



Plan marketed by Asset Solutions Group for
The Better Business Bureau

Situs state:TBD

Presented by: Phoenix Office, Direct Business

Better benefits ahead

At Unum, we combine our expertise and dedication to employee wellbeing for a workplace benefits solution that's been an industry leader for more than 170 years.

BENEFITS PROPOSED



Group Dental



Group Vision

Proposed rates may assume sale of at least one other line of coverage.

Ask your UNUM representative about the additional benefits we offer:



Short Term Disability



Long Term Disability



Term Life and AD&D



Critical Illness



Accident



Hospital

Employer and employee funding methods available for the benefits above.

UNUM REPRESENTATIVE

Tad Crother



Unum has been a **leading provider** of group disability benefits in the US for over 4 decades.¹



Unum serves **55% of Fortune 100 companies** or their subsidiaries and affiliates.²



Unum protects employees from **more than 88,000 businesses** in the U.S.³



97% of Unum's benefits brokers surveyed gave Unum **positive ratings for overall value**.⁴

FINANCIALLY STRONG

AGENCY	RATING
A.M. Best	A Excellent
Fitch	A- Strong
Moody's	A3 Good
S&P	A Strong

Ratings are given to the U.S. insuring subsidiaries of Unum Group and are current as of March 1, 2021.



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GROUP DENTAL INSURANCE

Coverage Effective Date:TBD Rate Guarantee: 24 Months

Passive PPO Monthly Premiums	
Employee	TBD
Employee & Spouse	TBD
Employee & Child(ren)	TBD
Employee & Family	TBD

Employees Eligible for Coverage	Minimum Participation Requirement	Minimum Hours for Eligibility
Group with 5-9 enrolled	Greater of :Min of 5 enrolled or 20%	30 hours per week

PLAN DESCRIPTION

Passive PPO	
IN/OUT OF NETWORK	
Deductible	\$50 ANNUAL MAXIMUM 3 PER FAMILY Waived for Class A (Applies to Class B & C Services)
Benefit Year Maximum	\$5,000 (Applies to Class A, B & C Services, if applicable)
Co-insurance	
Class A: Preventive	100%
Class B: Basic	80%
Class C: Major	50%
Class D: Orthodontics	0%
Reimbursements	In Network: Fee Schedule Out of Network: 90th percentile



PLAN SERVICES

Passive PPO

<p>Class A Preventive Services</p>	<ul style="list-style-type: none"> • Waiting Period: None • Routine exams (2 per 12 months) • Prophylaxis (2 per 12 months) (1 additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy) • Bitewing x-rays (max 4 films:1 per 12 months) • Fluoride to age 16 (1 per 12 months) • Sealants to age 16 (permanent molars, 1 per 36 months) • Space maintainers • Adjunctive pre-diagnostic oral cancer screening (1 per 12 months for ages 40+)
<p>Class B Basic Services</p>	<ul style="list-style-type: none"> • Waiting Period: None • Full mouth x-ray (1 per 36 months) • Emergency pain (1 per 12 months) • Fillings (benefit allowed for amalgam restorations on posterior teeth) • Simple extractions
<p>Class C Major Services</p>	<ul style="list-style-type: none"> • Waiting Period: None • Anesthesia (subject to review, covered with complex oral surgery) • Non-surgical periodontics • Periodontal maintenance (in combination with Prophylaxis) • Oral surgery (surgical extractions & impactions) • Endodontics (root canals) • Surgical periodontics (gum treatments) • Inlays • Onlays • Crowns, bridges, dentures, and implants • Repairs: crown, denture, and bridges
<p>Class D Orthodontics</p>	<p>Not covered</p>

20-GDN

THE UNUM DIFFERENCE

DENTAL NETWORKS: Unum Dental members have the freedom to choose a dentist from our large national network. Find a certified, independently reviewed provider and take your dental program to a new level of comprehensive care at unumdentalcare.com.

HEARING SAVINGS PLAN: Offered at no additional cost, the Hearing Savings Plan provides 40% off hearing exams at thousands of locations nationwide, 30-60% discounts off MSRP on name brand hearing instruments, and on-call support from professional hearing counselors.

CARRYOVER BENEFIT

During each benefit year, if a member receives at least one cleaning, one regular exam, and their total dental claims are below the threshold limit, a portion of the annual maximum will automatically carry over to the next year.

Plan	Base Annual Maximum	Threshold Limit	Carryover Amount	Carryover Maximum	Total Potential Annual Maximum
Passive PPO	\$5,000	\$800	\$400	\$1,500	\$6,500



OPTIONAL COBRA ADMINISTRATIVE SERVICES

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers offering group health benefits (including dental and vision) to offer employees and their families the opportunity to extend coverage if they lose health benefits due to specific qualifying events. Unum has partnered with TASC to provide COBRA administrative services to Unum customers.*

TASC COBRA takes the worry out of COBRA with comprehensive and efficient administrative services that will allow you to remain compliant, ease your administrative burden, and provide a potential cost savings over administering COBRA in-house. If you elect to have COBRA administrative services for your dental and/or vision plans provided by Unum, your cost will be \$0.24 per participating employee per month. This additional fee will be included as a line item on your monthly bill from Unum.

