

DENTAL DESCRIPTION OF BENEFITS
Rennerbrown Staffing, Inc.

Please take this information to the dentist, along with your ID card

Effective Date: 01/01/2007 Group Number: 4025662

CALENDAR YEAR DEDUCTIBLE

| | <u>DHA® PPO</u> | <u>Non-PPO</u> |
|------------|-----------------|----------------|
| Individual | \$50 | \$50 |
| Family | 3 individuals | 3 individuals |
| Applies To | Class II & III | Class II & III |

CALENDAR YEAR MAXIMUM BENEFIT

| | | |
|-----------------------------|-------------------|-------------------|
| Each Eligible Family Member | \$2,000 | \$1,500 |
| Applies To | Class I, II & III | Class I, II & III |

ORTHODONTIA (APPLIES TO CHILD ONLY)

| | | |
|------------------|-------|-------|
| Deductible | \$0 | \$0 |
| Lifetime Maximum | \$750 | \$750 |

| | CLASS I | CLASS II | CLASS III | CLASS IV |
|---|---|--|---|---|
| | DIAGNOSTIC & PREVENTIVE | BASIC RESTORATIVE | MAJOR RESTORATIVE | ORTHODONTIA |
| Coinsurance: DHA® PPO* Non-PPO | 100% 100% | 90% 80% | 60% 50% | 50% 50% |
| Description of Services: | Oral evaluations, cleanings, fluoride treatments, sealants, bitewing X-rays, intraoral complete series X-rays or panoramic film | Intraoral periapical X-rays, fillings, extractions, periodontics, root canal therapy | Crowns, dentures, fixed bridges, space maintainers, treatment of TMJ, general anesthesia and intravenous sedation | Orthodontic extractions, full or partial bands, appliances (removable and fixed) |

* Dental Health Alliance® – For referral to a PPO provider, call 800.442.7742 or go to www.dha.com.

Pre-Determination: If the charge for any dental treatment is expected to exceed \$300, Assurant Employee Benefits recommends a dental treatment plan be submitted to claims for review before treatment begins.

LOCAL OFFICE:

Assurant Employee Benefits
 9 Campus Drive, 3rd Floor, East Wing
 Parsippany, NJ 07054

T 973.775.3110 800.850.8445 F 973.775.3111

CLAIMS/CUSTOMER SERVICE:

Assurant Employee Benefits
 PO Box 2940
 Clinton, IA 52733
 800.442.7742
 Electronic Claims: Payor 70408

This sheet is intended as a summary of benefits for a non-voluntary dental plan. Please consult your certificate booklet for complete coverage details.

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FREQUENTLY ASKED DENTAL ENROLLMENT QUESTIONS

QUESTION: What are my deductibles?

ANSWER: Whether you utilize a DHA[®] provider or not, your plan has a \$50 per person deductible; the family deductible is satisfied when 3 family members meet their \$50 per person deductible. The deductible is waived for Preventive services. Your Orthodontia coverage has no deductible.

QUESTION: Can I see my own dentist?

ANSWER: Yes, this plan allows you to see any dentist you want. However, the DHA[®] PPO allows you to receive a higher level of benefits if you utilize a preferred provider. If your dentist is not currently a DHA[®] provider, you can nominate your dentist for membership by calling toll-free 800.442.7742.

QUESTION: What is DHA[®]?

ANSWER: Dental Health Alliance[®] L.L.C., or DHA[®], is a national dental Preferred Provider Organization (PPO) owned and operated by Union Security Insurance Company and Assurant, Inc. DHA[®] PPO dentists will discount services not covered by this plan.

QUESTION: How do I locate a PPO provider?

ANSWER: To locate a DHA[®] PPO provider in your area, contact DHA[®] at 800.442.7742. A service representative can confirm whether your current dentist is a DHA[®] PPO panel member, help you nominate your dentist for DHA[®] membership, or refer you to DHA[®] PPO providers in your area. You can nominate your dentist or receive a referral through the DHA[®] website at www.dha.com. To simply locate a dentist, the DHA[®] PPO provider directory can be a valuable resource.

QUESTION: I was covered by my employer's prior plan. Do I have any waiting periods?

ANSWER: If you were covered under the prior carrier's dental plan, you do not have a waiting period for Class III Major services or Class IV Orthodontia services if you enroll within 31 days of becoming eligible for this plan.

QUESTION: When I visit the dentist, do I have to fill out a claim form?

ANSWER: No. Claim forms are available, but they are *not* required. Assurant Employee Benefits will accept a dentist's invoice of services in lieu of a claim form. You will, however, need to provide your dentist with your group number and your social security number, which serve as your identification for all claims.

QUESTION: Who is a Late Entrant?

ANSWER: A "Late Entrant" is anyone who enrolls in this dental plan more than 31 days after becoming eligible for the plan. Late Entrants may be subject to additional waiting periods for Class II Basic, Class III Major, and Class IV Orthodontia services, so there is an advantage to being a "Timely Entrant" who enrolls in the plan within 31 days of becoming eligible.

QUESTION: Who are eligible dependents?

ANSWER: Those qualified to be covered under your dental plan include your spouse and children under the age of 19 or 24 if a full-time student. State variations, limitations, and exclusions may 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.

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