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MTN Health Insurance, LLC

For a free - no obligation quote, or to apply for any VoluntaryMart policy please call:  
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For more information about Assurant VoluntaryMart please go to:  
<http://mtnhealthinsurance.com>

Not all products available in all states.

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## Dental Insurance (Region 3)

VoluntaryMart Dental Insurance covers four types of dental services:

- **Type 1 – Dental Wellness Services** (i.e. exams and x-rays)
- **Type 2 – Basic Dental Benefits** (i.e. anesthesia and fillings)
- **Type 3 – Major Dental Benefits** (i.e. inlays and crowns)
- **Type 4 – Temporomandibular Joint Services**

Benefits available for various services are listed in this supplement. VoluntaryMart Dental Insurance offers three levels of coverage for you to choose from. Premium and benefit amounts will vary by the level selected.

### TYPE 1 – DENTAL WELLNESS SERVICES

Benefits are paid for each visit made by you or an insured family member, according to the level of coverage you select, and are payable twice per policy year for each insured person. At least 150 days must separate visits by each insured person.

BENEFITS	Level 1	Level 2	Level 3
<b>Dental Wellness</b> <ul style="list-style-type: none"> <li>• Exams</li> <li>• X-rays</li> <li>• Tests and Examinations</li> <li>• Cleanings</li> <li>• Fluoride</li> <li>• Sealants</li> <li>• Space Maintainers</li> </ul>	\$25/visit	\$50/visit	\$75/visit

### TYPE 2 and TYPE 3 COMBINED MAXIMUMS

This table shows the combined maximum annual benefit for Type 2 and Type 3 services for each insured person.

BENEFITS	Level 1	Level 2	Level 3
Maximum Benefit Choices	\$500, \$750 or \$1,000	\$750, \$1,000 or \$1,250	\$1,000, \$1,250 or \$1,500

# VoluntaryMart® Dental Insurance – Region 3

## TYPE 2 – BASIC DENTAL BENEFITS

Payments are limited to 50% of the listed benefit during the first year you and/or members of your family are insured under the policy.

BENEFITS	Level 1	Level 2	Level 3
<b>Anesthesia/Pain</b>			
• Palliative (Emergency) Treatment of Dental Pain – Minor Procedure . . . . .	\$15	\$30	\$45
• Deep Sedation/General Anesthesia – First 30 Minutes . . . . .	\$50	\$75	\$100
• Deep Sedation/General Anesthesia – Each Additional 15 Minutes . . . . .	\$25	\$50	\$75
<b>Basic Restorative Fillings</b>			
• Amalgam – One Surface . . . . .	\$35	\$55	\$80
• Amalgam – Two Surfaces . . . . .	\$40	\$60	\$85
• Amalgam – Three Surfaces . . . . .	\$40	\$65	\$90
• Amalgam – Four or More Surfaces . . . . .	\$45	\$70	\$100
• Anterior Teeth			
– Resin-Based Composite – One Surface . . . . .	\$30	\$50	\$80
– Resin-Based Composite – Two Surfaces . . . . .	\$35	\$60	\$95
– Resin-Based Composite – Three Surfaces . . . . .	\$40	\$70	\$110
– Resin-Based Composite – Four or More Surfaces . . . . .	\$45	\$80	\$125
• Resin-Based Composite – Crown (Anterior – Primary) . . . . .	\$45	\$80	\$125
• Posterior Teeth			
– Resin-Based Composite – One Surface . . . . .	\$25	\$45	\$75
– Resin-Based Composite – Two Surfaces . . . . .	\$30	\$55	\$90
– Resin-Based Composite – Three Surfaces . . . . .	\$35	\$65	\$115
– Resin-Based Composite – Four or More Surfaces . . . . .	\$45	\$90	\$140
• Gold Foil – One Surface . . . . .	\$80	\$140	\$200
• Gold Foil – Two Surfaces . . . . .	\$100	\$160	\$220
<b>Simple Extractions</b>			
• Coronal Re-cement – Deciduous Tooth . . . . .	\$15	\$30	\$50
• Extraction – Erupted Tooth or Exposed Root . . . . .	\$20	\$40	\$60
<b>Prosthodontics – Adjustments and Repairs</b>			
• Adjust Partial or Complete Denture . . . . .	\$15	\$25	\$30
• Repair Broken Complete Denture Base . . . . .	\$20	\$35	\$50
• Repair Missing or Broken Teeth – complete denture, each tooth . . . . .	\$15	\$30	\$45
• Repair Resin Denture Base . . . . .	\$20	\$35	\$55
• Repair Cast Framework . . . . .	\$20	\$40	\$60
• Repair or Replace Broken Clasp . . . . .	\$25	\$50	\$75
• Replace Broken Tooth – per tooth . . . . .	\$15	\$30	\$45
• Add Tooth to Existing Partial Denture . . . . .	\$20	\$45	\$65
• Add Clasp to Existing Partial Denture . . . . .	\$25	\$50	\$75
• Replace All Teeth and Acrylic on Case Metal Framework . . . . .	\$60	\$120	\$180
• Rebase Complete or Partial Denture . . . . .	\$60	\$120	\$180
• Reline Complete Denture (chairside) . . . . .	\$35	\$70	\$105
• Reline Partial Denture (chairside) . . . . .	\$35	\$65	\$100
• Reline Complete Denture (laboratory) . . . . .	\$50	\$95	\$145
• Reline Partial Denture (laboratory) . . . . .	\$45	\$90	\$140
• Tissue Conditioning . . . . .	\$15	\$30	\$45
• Re-cement Fixed Partial Denture . . . . .	\$20	\$40	\$65