*Access to COBRA administrative services does not require the purchase of Unum insurance products.

PLAN INFORMATION

Carryover Benefit Additional Details

- Each covered family member receives their own carryover benefit.
- The group carryover benefit rider must be in effect for one benefit year before any members can utilize carryover benefits.
- A member must be on the plan for a minimum of three months before accruing carryover benefits.
- The carryover benefit cannot be used towards orthodontia.
- A member's carryover account will be eliminated, and the accrued carryover benefits lost if the insured has a break in coverage for any length of time or any reason.
- The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the contract or your Unum representative for specific provisions and details of availability.

Reimbursements

In-network: Reimbursement is based on our schedule of participating provider maximum allowable charges. This is the amount that the dentist has agreed to accept as payment in full for covered dental services.

Out of Network: The maximum allowable charge for a non-participating provider is equal to the lesser of: (1) the dentist's actual charge or the (2) customary charge of dentists in the same geographic area for the same of similar services, as determined by Us.

Dependent Children

Dependent children guidelines vary by state.

Alternate Treatments

There are multiple options for dental treatment, all of which provide acceptable results. An Alternate Benefit may be applied if there is a less expensive Covered Procedure appropriate for the course of treatment, capable of producing acceptable results. When an Alternate Benefit is applied, the less expensive Alternate Benefit is used to determine the amount payable under the certificate.

Unum Dental Takeover Benefits

Takeover benefits apply if we are taking over a comparable benefits plan from another carrier and only if there is no break in coverage between the original plan and the takeover date. Takeover is available to those individuals insured under the employer's dental plan in effect at the time of the employer's application. If takeover benefits are included, then waiting periods for service listed as subject to takeover will be waived for the individuals currently insured under the employer's previous plan during the month prior to coverage moving to Unum Dental. Application of takeover benefits is subject to Underwriting review and approval.

Takeover is also available to new hires, those who enroll during open enrollment, or due to a Qualifying Life Event with prior-like group dental coverage, provided there has not been a lapse in coverage greater than 63 days. Individuals are responsible for providing proof of Prior Plan which should include, but not be limited to, coverage effective dates, a benefit summary, certificate of coverage, etc.



PLAN INFORMATION

Exclusions and Limitations

The following services are not covered unless stated otherwise in the Certificate of Coverage: 1) Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior elective or cosmetic restorations. 2) Replacement of a removeable device or appliance that is lost, missing or stolen, and for the replacement of removeable appliances that have been damaged due to abuse, misuse, or neglect. This may include but not be limited to removable partial dentures or dentures. 3) Replacement of any permanent or removeable device or appliance unless the device or appliance is no longer functional and is older than the limitation in the Schedule of Covered Procedures. This may include but not be limited to bridges, dentures, and crowns. 4) Any appliance, service, or procedure performed for the purpose of splinting, to alter vertical dimension or to restore occlusion. 5) Any appliance, service, or procedure performed for the purpose of correcting attrition, abrasion, erosion, abfraction, bite registration, or bite analysis. 6) Charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, over dentures and any associated surgery, or other customized services or attachments, and related procedures.

Services provided for any type of temporomandibular joint (TMJ) dysfunction, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain.

Multiple restorations on one surface are payable as one surface. Multiple surfaces on a single tooth will not be paid as separate restorations. On any given day, more than 8 periapical x-rays or a panoramic film in conjunction with bitewings will be paid as a full mouth radiograph.

Pre-Estimates are recommended for any treatment expected to exceed \$300.

Broker Commissions:

Rates reflect flat 15% commissions.



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GROUP VISION INSURANCE Powered by EyeMed

Coverage Effective Date: TBD

Rate Guarantee: 24 Months

	Frames: Once per 12 Months Monthly Premiums	
Participation Requirement	Greater of: 5 enrolled or 20%	
Employee	TBD	
Employee & Spouse	TBD	
Employee & Child(ren)	TBD	
Employee & Family	TBD	
Employees Eligible for Coverage	Minimum Hours for Eligibility	
Group with 5-9 enrolled	30 hours per week	

BENEFIT FREQUENCIES

	Frames: Once per 12 months	
Exam	1 per 12 months	
Std. Plastic Lenses	1 per 12 months	
Frames	1 per 12 months	
Contact Lenses	1 per 12 months	

THE UNUM DIFFERENCE

VISION NETWORKS: Members have the freedom to choose any provider from EyeMed's Insight network. Our network offers the right mix of independent, national retail and regional retail providers like Lens Crafters, Pearle Vision, Target Optical, JC Penney, and Sears Optical. Members can also purchase glasses and contact lenses online at Glasses.com and ContactsDirect.com.

