



To: NOWCC SEE Program Enrollees & NOWCC ACES Project Enrollees

From: Judy Murray

Email Date: August 7, 2008

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Re: 2008-2009 Voluntary Dental Coverage

In response to numerous requests to offer dental coverage in more locations across the country, our new insurance broker conducted an extensive search of the marketplace for dental insurance. We are pleased to announce that, effective September 1, 2008; NOWCC will be changing our voluntary dental benefits from Cigna to **Assurant**. With 85,000 dentists nationwide participating in Assurant’s “Dental Health Alliance” Network (DHA), we believe the dental program has been dramatically improved.

The following comparison between CIGNA and Assurant provides more details about this upgrade in coverage:

	<u>CURRENT CIGNA</u>	<u>EFFECTIVE 9/1/08 ASSURANT</u>
Plan Type	HMO type	PPO
Network	In-Network only	In & Out-of-Network
In-Network Preventive Care	cost varies depending on service	100%
In-Network Basic Care	cost varies depending on service	80%
In-Network Major Care	cost varies depending on service	50%
Annual Benefit Maximum	Discount plan – N/A	\$1,000 per person
Out-of-Network Preventive Care	no coverage	80%
Out-of-Network Basic Care	no coverage	60%
Out-of-Network Major Care	no coverage	40%
Out-of-Network Reimbursement	N/A	Usual & Customary
 Monthly Cost to you:		
Single Coverage		\$29.78
Single + One Child		\$48.04
Single + Two Children		\$66.30
Single + Spouse		\$59.62
Family		\$77.88

Please visit www.assurant.com to see if your dentist participates. If you would prefer, you may call Assurant Customer Service at 1.800.442.7742, and they will be able to assist you in locating a dentist.

If you do not have dental coverage now, you may enroll with Assurant at this time but may experience a 6-12 month waiting period on certain services for what may be considered a pre-existing condition. If you currently have dental coverage with Cigna or another plan, you may enroll with Assurant with no waiting periods at all. The application is attached.

In addition to the new dental coverage with Assurant, you will have a vision discount plan as part of the Assurant coverage through Vision Services Plan (VSP). This vision plan includes discounts on exams and the purchase of eyeglasses, frames etc. The average discount is 20%. Visit www.vsp.com to find a VSP doctor nearest you; or you may call Customer Service at (800) 877-7195.

In order to fully understand the plan that we are offering to you and your family, we thought it might be helpful to host a Question & Answer session. On Monday, August 11th at 2:30 EST our Assurant Representative, Vince George, will be available to address any questions you may have regarding the new PPO Dental Plan with Assurant and Discount Vision Services with VSP.

The call in number is: 1-866-213-2185. The passcode is 3942933.

All applications for participating in the Assurant dental and vision plan MUST be submitted to me no later than Friday, August 15th. This will assure all participants receive new ID cards in a timely fashion. Please send all completed applications, signed and dated, to me at the following address:

Judy Murray
Director of Administration
National Older Worker Career Center
3811 N. Fairfax Drive
Suite 900
Arlington, VA 22203

You may also email the application to me at jmurray@nowcc.org; or fax to me at (703) 243-0994.

Please fill out the attached Payroll Deduction Form as well, sign and date, and return with your application.

We are pleased to continue to offer a competitive benefits package to you. Thank you in advance for your cooperation!

Voluntary Dental PPO

Good news about dental benefits for enrollees of National Older Worker Career Center

Your Dental Plan

As a valued enrollee of National Older Worker Career Center, you have the opportunity to enroll in a payroll-deduction dental program.

Plan Features:

- Freedom to choose any dentist, including specialists
- PPO options available¹
- 12-month rate guarantee
- No referrals required
- 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.

You may find a DHA provider by visiting the Assurant Employee Benefits web site at www.assurantemployeebenefits.com – Select “For Members” – “Find a dentist” – “Dental Health Alliance”. Or call customer service at 800.442.7742.

IMPORTANT:

Coverage for eligible enrollees will begin September 1, 2008. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.

¹This dental program offers a PPO (Preferred Provider Organization) through Dental Health Alliance (DHA[®]) that provides a variety of cost saving features. Although you may visit any dentist you choose, you will receive maximum savings if you visit a DHA[®] provider. The allowable amount for non-participating dentists is based on the usual and customary. Patients are responsible for fees in excess of usual and customary.

Plan frequencies, limitations and waiting periods apply.

The insurance policy or policies described in this document are underwritten by Union Security Insurance Company, a subsidiary of Assurant, Inc. Assurant Employee Benefits, a business unit of Assurant, Inc., markets life, disability and dental benefits plans as well as related products and services.

Savings You Can See

Monthly Payroll Deduction *

Enrollee	\$29.78
Spouse	\$29.84
Per Child	\$18.26

* No charge for children under age 3.