# VoluntaryMart® Dental Insurance – Region 3

## TYPE 3 – MAJOR DENTAL BENEFITS

Payments are limited to 20% of the listed benefit during the first year you and/or members of your family are insured under the policy and 50% during the second year. Benefits are paid at 100% of the listed benefit beginning the third policy year.

BENEFITS	Level 1	Level 2	Level 3
<b>Major Restorative – Inlay/Onlay</b>			
• Inlay – Metallic – One Surface . . . . .	\$130	\$205	\$280
• Inlay – Metallic – Two Surfaces . . . . .	\$150	\$240	\$330
• Inlay – Metallic – Three or More Surfaces . . . . .	\$175	\$275	\$375
• Onlay – Metallic – Three or More Surfaces . . . . .	\$175	\$275	\$375
• Inlay – Porcelain/Ceramic – One or Two Surfaces . . . . .	\$150	\$250	\$350
• Inlay – Porcelain/Ceramic – Three or More Surfaces . . . . .	\$175	\$275	\$375
• Onlay – Porcelain/Ceramic – Two or More Surfaces . . . . .	\$175	\$275	\$375
• Inlay – Resin-Based Composite – One Surface . . . . .	\$105	\$165	\$225
• Inlay – Resin-Based Composite – Two Surfaces . . . . .	\$110	\$185	\$260
• Onlay – Resin-Based Composite – Two Surfaces . . . . .	\$120	\$180	\$240
• Onlay – Resin-Based Composite – Three Surfaces . . . . .	\$130	\$205	\$280
• Re-cement Inlay . . . . .	\$15	\$25	\$40
• Sedative Filling . . . . .	\$15	\$30	\$40
• Pin Retention – per tooth in addition to restoration . . . . .	\$10	\$15	\$20
<b>Major Restorative – Crowns</b>			
• Crown – Resin . . . . .	\$150	\$300	\$450
• Crown – Resin (laboratory) . . . . .	\$65	\$130	\$190
• Crown – Porcelain . . . . .	\$150	\$300	\$450
• Crown – Cast . . . . .	\$150	\$300	\$450
• Re-cement Crown . . . . .	\$15	\$25	\$40
• Prefabricated Stainless Steel Crown – Primary Tooth . . . . .	\$35	\$75	\$110
• Prefabricated Stainless Steel Crown – Permanent Tooth . . . . .	\$40	\$85	\$125
• Prefabricated Resin Crown . . . . .	\$45	\$90	\$140
• Prefabricated Stainless Steel Crown with Resin Window . . . . .	\$50	\$100	\$150
• Sedative Filling . . . . .	\$15	\$25	\$40
• Core Buildup, including any pins . . . . .	\$35	\$70	\$100
• Cast Post and Core in Addition to Crown . . . . .	\$50	\$100	\$150
• Prefabricated Post and Core in Addition to Crown . . . . .	\$45	\$90	\$135
• Temporary Crown (fractured tooth) . . . . .	\$30	\$65	\$95
<b>Endodontics</b>			
• Pulp Cap – Direct/Indirect (excluding final restoration) . . . . .	\$10	\$20	\$30
• Therapeutic Pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medication . . . . .	\$25	\$45	\$70
• Anterior (excluding final restoration) . . . . .	\$100	\$175	\$225
• Bicuspid (excluding final restoration) . . . . .	\$125	\$225	\$300
• Molar (excluding final restoration) . . . . .	\$175	\$275	\$375
• Retreatment of Previous Root Canal Therapy – Anterior . . . . .	\$100	\$150	\$225
• Retreatment of Previous Root Canal Therapy – Bicuspid . . . . .	\$125	\$200	\$250
• Retreatment of Previous Root Canal Therapy – Molar . . . . .	\$200	\$300	\$400
• Apicoectomy/Periradicular Surgery – Anterior . . . . .	\$95	\$140	\$175
• Apicoectomy/Periradicular Surgery – Bicuspid (first root) . . . . .	\$130	\$250	\$300
• Apicoectomy/Periradicular Surgery – Molar (first root) . . . . .	\$170	\$260	\$350
• Apicoectomy/Periradicular Surgery – each additional root . . . . .	\$50	\$95	\$145
• Retrograde Filling – per root . . . . .	\$35	\$70	\$105
• Root Amputation – per root . . . . .	\$70	\$145	\$200
• Hemisection (including any root removal) – not including root canal therapy . . . . .	\$55	\$110	\$150

