

unumsm dental plan highlights

By participating in the UNUM dental program, you can get the insurance benefits you need to make regular dental care more affordable. General plan highlights for Dental 100 and 150 are illustrated below.

	Dental 100	Dental 150
coinsurance levels		
Type 1 — Preventive <ul style="list-style-type: none"> • cleanings, exams, bitewing x-rays, twice per benefit period • oral/facial images instead of bitewing x-rays • full-mouth or panoramic x-rays, once per 36 months • vertical bitewings, once per 36 months, counts toward the overall frequency for bitewing x-rays • fluoride under age 19 twice in a benefit period • sealants under age 19 for dependents on permanent molars, once per 36 months • space maintainers under age 14 for dependents • palliative treatment 	100%	80%
Type 2 — Basic <ul style="list-style-type: none"> • restorative amalgam and resin fillings • oral surgery, extractions and denture repair • endodontics (root canals) • periodontics (gum disease) 	80%	50%
Type 3 — Major <ul style="list-style-type: none"> • restorative - onlays and crowns • prosthodontics - fixed pontics and abutments • prosthodontics - removable and fixed partial dentures • implants - approved pretreatment estimate from Ameritas is REQUIRED 	60%	50%
Type 5 — Orthodontia <ul style="list-style-type: none"> • 25% of maximum benefit available at time appliance is placed, payments issued quarterly for 24 months or length of treatment, whichever is less. Quarterly payment dates work from the placement date. 	50%	50%
deductibles		
Type 1 — Preventive Type 2, 3 — Basic, Major <ul style="list-style-type: none"> • calendar year per person • calendar year per family Type 5 — Orthodontia	Waived \$100 \$300 Waived	Waived \$150 \$450 Waived
annual maximums		
Type 1, 2, 3 — Preventive, Basic, Major <ul style="list-style-type: none"> • calendar year per person • Plan includes Dental Rewards. So each calendar year, if you submit a claim for a dental visit at least once, and your total paid claims are less than \$750, you will carryover \$250 toward the next year's annual maximum (up to a maximum of \$1,000 in carryover rewards). If a claim is not received in the prior benefit period, any earned carryover is lost. Type 5 — Orthodontia <ul style="list-style-type: none"> • lifetime benefit per person 	\$1,500 \$2,000	\$1,000 \$2,000

For a claim form or for more information, please visit ameritasgroup.com/unumprovident. Mail claims to Ameritas Group, P.O. Box 82520, Lincoln NE 68501-2520, or have your provider submit them electronically using payer ID 47009.

If you have benefit or claim questions, please call Ameritas Group at 800.487.5553 Monday-Thursday 8 a.m.-1 a.m. and Friday 8 a.m.-7:30 p.m. ET.