Find a provider 24/7 at EyeMedVisionCare.com/Unum.

DISCOUNTS: You get everyday member savings, like 40% off a complete second pair of prescription glasses from participating in-network providers. You also get extra savings on LASIK procedures or discounts on hearing health care and services.



PLAN DESCRIPTION

	In-Network	Out-of-Network
EXAM		
Retinal imaging benefit (subject to provider availability)	\$10 copay \$39	Up to \$40 Not Covered
MATERIALS		
Standard plastic lenses:		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Standard Progressive Lens	\$90 copay	Up to \$50
Premium Progressive Lens		
Tier 1	\$110 copay	Up to \$50
Tier 2	\$120 copay	Up to \$50
Tier 3	\$135 copay	Up to \$50
Tier 4	\$90 copay, 80% of charge less than \$120 allowance	Up to \$50
Lens Options:		
Polycarbonate Lenses (Under age 19)	Covered	Up to \$32
FRAMES (Members may select any frame available)	\$150 retail allowance	Up to \$105
CONTACT LENSES		
In lieu of eyeglass lenses
Elective (Std Contacts)	\$150 allowance	Up to \$150
Medical Necessary	Covered	Up to \$210
Standard contact lens fitting exam fee	\$40	Not Covered

LASIK DISCOUNT

We offer nationwide access to discounts on LASIK surgery through a partnership with TLC Vision. Discounts are also available with participating local providers. This is not an insured benefit. Visit our web site to find the specialist closest to you.



DISCOUNTS ON OPTICAL MATERIALS

Unum Vision Powered by EyeMed members will receive the following discounts on materials at in-network providers only:

- 40% off for a complete second pair of glasses.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.

Unum Vision members will also receive additional savings on lens options at in-network providers.

- UV Treatment - \$15
- Tint (solid and gradient) - \$15
- Standard Plastic Scratch Coating - \$15
- Standard Polycarbonate – Adults – \$40
- Standard Anti-Reflective Coating - \$45
- Premium Anti-Reflective Coating
 - Tier 1 - \$57
 - Tier 2 - \$68
- Photochromic/Transitions - \$75

*Non-insured options unless listed in the Plan Description as a covered benefit and subject to change.

HEARING SAVINGS PLAN

Unum offers a Hearing Savings Plan at no additional cost, to all of its Unum Vision Powered by EyeMed members. Partnering with Amplifon, the Hearing Savings Plan provides:

- 40% off hearing exams at thousands of convenient locations nationwide
- Discounted set pricing on thousands of hearing aids, including those with the newest, most advanced technology
- Low price guarantee - if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%
- 60-day hearing aid trial period with no restocking fees
- Free batteries for 2 years with initial purchase
- 3-year warranty plus loss and damage coverage

OPTIONAL COBRA ADMINISTRATIVE SERVICES

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TASC COBRA takes the worry out of COBRA with comprehensive and efficient administrative services that will allow you to remain compliant, ease your administrative burden, and provide a potential cost savings over administering COBRA in-house. If you elect to have COBRA administrative services for your dental and/or vision plans provided by Unum, your cost will be \$0.24 per participating employee per month. This additional fee will be included as a line item on your monthly bill from Unum.

*Access to COBRA administrative services does not require the purchase of Unum insurance products.



PLAN INFORMATION

Dependent Children:

Dependent children guidelines vary by state. Please refer to your policy certificate or contact customer service at (855) 652-8686.

Laser Vision Correction Network:

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Login to www.eyemedvisioncare.com/unum for a list of participating laser vision correction providers.

Coverage Exclusions and Limitations:

Services not listed: If you expect to require a vision service not included on this brochure, it may still be covered. Refer to the member portal at www.eyemedvisioncare.com/unum, to confirm your exact benefits. This is a primary vision care benefit and is intended to cover only eye examinations and/or corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

No benefits will be paid for services, materials connected with, or charges arising from:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing;
- Aniseikonic lenses;
- Medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment;
- Safety eyewear;
- Plano (non-prescription) lenses;
- Non-prescription sunglasses;
- Two pair of glasses in lieu of bifocals;
- Services or materials provided by any other group benefit plan providing vision care;
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.

Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

EyeMed Plan Number: 10000031

Broker Commissions:

Rates reflect flat 15% commissions.



PROPOSAL CONDITIONS AND DISCLOSURES

Dental Cancellation:

We may cancel the Policy at any time by providing at least 45 days advance written notice to the Policyholder. The Policyholder may cancel the Policy at any time by providing written notice to Us at least 31 days prior to the cancellations date. Such cancellation shall be without prejudice to any claim originating prior to the effective date of such cancellation.

