Group Dental Insurance Preliminary Application



The undersigned Applicant hereby applies to the Fortis Benefits Insurance Company for a Group Policy of Dental Care Insurance.

Legal name of applicant <u>Nassau County Board of</u>	County Commissioners
Address of applicant <u>96161 Nassau Place Yulee</u> ,	Florida 32097
Name(s) of subsidiaries, divisions or affiliates to be insur-	ed <u>Please See Attached</u>
Member eligibility requirements	
Eligible class	
Eligibility period: Initial employees/members <u>Nônecors</u>	New employees/members90 Days or date in
Number of hours worked to be eligible (<i>if applicable</i>) _20	hours per week Office
Requested anniversary date October 1, 2004	
\$ initial deposit accompanies this appli	cation.
NOTICE	TO APPLICANTS
 INSURANCE HEADQUARTERS OF FORTIS BENEF B. The applicant certifies that all information provided is policies. C. Fortis Benefits will apportion experience refunds, if ar D. Tailored Plans: The group policy will be issued to the the policy is delivered. E. Small Group or Voluntary Trust Plans: This application voluntary plan group policies. F. ERISA - The coverage applied for provides benefits for by the employer under the Employee Retirement Incommute the Plan Administrator unless otherwide. G. Coverage will automatically terminate if the premiums due date. Payment of premiums for coverage provide H. All insurance coverage may be terminated if the number policy. I. No one except the President, Vice President, Secreta discharge contracts or waive any of Fortis Benefits' rights. 	correct and is bound by the terms and conditions of the group ny, in accordance with its formula for calculating such refunds. applicant, if approved. A final application will be executed when n is to participate in the Trust which holds the small group or or the employee welfare benefit plan established and maintained ome Security Act (ERISA), unless otherwise exempted by law. vise noted. are not paid before the end of the grace period following the d during the grace period is required. ber or percentage of participants falls below that required by the ry or Chief Financial Officer of Fortis Benefits can make, alter or
	erage checked "Yes" is to be included. Each coverage checked
Signed at <u>Nassau County</u> , Florida,	this <u>14th</u> day of <u>June</u> , <u>2004</u> .
(Witness)	(Signature) Floyd Vancant, Chairman
(Licensed resident agent if required by law)) Approved as to Form by the Nassau County Attorney	Nassau County Board of County Commissioners (Title) P. O. Box 1010 Fernandina Beach, Florida 32035 (Principal address of applicant) ATTEST:

Fortis Benefits Insurance CompanyMichael S. Mullin

I.M. "Chiny Oxlev. Ir

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NAME OF SUBSIDIARES, DIVISIONS OR AFFILIATES TO BE INSURED:

Clerk's Office, Mr. Chip Oxley Property Appraiser, Mr. James Page Sheriff's Department, Mr. Larry Vaught Supervisor of Elections, Vickie Cannon Tax Collector, Ms. Gwendolyn Miller Nassau County Board of County Commissioners

