



To: NOWCC SEE Program Enrollees & NOWCC ACES Program Enrollees

From: Greg Merrill
President & CEO

Mail Date: August 6, 2010

Re: 2010-2011 Voluntary Dental Coverage

We are pleased to announce Open Enrollment for NOWCC’s voluntary dental benefits with Assurant. Open Enrollment will be August 1-31, 2010. Coverage will be effective September 1, 2010. Assurant has over 85,000 dentists nationwide participating in their “Dental Health Alliance” Network (DHA).

	EFFECTIVE 9/1/10
	<u>ASSURANT</u>
Plan Type	PPO
Network	In & Out-of-Network
In-Network Preventive Care	100%
In-Network Basic Care	80%
In-Network Major Care	50%
Annual Benefit Maximum	\$1,000 per person
Out-of-Network Preventive Care	80%
Out-of-Network Basic Care	60%
Out-of-Network Major Care	40%
Out-of-Network Reimbursement	Usual & Customary

Monthly Cost to you:

Employee Only Coverage	\$29.78
Spouse Coverage	\$29.84 additional
Child	18.26 additional per child

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. The application is attached.

If you currently have dental coverage with Assurant you will (not) need to enroll.

In addition to dental coverage, enrolling in this plan will provide you with a vision discount plan 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.

All applications for participating in the Assurant dental and vision plan MUST be submitted to Kim Cox with Infinisource no later than Friday, August 20th. This will assure all participants receive new ID cards in a timely fashion. Please send the completed application and payroll deduction authorization form, signed and dated, to Ms. Kim Cox at the following address:

Infinisource
Attn: Kim Cox
P.O. Box 5818
Dayton, Ohio 45405

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