Freedom Preferred-PPO

Yearly Benefit Maximum:	In-Network	Out-of-Network
Per Person, Per Policy Year	\$1,000	\$1,000

Coinurance Percentage Per Person:

Type I Dental Services	100%	80%
Type II Dental Services	80%	60%
Type III Dental Services	50%	40%

Deductible:

Per Person, Per Policy Year	\$50	\$50
Waived for Type I Services	Yes	No

Type I Preventive Dental Services, Including:

- ◆ Oral Evaluations - once in any 6-month period
- ◆ Routine Dental Cleanings - once in any 6-month period (frequency combined with periodontal maintenance)
- ◆ Fluoride Treatment - once in any 12-month period
Only for children under age 14
- ◆ Genetic Test for Susceptibility to Oral Diseases
- ◆ 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
(Includes adjustments within 6 months of installation)
- ◆ Harmful Habit Appliance - once per person
Only for children under age 16
(Not covered if Orthodontic related)
- ◆ Bitewing X-Rays - once in any 12-month period

Type II Basic Dental Services, Including:

- ◆ X-Rays:
 - ◆ Complete series - once in any 60-month period
 - ◆ Panoramic - once in any 60-month period (may also be payable in connection with the removal of impacted teeth)
 - ◆ 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
- ◆ Biopsy (including brush biopsy)
- ◆ Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Type III Major Dental Services, Including:

- ◆ Endodontics (includes root canal therapy)
- ◆ Endodontic retreatment (covered after 24 months have passed from initial treatment)
- ◆ Complex Oral Surgery; General Anesthesia and IV Sedation when medically required for such Surgery
- ◆ 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
- ◆ Localized Delivery of Antimicrobial Agents
- ◆ Periodontal Maintenance - once in any 3 consecutive months (frequency combined with routine dental cleanings)
- ◆ Major Gum Disease Treatment: (Major Periodontics)
 - ◆ Gingivectomy, Osseous Surgery, other major periodontic procedures - once in any 36-month period per area
- ◆ 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

Repairs, Re-Cementing of Fixed Partial (Bridges), Inlays, Onlays, or Crowns	None
Accidental Non-Chewing Injury	None
All Services under Endodontics (Includes root canal therapy)	6 months
Stainless Steel/Plastic Crowns	
Only for children under age 16	6 months
Relines, Rebases, Denture Adjustment	6 months
Complex Oral Surgery	12 months
All Services under Minor and Major Periodontics	12 months
Crown/Inlays/Onlays/Labial Veneers	12 months
Dentures (Partial or Complete)	12 months
Fixed Partial Dentures (Bridges)/Diagnostic Casts	12 months

If you are covered under the current indemnity dental program on the day it terminates, your waiting periods will be reduced by 12 months or waived. If you are covered under the current DHMO/Prepaid dental program on the day it terminates, your waiting periods will be reduced by 12 months or waived.

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 enrollee, spouse and unmarried dependent children less than age 19 or 25 if a full-time student. Children between the ages of 19 and 25 who are not enrolled as full-time students due to a medical leave of absence may continue their coverage until the earlier of 12 months, the date they turn 25, or the date they become eligible for other group dental coverage.

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.

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.

Group Insurance Enrollment Card



ASSURANT Employee Benefits

Check one - Employer Use

Initial Enrollee:
 Transfer from Prior Dental
 Non-Transfer

New Enrollee
 Date of Hire _____

Change
 Open Enrollment

(Please print clearly.)

Enrollee		Effective Date 09/01/2008		Location/Division	
Employee First Name		MI	Last Name		
Address		City	State	Zip	
Social Security No.	Birthdate	Phone		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
DENTAL COVERAGE					
<input type="checkbox"/> I APPLY FOR:			<input type="checkbox"/> I DECLINE COVERAGE FOR:		
<input type="checkbox"/> Enrollee only <input type="checkbox"/> Enrollee and eligible dependents			<input type="checkbox"/> Enrollee <input type="checkbox"/> Spouse <input type="checkbox"/> Child(ren)		
Do you have eligible dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete below to enroll them.				For children age 19 or older, indicate if a full-time student.	
	Relation	Sex	Mo	Day	Year
Spouse					
Child(ren)					
<input type="checkbox"/> List additional Children on reverse side and check box. • If the address of any child is different than the enrollee's address, please show that child's name and address below. _____ • If requesting coverage for a dependent child other than a son or daughter, please forward legal custody papers.					
<p>To the best of my knowledge and belief, each of the statements and answers supplied in this form is complete and true, and they constitute the sole basis for, and are the inducement for, the issuance of any insurance.</p> <p>I hereby apply as indicated herein for the insurance for which I am not now insured and for which I am or may become eligible under the terms of Union Security Insurance Company's group policy or policies (including any future amendments) applying to, or requested to apply to, the employer named above. If such insurance becomes effective, I authorize deductions from my earnings of my contributions required from time to time toward the cost of such insurance. I represent that I am an active full-time enrollee of that employer. When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.</p>					
Date _____		Signature _____			

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 on VSP network doctor's contact lens exam fee.
- **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

VSP

WHEN ENROLLING FOR DENTAL COVERAGE, THIS FORM MUST BE SIGNED AND SENT BACK WITH YOUR ENROLLMENT FORM FOR YOUR DENTAL COVERAGE TO BE ACTIVATED

**REQUEST FOR DENTAL COVERAGE
PAYROLL DEDUCTION**

I, _____, request that my Dental Plan premium with Assurant Benefit Plans offered by NOWCC, be deducted monthly through payroll Deduction. Under this request, I understand and agree to the following:

The premiums are deducted one month in advance. The monthly Dental Plan premium will be deducted from my paycheck on the first pay date to occur in the calendar month.

For Infinisource Use Only

The above enrollee has elected the following effective:

- Individual
- Individual + Spouse
- Individual + Child
- Individual + Spouse + Child
- Number of Children