Option 9

Schedule Plan Allowances

Old vs. New

NEW CODES CODE DESCRI	PTION		Old Plan	New Pl	lan	
120 Periodic Oral Ev	valuation			8\$	20	
140 Limited Oral Eva	aluation		•	8\$	20	
150 Comprehensive	Oral Evaluation		•	6\$	30	
160 Detailed and Ex	tensive Oral Evaluation			6 \$	30	
1110 Prophylaxis (Ad	ult)			9\$	41	
1120 Prophlyaxis (Ch	ild)			9\$	30	
1203 Topical Fluoride	in conjuntion with prophylaxis			6\$	16	
1351 Sealant	\$		\$ 2	3\$	24	
1510 Space Maintain	er - fixed - unilateral		\$ 14	3\$	150	
1515 Space Maintane	er - fixed - bilateral		\$ 22	8\$	236	
1520 Space Maintain	er - removable - unilateral		\$ 26	0\$	293	
1525 Space Maintaine	er - removable - bilateral		\$ 26	0\$	264	
8210 Harmful Habit A	ppliance - fixed		\$ 19	5\$	195	
8220 Harmful Habit A	ppliance - removable		\$ 19	5\$	195	
210 Complete X-rays	s, including bitewings		\$ 4	3\$	44	
330 Panoramic film	•			3\$	36	
220 Periapical film				8 \$	8	
230 Additional periar	pical film, each			8 \$	8	
240 Intraoral, occlus	_		\$ 1		13	
250 Extraoral, first fil			\$ 1		13	
260 Extraoral, each			\$ 1		13	
270 Bitewing, single				в\$	8	
272 Bitewing, two film			\$ 1		13	
274 Bitewing, four fil		•	\$ 1		19	
415 Bacteriologic stu				7\$	7	
501 Histopathologic			\$ 4		50	
• •	gency) treatment of dental pain	•	\$ 2		30	
9610 Therapeutic Dru			\$ 1.	-	17	
2110 Amalgam - one	• •		\$ 3	-	36	
2120 Amalgam - two s			\$ 3		42	
2130 Amalgam - three			\$ 5		55	
2130 Amalgam - four	· ·		\$ 6		66	
			\$ 3		36	
2140 Amalgam - one : 2150 Amalgam - two s			\$ 3		42	
2150 Amalgam - two s			\$ 52		55	
2160 Amalgam - three			\$ 6		66	
2161 Amaigam - four : 2210 Silicate Company				•		
2210 Silicate Cement	· .				36	
2330 Resin - one surfa				-	30 42	
2331 Resin - two surfa			\$ 39			
2332 Resin - three sur			\$ 52 ©		55	
	nore surfaces or involving incisal angle, anterior		\$ 6		66	
2336 Composite resin			\$ 78		94	
	ace, posterior-preimary		\$ 33		36	
2381 Resin - two surfa			\$ 39		42	
	Infaces, posterior - primary		\$ 52 © 32	•	55	
	ace, posterior - permanent		\$ 33		36	
	aces, posterior - permanent		\$ 39		42	
	more surfaces, posterior - permanent		\$ 52		55	
2410 Gold foil - one su			\$ 33		36	
2420 Gold foil - two su			\$ 39		42	
2430 Gold foil - three s	surraces		\$ 52		55	
2951 Pin retention			\$ 13		14	
7110 Uncomplicated e	xtraction (single tooth)	· · · · · · · · · · · · · · · · · · ·	<u>\$36</u>		39	
	extraction each additional tooth		\$ 36		39	
7130 Root removal - e	·		\$ 36		39	-
	nage of abscess intraoral soft tissue		\$ 47		57	
	nage of ascess extraoral soft tissue		\$ 61	-	71	
	ding final restoration), limited to treatment of primary teet	h	\$ 47		47	
3310 Root Canal, ante			\$ 215	-	215	
3320 Root Canal, buse			\$ 251		251	
3330 Root Canal, mola			\$ 343		343	
3346 Retreatment of p	revious root canal therapy, anterior		\$ 215	\$2	215	