# VoluntaryMart® Dental Insurance – Region 3

## TYPE 3 – MAJOR DENTAL BENEFITS *CONTINUED*

BENEFITS	Level 1	Level 2	Level 3
<b>Periodontics</b>			
• Comprehensive Periodontal Evaluation . . . . .	\$10	\$20	\$30
• Gingivectomy or Gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant . . . . .	\$90	\$130	\$165
• Gingivectomy or Gingivoplasty – one to three teeth per quadrant . . . . .	\$35	\$50	\$65
• Gingival Flap Procedure, including Root Planing – four or more contiguous teeth or bounded teeth spaces per quadrant . . . . .	\$125	\$200	\$275
• Clinical Crown Lengthening – hard tissue . . . . .	\$180	\$240	\$300
• Osseous Surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant . . . . .	\$170	\$250	\$325
• Osseous Surgery (including flap entry and closure) – one to three teeth per quadrant . . . . .	\$85	\$150	\$200
• Bone Replacement Graft – first site in quadrant . . . . .	\$50	\$100	\$150
• Bone Replacement Graft – each additional site in quadrant . . . . .	\$25	\$50	\$75
• Pedicle Soft Tissue Graft Procedure . . . . .	\$125	\$225	\$300
• Free Soft Tissue Graft Procedure (including donor site surgery) . . . . .	\$125	\$225	\$300
• Periodontal Scaling and Root Planing – four or more contiguous teeth or bounded teeth spaces per quadrant . . . . .	\$30	\$65	\$95
• Full Mouth Debridement to enable Comprehensive Evaluation and Diagnosis . . . . .	\$20	\$45	\$65
• Periodontal Maintenance . . . . .	\$20	\$40	\$60
<b>Prosthodontics – Removable</b>			
• Complete Denture . . . . .	\$160	\$375	\$375
• Immediate Denture . . . . .	\$170	\$300	\$400
• Maxillary Partial Denture – Resin Base (including any conventional clasps, rests and teeth) . . . . .	\$135	\$275	\$375
• Mandibular Partial Denture – Resin Base (including any conventional clasps, rests and teeth) . . . . .	\$150	\$275	\$375
• Partial Denture – Cast Metal Framework with Resin Denture Bases (including any conventional clasps, rests and teeth) . . . . .	\$175	\$300	\$400
• Removable Unilateral Partial Denture – One Piece Cast Metal (including clasps and teeth) . . . . .	\$100	\$200	\$275
<b>Prosthodontics – Fixed</b>			
• Pontic . . . . .	\$150	\$250	\$375
• Retainer – cast metal for resin-bonded fixed prosthesis . . . . .	\$60	\$125	\$175
• Inlay . . . . .	\$150	\$250	\$375
• Onlay . . . . .	\$150	\$250	\$375
• Crown . . . . .	\$150	\$250	\$375