Termination Provision for Vision:

By giving the Policyholder written notice at least 60 days in advance, we have the right to end coverage under this policy as follows:

1. We have the right to terminate all insurance under this Policy at the end of the Initial Term or on any Premium Due Date after participation drops below the following requirements:
 - a. When Members are not required to contribute to the cost of their own insurance, there must be 100% participation.
 - b. For groups of 2 to 9 Members, 100% participation is required in all circumstances for both Members and Eligible Dependents.
 - c. For groups of 10 or more Members where benefits are funded by the Members, 20% participation is required in all circumstances for both Members and Eligible Dependents. A minimum of 10 must enroll.
 - d. Participation must not drop 25% or more from the participation on the original effective date.
2. We can terminate all Dependent insurance under this Policy as of any Premium Due Date if there are less than 100% of the Members who have Dependent insurance when the Member is not required to contribute to its cost.

All insurance or any part may be ended on any date by mutual agreement between the Policyholder and Us. After the Initial Term, the Policy shall continue on a 12 month basis. It will automatically renew on the first day of each renewal period unless either We or the Policyholder has given to the other at least 60 days advance written notice of cancellation. Insurance will end as provided above without the consent of, or notice to, any Insured Dependent or Beneficiary.

Broker Compensation Disclosure Notice for Group Products:

- Your insurance or benefits advisor can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At Unum we recognize the important role these professionals play in the sale of our products and services and offer them a variety of compensation programs. Your advisor can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation so that customers can make an informed buying decision.
- Brokers may be eligible to receive Base Commissions as well as Supplemental Commissions from Unum.
- Unless you have agreed in writing to compensate the broker differently, Unum provides Base Commissions to all brokers in connection with the sale of an insurance policy. Base Commissions are a fixed percentage of the policy premium, and may include a one time, first year flat amount for each policy sold. Base Commissions are paid by Unum to the broker(s) on your policy. In some circumstances, broker(s) may be eligible to receive commissions on your policy even after a broker of record change has occurred.
- A broker may also qualify for Supplemental Commissions paid by Unum. For group insurance products, Supplemental Commissions may be paid as a fixed percentage of total eligible group insurance premiums. The Supplemental Commission rate depends on the total dollar amount of all eligible premiums or number of group policies that the broker had in force with Unum in the prior calendar year. The Supplemental Commission rate may range from 0% to 13.80% of total premium paid.
- Your broker may also be eligible to receive Supplemental Commissions on other insurance products, which may be calculated differently. The premium you pay is not impacted whether or not your broker receives Supplemental Commissions.
- If you would like additional information about the range of compensation programs our company offers for your group insurance policy or any other Unum insurance product, or if you want to speak to us directly about broker compensation, please call 1-800-ASK-UNUM (1-800-275-8686).



PROPOSAL CONDITIONS AND DISCLOSURES

Proposal Conditions:

This proposal is under no circumstances a contract for the insurance coverage described within. If this proposal is accepted, a contract outlining the coverage will be issued. This proposal is based on census data received by Unum. Actual costs will be based on the final enrollment data of employees insured under the plan on its effective date. Quote assumes coverage of employees who are in active employment in the United States with the employer working the minimum hours for eligibility. Please contact your Unum representative to request a quote for coverage of any employees who do not fit this category. This quote will expire on the date listed on the first page and includes standard services only, unless otherwise expressly described herein. **Important Information Concerning the Sale of these Benefits:** State laws require that insurance brokers be licensed and appointed with the applicable Unum insurance subsidiary before engaging in the solicitation or sale of these benefits. Note that Unum cannot accept this business if the broker is not properly licensed and appointed before soliciting this proposal. Unum is prepared to help ensure compliance with these state regulations. Brokers who need to check their Unum appointment status should call 1-800-ASK-UNUM (1-800-275-8686). **Dental Plan Form Number: 20-GDN-POL-TX Vision Plan Form Number: VI-2019-TX**

1. Employee Benefit Plan Review, "Group Accident & Health Surveys 1976-1990" (1977-1991); Gen Re, "U.S. Group Disability Market Surveys 1991-2013" (1992-2014); LIMRA, "U.S. Group Disability Insurance 2014-2018 Annual Sales and In Force" (2015-2018); LIMRA, 4Q 2017 U.S. Workplace Disability Insurance Inforce (2019).
2. Fortune, "Fortune 500 2019," (2019); Unum customer database, 2020.
3. Unum internal data, 2020.
4. Versta Research, 2019 Unum Benefits Broker Study (2019). Results represent % 6-9 on 9-point scale where 1=Poor and 9-Excellent.

Dental plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

Vision plans are marketed by Unum and EyeMed, administered by First American Administrators and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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