3347 Retractment of previous root can il thrapy, bicuspid \$ 251 \$ 251 \$ 251 \$ 251 \$ 251 \$ 251 \$ 251 \$ 251 \$ 251 \$ 251 \$ 251 \$ 253 3331 Apexification/Readinization- infair medication replacement \$ 475 \$ 477 3333 Apexification/Readinization- infair medication replacement \$ 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 326 327 327 32						
3343 Retrastment of previous root can all herapy, molar \$ 343 343	3347	Retreatment of previous root canal therapy, bicuspid	\$	251	\$	251
3351 Apexification/Recalification - Interim medication replacement \$ 5 5 335 Apexification/Recalification - Interim medication replacement \$ 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 329 320 320 320 320 320 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 32 <			ę			
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3410 Apicoectomy/Periadicular - anterior \$ 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 228 3 239 3 239 3 239 3 239 3 239 3 239 3 239 3 239 3 239 3 239 3 239 3 239 3 239 3 239 3 239 3 230 3 238 3 39 3 240 3 139 4 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 211 5 <			\$			
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3264 Apicoectomy/Partaribular - each additional root \$ 95 96 3430 Retrograde filling - per root \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 118 \$ 117 \$ 2420 Gigdal curettagek, per quadrant \$ 28 \$ 117 \$ 2411 \$ 118 \$ 117 \$ 2400 Gigdal and ford faining, firsts tin (quadrant \$ 28 28 117 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 1111 \$ 1211 1111 11111 1211 1111 1211 <td>3425</td> <td>5 Apicoectomy/Periardiuclar - molar</td> <td>\$</td> <td>268</td> <td>\$</td> <td>268</td>	3425	5 Apicoectomy/Periardiuclar - molar	\$	268	\$	268
3430 Retrograde filling-per root \$ 56 \$ 56 3450 Root amputation - per root \$ 118 \$ 319 Question (roluding any root removal) \$ 118 \$ 320 Hemisection (roluding any root removal) \$ 218 \$ 90 4210 Ging/vectomy - per quadrant \$ 38 \$ 39 4202 Ging/vectomy - per quadrant \$ 38 \$ 317 4260 Coseous surgery (including fape entry and closure) per quadrant \$ 211 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 2111 \$ 210 2111 \$	3246	Apicoectomy/Penardicular - each additional root	\$	90	\$	90
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4264 Bone replacement grafts - each additional site in quadrant \$ 98 \$ 93 4270 Pedicis soft issue graft procedure \$ 137 \$ 166 4271 Provisional Splitting - extracoronal \$ 34 \$ 40 4210 Provisional Splitting - extracoronal \$ 30 \$ 45 4310 Perodontal Maintenance \$ 20 \$ 39 \$ 45 4310 Perodontal Maintenance \$ 28 \$ 98 \$ 105 7550 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachement and management of hypertrophied and hyperplastic tissue) \$ 183 \$ 188 \$ 98 \$ 155 9951 Occlusal adjustment, imited \$ 177 \$ 177 \$ 177 \$ 177 \$ 130 250 Inlay - metallic - two surfaces \$ 117 \$ 130 \$ \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ 50 \$ \$	4263	Bone replacement graft, first site in quadrant	\$	211	\$	211
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2740 Crown - porcelain \$ 195 \$ 200 2750 Crown - porcelain with precious metal \$ 195 \$ 200 2751 Crown - porcelain with nonprecious metal \$ 195 \$ 200 2752 Crown - porcelain with semiprecious metal \$ 195 \$ 200 2750 Crown - porcelain with semiprecious metal \$ 195 \$ 200 2752 Crown - porcelain with semiprecious metal \$ 195 \$ 200 2790 Crown - full cast precious metal \$ 195 \$ 200 2791 Crown - full cast semiprecious metal \$ 195 \$ 200 2792 Crown - full cast semiprecious metal \$ 195 \$ 200 2810 Crown - 3/4 cast metallic \$ 195 Not Listed 2910 Recement inlay \$ 16 \$ 17 2920 Recement crown \$ 16 \$ 17 2930 Stainless Steel Crown - primary tooth \$ 42 \$ 45 2932 Prefabricated Resin Crown \$ 43 \$ 53 2950 Crown build-up \$ 39 \$ 45	2722	Crown - resin with semiprecious metal	\$	195	\$	200