VoluntaryMart® Dental Insurance – Region 3

TYPE 3 – MAJOR DENTAL BENEFITS *CONTINUED*

BENEFITS	Level 1	Level 2	Level 3
<b>Oral Surgery</b>			
• Surgical Removal of Erupted Tooth . . . . .	\$30	\$65	\$95
• Removal of Impacted Tooth – Soft Tissue . . . . .	\$40	\$80	\$120
• Removal of Impacted Tooth – Partially Bony . . . . .	\$55	\$105	\$160
• Removal of Impacted Tooth – Completely Bony . . . . .	\$60	\$125	\$185
• Removal of Impacted Tooth – Completely Bony, with unusual surgical complications . . . . .	\$80	\$150	\$200
• Surgical Removal of Residual Tooth Roots . . . . .	\$35	\$70	\$100
• Oroantral Fistula Closure . . . . .	\$275	\$550	\$800
• Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth . . . . .	\$70	\$135	\$200
• Surgical Access of Unerupted Tooth . . . . .	\$75	\$150	\$200
• Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption . . . . .	\$55	\$110	\$165
• Biopsy of Oral Tissue – Hard (bone, tooth) . . . . .	\$125	\$225	\$325
• Biopsy of Oral Tissue – Soft (all others) . . . . .	\$55	\$110	\$165
• Alveoplasty in Conjunction with Extractions per quadrant . . . . .	\$35	\$75	\$110
• Alveoplasty not in Conjunction with Extractions per quadrant . . . . .	\$140	\$270	\$400
• Vestibuloplasty – Ridge Extension (secondary epithelialization) . . . . .	\$350	\$550	\$750
• Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachments and management of hypertrophied tissue) . . . . .	\$500	\$750	\$1,000
• Excision of Benign or Malignant Lesion up to 1.25 cm . . . . .	\$55	\$110	\$165
• Excision of Benign Lesion greater than 1.25 cm . . . . .	\$200	\$350	\$500
• Excision of Malignant Lesion greater than 1.25 cm . . . . .	\$225	\$390	\$550
• Removal of Benign Odontogenic Cyst or Tumor – lesion diameter up to 1.25 cm . . . . .	\$55	\$110	\$165
• Removal of Benign Odontogenic or Nonodontogenic Cyst or Tumor – lesion diameter greater than 1.25 cm . . . . .	\$200	\$350	\$500
• Removal of Benign Nonodontogenic Cyst or Tumor – lesion diameter up to 1.25 cm . . . . .	\$120	\$240	\$325
• Removal of Lateral Exostosis (maxilla or mandible) . . . . .	\$120	\$240	\$325
• Incision and Drainage of Abscess – Intraoral Soft Tissue . . . . .	\$35	\$70	\$100
• Incision and Drainage of Abscess – Extraoral Soft Tissue . . . . .	\$150	\$300	\$450
• Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue . . . . .	\$55	\$110	\$165
• Removal of Reaction Producing Foreign Bodies, Musculoskeletal System . . . . .	\$65	\$125	\$200
• Partial Osteotomy/Sequestrectomy for Removal of Non-vital Bone . . . . .	\$40	\$85	\$125
• Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body . . . . .	\$400	\$600	\$825
• Frenulectomy (Frenectomy or Frenotomy) – separate procedure . . . . .	\$75	\$150	\$200
• Excision of Hyperplastic Tissue – per arch . . . . .	\$75	\$150	\$200
• Excision of Pericoronal Gingival . . . . .	\$25	\$50	\$75
• Surgical Reduction of Fibrous Tuberosity . . . . .	\$95	\$175	\$250
• Sialodochoplasty . . . . .	\$115	\$200	\$275

## VoluntaryMart® Dental Insurance – Region 3

### TYPE 4 – TEMPORALMANDIBULAR JOINT BENEFITS

Type 4 services are not covered during the first two policy years. Beginning the third year, the policy pays a \$500 lifetime maximum for each insured person.

BENEFITS	Level 1	Level 2	Level 3
• Temporomandibular Joint Arthrogram . . . . .	\$110	\$195	\$275
• Maxilla – Open Reduction . . . . .	\$500	\$500	\$500
• Maxilla – Closed Reduction . . . . .	\$405	\$500	\$500
• Mandible – Open Reduction . . . . .	\$500	\$500	\$500
• Mandible – Closed Reduction . . . . .	\$445	\$500	\$500
• Malar and/or Zygomatic Arch – Open Reduction . . . . .	\$335	\$500	\$500
• Malar and/or Zygomatic Arch – Closed Reduction . . . . .	\$200	\$350	\$500
• Alveolus – Closed Reduction . . . . .	\$155	\$270	\$390
• Alveolus – Open Reduction . . . . .	\$290	\$500	\$500
• Maxilla or Mandible – Open Reduction . . . . .	\$500	\$500	\$500
• Maxilla – Closed Reduction . . . . .	\$445	\$500	\$500
• Mandible – Closed Reduction . . . . .	\$455	\$500	\$500
• Closed Reduction of Dislocation . . . . .	\$95	\$170	\$245
• Arthrocentesis . . . . .	\$40	\$65	\$95
• Occlusal Orthotic Device, by report . . . . .	\$90	\$160	\$225

**For more information or to apply, contact your authorized VoluntaryMart® agent today.**

This brochure provides summary information. Please refer to the insurance policy for the actual terms and conditions. In the event that there are discrepancies with the information in this brochure, the terms and conditions of coverage documents will govern. Assurant Health is the brand name for products underwritten and issued by Time Insurance Company and John Alden Life Insurance Company.

Product forms 035 and 065; Riders B210, B211, B240 and B241.

Texas product forms 035-TX and 065-TX; Riders B210-TX, B211-TX, B240-TX and B241-TX.

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