental service completed under the Plan. For orthodontic services, Member will be responsible for the full orthodontic Copayment, which will be prorated according to the Plan Provider's plan of treatment and normal billing procedures based on the percentage of orthodontic work completed prior to the Effective Date. Any dental service started after Member's termination is not covered.

3. Any dental service started after Member's termination.

4. Except for Emergency Dental or Urgent Services outside the Service Area, services provided by Non-Plan Providers are not covered.

5. Replacement of dentures, appliances or bridgework 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 (6) or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment).

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 and splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure loss 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 for 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 for malignancies, neoplasms or cysts, including but not limited to biopsy.

Renewable at option of Company.



ASSURANT® DENTAL

For further information contact: 888.882.8233

UDC Dental California, Inc.
Attn: Individual Prepaid Dental Team
P.O. Box 419596
Kansas City, MO 64141-6596

www.assurantdental.com

Assurant Dental is the brand name for prepaid dental products provided by UDC Dental California, Inc. and administered by Union Security Insurance Company.

(Contract Form No. UDC-CA-IDSA)

UDC Dental California, Inc. is a specialized dental health care plan.