2750 Crown - porcelain with precious metal \$ 195 \$ 200 2751 Crown - porcelain with nonprecious metal \$ 195 \$ 200 2752 Crown - porcelain with semiprecious metal \$ 195 \$ 200 2790 Crown - full cast precious metal \$ 195 \$ 200 2791 Crown - full cast precious metal \$ 195 \$ 200 2792 Crown - full cast semiprecious metal \$ 195 \$ 200 2792 Crown - full cast semiprecious metal \$ 195 \$ 200 2792 Crown - full cast semiprecious metal \$ 195 \$ 200 2810 Crown - 3/4 cast metallic \$ 195 \$ 200 2810 Recement inlay \$ 16 \$ 17 2920 Recement crown \$ 16 \$ 17 2930 Stainless Steel Crown - primary tooth \$ 42 \$ 45 2931 Stainless Steel Crown - permanent tooth \$ 44 \$ 48 293 \$ 53 39 \$ 45				195	\$	200
2751 Crown - porcelain with nonprecious metal \$ 195 \$ 200 2752 Crown - porcelain with semiprecious metal \$ 195 \$ 200 2790 Crown - full cast precious metal \$ 195 \$ 200 2791 Crown - full cast precious metal \$ 195 \$ 200 2792 Crown - full cast semiprecious metal \$ 195 \$ 200 2792 Crown - full cast semiprecious metal \$ 195 \$ 200 2792 Crown - full cast semiprecious metal \$ 195 \$ 200 2810 Crown - 3/4 cast metallic \$ 195 Not Listed 2910 Recement inlay \$ 16 \$ 17 2920 Recement crown \$ 16 \$ 17 2930 Stainless Steel Crown - primary tooth \$ 42 \$ 45 2931 Stainless Steel Crown - permanent tooth \$ 44 \$ 48 2932 Prefabricated Resin Crown \$ 39 \$ 45				195	\$	200
2752 Crown - porcelain with semiprecious metal \$ 195 \$ 200 2790 Crown - full cast precious metal \$ 195 \$ 200 2791 Crown - full cast nonprecious metal \$ 195 \$ 200 2792 Crown - full cast semiprecious metal \$ 195 \$ 200 2792 Crown - full cast semiprecious metal \$ 195 \$ 200 2810 Crown - 3/4 cast metallic \$ 195 \$ 200 2910 Recement inlay \$ 16 \$ 17 2920 Recement crown \$ 16 \$ 17 2930 Stainless Steel Crown - primary tooth \$ 42 \$ 45 2931 Stainless Steel Crown - permanent tooth \$ 44 \$ 48 2932 Prefabricated Resin Crown \$ 39 \$ 45						
2790 Crown - full cast precious metal \$ 195 \$ 200 2791 Crown - full cast nonprecious metal \$ 195 \$ 200 2792 Crown - full cast semiprecious metal \$ 195 \$ 200 2810 Crown - 3/4 cast metallic \$ 195 \$ 200 2910 Recement inlay \$ 16 \$ 17 2920 Recement crown \$ 16 \$ 17 2930 Stainless Steel Crown - primary tooth \$ 42 \$ 45 2931 Stainless Steel Crown - permanent tooth \$ 44 \$ 48 2932 Prefabricated Resin Crown \$ 39 \$ 45		•				
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2810 Crown - 3/4 cast metallic \$ 195 Not Listed 2910 Recement inlay \$ 16 \$ 17 2920 Recement crown \$ 16 \$ 17 2930 Stainless Steel Crown - primary tooth \$ 42 \$ 45 2931 Stainless Steel Crown - permanent tooth \$ 44 \$ 48 2932 Prefabricated Resin Crown \$ 43 \$ 53 2950 Crown build-up \$ 39 \$ 45		•				
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2920 Recement crown \$ 16 \$ 17 2930 Stainless Steel Crown - primary tooth \$ 42 \$ 45 2931 Stainless Steel Crown - permanent tooth \$ 44 \$ 48 2932 Prefabricated Resin Crown \$ 43 \$ 53 2950 Crown build-up \$ 39 \$ 45	2810	Crown - 3/4 cast metallic				
2930 Stainless Steel Crown - primary tooth \$ 42 \$ 45 2931 Stainless Steel Crown - permanent tooth \$ 44 \$ 48 2932 Prefabricated Resin Crown \$ 43 \$ 53 2950 Crown build-up \$ 39 \$ 45	2910	Recement inlay		16		
2930 Stainless Steel Crown - primary tooth \$ 42 \$ 45 2931 Stainless Steel Crown - permanent tooth \$ 44 \$ 48 2932 Prefabricated Resin Crown \$ 43 \$ 53 2950 Crown build-up \$ 39 \$ 45	2920	Recement crown		16	\$	17
2931 Stainless Steel Crown - permanent tooth \$ 44 \$ 48 2932 Prefabricated Resin Crown \$ 43 \$ 53 2950 Crown build-up \$ 39 \$ 45			\$	42	\$	45
2932 Prefabricated Resin Crown \$ 43 \$ 53 2950 Crown build-up \$ 39 \$ 45						48
2950 Crown build-up \$ 39 \$ 45						
2952 Post and Core - In addition to crown \$ 05 \$ 06						
	2952	Post and Core - In addition to crown	4	00	Ψ	00

2954	Prefabricated Post and Core - in addition to crown	\$	59 \$	59
	Labial veneer (laminate) - chairside	\$	98 \$	98
	Labial veneer (resin finish) - laboratory	\$	98 \$	98
		\$	98 \$	98
	Labial veneer (porcelain laminate) - laboratory	\$	33 \$	34
	Crown Repair	¢ Q		
5110	Complete Upper Denture	\$	228 \$	240
5120	Complete Lower Denture	\$	228 \$	240
5130	Immediate Denture - maxillary	\$	228 \$	240
5140	Immediate Denture - mandubular	\$	228 \$	240
	Upper Partial Denture - resin base (including any conventional clasps, rest, and teeth)	\$	228 \$	240
5212	Lower Partial Denture - resin base (including any conventional clasps, rest, and teeth)	\$	228 \$	240
5212	Upper Partial Denture - cast metal base with resin saddles	\$	228 \$	240
5213	Lower Partial Denture - cast metal base with resin saddles	\$	228 \$	240
		\$	113 \$	137
	Removable Unilateral Partial Denture - one piece cast metal			14
5410	Adjust Complete Denture - upper	\$		
5411	Adjust Complete Denture - lower	\$	13 \$	14
5421	Adjust Partial Denture - upper	\$	13 \$	14
5422	Adjust Partial Denture - Iower	\$	13 \$	14
	Repair broken complete denture base	\$	26 \$. 30
5520	Repair missing or broken teeth - complete denture (each tooth)	\$	26 \$	30
	Repair resin denture base	\$	26 \$	30
		\$	26 \$	30
	Repair cast framework	\$	26 \$	30
	Repair or replace broken clasp	φ		30
	Replace broken teeth - per tooth	\$		
	Add tooth to existing partial denture	\$	26 \$	30
5660	Add clasp to existing partial denture	\$	26 \$	30
	Rebase - complete upper denture	\$	65 \$	71
5711	Rebase - complete lower denture	\$	65 \$	71
	Rebase - upper partial denture	\$	65 \$	71
	Rebase - lower partial dentrue	\$	65 \$	71
		\$	65 \$	71
	Reline complete upper denture (chairside)	\$	65 \$	71
	Reline complete lower denture (chairside)	¢	65 \$	71
	Reline upper partial denture (chairside)	\$		71
5741	Reline lower partial denture (chairside)	\$	65 \$	
5750	Reline complete upper denture (laboratory)	\$	65 \$	71
5751	Reline complete lower denture (laboratory)	\$	65 \$	71
	Reline upper partial denture (laboratory)	\$	65 \$	71
	Reline lower partial denture (laboratory)	\$	65 \$	71
	Tissue conditionaing, upper	\$	20 \$	23
		\$	20 \$	23
	Tissue conditioning, lower	\$	195 \$	195
	Pontic - cast precious metal		-	195
	Pontic - cast nonprecious metal	\$		
6212	Pontic - cast semiprecious metal	\$	195 \$	195
6240	Pontic - porcelain fused to precious metal	\$	195 \$	195
6241	Pontic - porcelain fused to nonprecious metal	\$	195 \$	195
6242	Pontic - porcelain fused to semiprecious metal	\$	195 \$	195
6250	Pontic - resin with precious metal	\$	195 \$	195
0200	Pontic - resin with nonprecious metal	\$	195 \$.195
0201		\$	195 \$	195
	Pontic - resin with semiprecious metal	\$	130 \$	143
6520	Inlay - metallic - two surfaces			143
6530	Inlay - metallic - three or more surfaces	\$	130 \$	
6543	Onlay - metallic - three surfaces	\$	195 \$	195
6544	Onlay - metallic - four or more surfaces	\$	195 \$	195
6545	Retainer - cast metal for resin bonded fixed prosthesis	\$	65 \$	65
6720	Crown - resin with precious metal	\$	195 \$	200
6704	Crown - resin with nonprecious metal	\$	195 \$	200
0/21		\$	195 \$	200
6/22	Crown - resin with semiprecious metal	\$	195 \$	200
6750	Crown - porcelain fused to precious metal	\$	195 \$	200
6751	Crown - porcelain fused to nonprecious metal			200
6752	Crown - porcelain fused to semiprecious metal	\$	195 \$	
6780	Crown - 3/4 precious metal	\$	195 \$	200
6790	Crown - full case precious metal	\$	195 \$	200
6701	Crown - full cast nonprecious metal	\$	195 \$	200
6700	Crown - full cast semiprecious metal	\$	195 \$	200
		\$	20 \$	23
6930	Recement fixed partial denture	\$	52 \$	58
6970	Cast post and core in addition to fixed partial denture	\$	52 \$	58
6971	Cast post as part of fixed partial denture			58
6972	Prefabricated post and core in addition to fixed partial denture	\$		
6973	Core build up for retainer, including any pins	\$	39 \$	42

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697	5 Coping - metal	\$	98	\$	105	
698	0 Fixed partial denture repair - by report	\$	37		38	
721	0 Surgical removal or erupted tooth	\$	39	\$	45	
722	0 Removal of impacted tooth - soft tissue	\$	52		54	
	0 Removal of impacted tooth - partially bony	\$	70	\$	71	
	0 Removal of inpacted tooth - completely bony	\$	81	\$	83	
	1 Removal of impacted tooth - completely bony with unusual surgical complications	\$	90	\$	96	
	0 Surgical removal of residual tooth roots (cutting procedure)	\$	39	\$	39	
	0 Oroantral fistula closure	\$	108	\$	108	
	0 Tooth reimplantation	\$	53	\$	53	
	2 Tooth transplantation	\$	195	\$	195	
	1 Surgical expouse of impacted or unerupted tooth to aid eruption	\$	61	\$	80	
	5 Biopsy of oral tissue - hard	\$	42	*	43	
	6 Biopsy of oral tissue - soft	\$	43	\$	43	
	1 Transseptal fiberotomy, by report	\$	9	\$	12	
	O Alveolpolasty in conjuntion with extractions	\$	35	\$	35	
	0 Alveoloplasty not in conjunction with extractions	\$	39	\$	45	
	Remove Exostosis	\$	78		t Listed	
	Removal of foreign body	\$	23	\$	23	
	Removal of reaction-producing foreign bodies	\$	23	\$. 23	
) Maxillary sinusotomy	\$	23	\$	23	
) Frenulectomy (frenectomy or frenotomy)	\$	65	\$	76	
) Excision of hyperplastic tissure, per arch	\$	43	\$	- 66	
	Excision of pericoronal gingiva	\$	43		30	
) Sialoithotomy	\$	30	\$	46	
	Excision of salivary gland, by report	\$. 30	\$	46	
	2 Sialodochoplasty	\$	30	\$	46	
	3 Closure of salivary fistula	\$	30	\$	46	
) General Anesthesia - first 30 minutes	\$	59	\$	68 02	
	General Anesthesia - each additional 15 minutes	\$ \$	20	\$ \$	23	۱
) Resin - one surface, posterior-preimary		59 Listed	э \$	36 66	
	B Resin-based composite - four or more surfaces, posterior - permanent		Listed Listed	₽ S	50	
	2 Onlay - metallic - two surfaces) Crown - 3/4 cast high noble metal		Listed	.⊋ \$	200	
	Crown - 3/4 cast predominantly base metal		Listed		200	
	2 Crown - 3/4 cast predominantly base metal		Listed	\$	200	
	Crown - 3/4 cast noble metal		Listed		200	
	Each additional cast post - same tooth (used w/ 2952)		Listed	•	59	
	' Each additional prefabricated post - same tooth (used w/2952)		Listed	ŝ	59	
	Pontic - porcelain/ceramic		Listed	•	195	
) Inlay/Onlay - porcelain/ceramic		Listed		195	
	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		Listed		96	}
	Crown - porcelain/ceramic		Listed	•	200	
	Crown - 3/4 cast predominantly base metal		Listed		200	
	Crown - 3/4 cast noble metal		Listed		200	
	Crown - 3/4 cast porcelain/ceramic		Listed		200	
	Each additional cast post - same tooth (used w/ 6970-1)		Listed		59	
	Each additional prefabricated post - same tooth (used w/ 6972)		Listed	•	59	
	Removal of exostosis - per site		Listed		. 98	
	Intravenous sedation - first 30 minutes		Listed	•	60	
	Intravenous sedation - each additional 15 minutes		Listed		20	
	Non - intravenous conscious sedation		Listed		20	1
0210				*		1

new procedure codes.

<u>Note</u>

The new schedule plan is based off of the new CDT-4 procedure code book, where the old schedule plan was built around the CDT-3 procedure code book. This has impacted the covered procedures within the contract, and is noted by the procedure that indicate "Not Listed" as the allowance. There is no loss in benefit, the deleted codes have simply been re-routed to updated codes in the CDT-4 version.

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5401 W. Kennedy Blvd. Suite 760 7th Floor Tampa, FL 33609-2457 Phone: (813) 286-7736 Facsimile: (813) 289-8315

www.assurant.com

May 20, 2004

Debbie Keiter Nassau County Governement Employees P.O. Box 1010 Fernandina Beach, FL 32035

Re: Dental Plan #T737

Dear Benefits Administrator,

Thank you for making Assurant Emplyee Benefits (formerly Fortis Benefits Insurance Company) an integral part of your overall benefits program. We hope that you have been pleased with your dental health plan. October 1, 2004 is the renewal date for your dental health plan with Assurant Emplyee Benefits.

As you may be aware, inflation experienced in the dental industry, utilization and other factors necessitate periodic reviews of rates. Our goal is to hold these rates at levels that are reasonable and adequate to fund your level of benefits while providing the best possible service. The renewal rating for your group has been completed and a rate adjustment is necessary for the upcoming year.

Your rates effective October 1, 2004 are:

<u>Summit</u>		Freedom Schedule		
	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>
EE	\$11.08	\$11.08	\$17.93	\$20.62
EE+1 Dep	\$18.74	\$18.74	\$34.07	\$39.18
EE+Family	\$29.56	\$29.56	\$58.28	\$67.02

As part of our continuing effort to provide our customers with the best products and services, we will be moving all of our dental customers from the Freedom Schedule (1998) plan to the Freedom Schedule (2003) plan. For more details concerning this change please refer to the enclosed attachment.

The new Fortis Benefits' contract will be effective October 1, 2004. To continue coverage with no lapse in service, you must sign and return the enclosed Group Preliminary Application.

We appreciate the confidence you have placed in Assurant Emplyee Benefits and remain committed to providing the highest quality, attractive dental coverage and best customer service available. Please feel free to contace me should you have any questions. Best Regards,

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Angie McKeefery Renewal Manager Tampa Group Sales Office angie.mckeefery@assurant.com Phone: (813) 286-7736 Fax: (813) 289-8315

CC: Dental Plan Sales & Service



FRAUD STATEMENTS

Please read the following before completing the attached form.

If you live in the states of Arkansas and Louisiana the following statement applies to you: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

If you live in the state of California, the following statement applies to you:

For your protection California law requires the following to appear on the form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

If you live in the state of Colorado, the following statement applies to you:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

If you live in the state of Florida, the following statement applies to you:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

If you live in the state of Kansas, Maryland or Oregon, the following statement applies to you: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

If you live in the state of New Jersey, the following statement applies to you: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

If you live in the state of Virginia, the following statement applies to you:

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

If you live in a state other than mentioned above, the following statement applies to you:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

To avoid unnecessary delays, be sure all parts of the Application are completed according to the instructions, and DO NOT SEPARATE the pages.



Agenda Request For: June 14, 2004

Department: Human Resources

Background: Renewal of Contract with Fortis Benefits for Dental Insurance coverage for Nassau County Employees. Cost of Freedom Schedule will increase due to Fortis increasing Schedule Plan Allowances, Comparison included for review. The Summit plan premiums will not change.

Financial/Economic Impact to Future Years Budgeting Process or Effect on Citizens: None

Action requested and recommendation: Human Resources requests approval for Chairman of the Board to sign Fortis Contract for upcoming year.

Is this action consistent with the Nassau County Comprehensive Land Use Plan? N/A

Funding Source: N/A

Reviewed by:

Department Head

Legal

Finance

Chairman

Grants



DATE 6-14-04 AB

5401 W. Kennedy Blvd. Suite 760 7th Floor Tampa, FL 33609-2457 Phone: (813) 286-7736 Facsimile: (813) 289-8315

www.assurant.com

May 20, 2004

Debbie Keiter Nassau County Governement Employees P.O. Box 1010 Fernandina Beach, FL 32035

Re: Dental Plan #T737

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As you may be aware, inflation experienced in the dental industry, utilization and other factors necessitate periodic reviews of rates. Our goal is to hold these rates at levels that are reasonable and adequate to fund your level of benefits while providing the best possible service. The renewal rating for your group has been completed and a rate adjustment is necessary for the upcoming year.

Your rates effective October 1, 2004 are:

Summit		Freedom S	<u>chedule</u>	
	<u>Current</u>	<u>Renewal</u>	<u>Current</u>	<u>Renewal</u>
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Angie McKeefery Renewal Manager Tampa Group Sales Office angie.mckeefery@assurant.com Phone: (813) 286-7736 Fax: (813) 289-8315

CC: Dental Plan Sales & Service



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If you live in the District of Columbia, the following statement applies to you:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

If you live in the state of Florida, the following statement applies to you:

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