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Clearway Energy Group

Unum Dental[™]

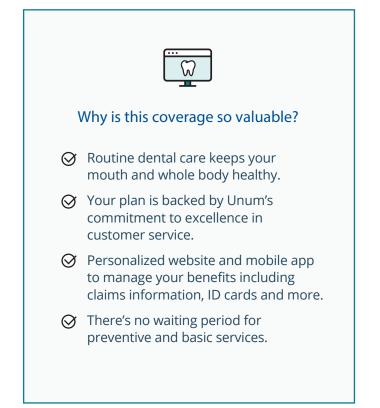


Dental Insurance can help you pay for dental exams, cleanings and other services.

How does it work?

Good dental care is critical to your overall well-being. With Unum Dental insurance, you can get the attention your teeth need — at a cost you can afford.

Unum Dental allows you to see any dentist you choose. To get the most from your benefits and reduce out-ofpocket costs, choose an in-network provider by utilizing our large national network. These providers have agreed to file your claims and uphold the highest quality standards. You can find in-network providers at <u>unumdentalcare.com</u>.



What else is included?

Wellness benefits

High Plan

Oral cancer screenings for patients 40 and older with high risk factors.

Unumdentalcare.com

Use <u>unumdentalcare.com</u> and the mobile app search for providers, manage your benefits and learn about good dental health. Features include easy access to ID Cards, claims history and coverage information.

Virtual Dental Visits

24/7 dental care for dental emergencies when an in-person visit isn't an option. Available for active dental members*.

Carryover benefits

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year.

The limits for this policy/certificate are:	Active PPO
Carryover benefit	\$400
Threshold limit	\$800
Carryover account limit	\$1,500

*Virtual dental visits are a preventive service and subject to policy year benefit maximum.

Coverage details and costs

Overview	Active PPO		
Benefit Year Maximum*	\$2,550		
Deductible**	\$50 per benefit year Maximum 2 per family		
Plan Coinsu	rance	In-network	Non-network
Class A Preventive		100%	90%
Class B Basic		80%	70%
Class C Major		60%	50%
Class D Orthodonti	ics	50%	50%
TMJ		50%	50%

*Applies to Class A, B and C Services, if applicable

**Waived for Class A (applies to Class B and C Services)

Dental carryover benefit and how it works

Each benefit year a member must have:

- One cleaning,
- One regular exam, and
- Total dental claims for preventive, basic and major covered procedures paid during the year below the threshold limit.
- If all three criteria above are met, a portion of the annual maximum will carry over to the next year.

Other Specifications:

- Each covered family member receives their own carryover benefit.
- 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.
- Carryover benefit may be used toward preventive, basic and major covered services only
- 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.

Dependent children

Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (888) 400-9304.

Services not listed

If you expect to require a dental service not included on this brochure, it may still be covered. Please contact customer service at (888) 400-9304 to confirm your exact benefits.

Alternate treatment

Unum covers the least expensive most commonly used and accepted American Dental Association treatments. Plan members may elect a more expensive treatment, but will be responsible for the cost difference resulting from the more expensive procedure.

Covered Procedures & Waiting Periods	Active PPO
CLASS A PREVENTIVE SERVICES	Waiting Period: None
	Routine exams (2 per 12 months)
	Prophylaxis (2 per 12 months)
	Bitewing x-rays (maximum of 4 films; 1 per 12 months)
	Fluoride treatment for children up to age 16 (1 per 12 months)
	 Sealants for children up to age 16 (permanent molars, 1 per 36 months)
	Space Maintainers
	Full mouth/panoramic x-rays (1 per 36 months)
	Periodontal maintenance (2 per 12 months)
CLASS B BASIC SERVICES	Waiting Period: None
	Emergency Treatment (1 per 12 months)
	 Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth)
	Simple extractions
	Oral Surgery (extractions and impacted teeth)
	Anesthesia (subject to review, covered with complex oral surgery)
	Non-Surgical periodontics
	Surgical periodontics (gum treatments)
	Endodontics (root canals)
CLASS C	Waiting Period: NoneRepair of crown, denture or bridge
MAJOR SERVICES	 Inlays and onlays
	Crowns, bridges, dentures and implants
	Occlusal Guards
CLASS D ORTHODONTICS	Waiting Period: None
	Separate Lifetime Maximum: \$2,000
	Up to 25% of lifetime allowance may be payable on initial banding
	All Insureds
тмј	Waiting Period: 12 months
	• Separate Lifetime Maximum: \$500
Refer to your certificate of coverage for the servic	er seured under unur plan

Refer to your certificate of coverage for the services covered under your plan.

Exclusions and Limitations

- The following dental services are not covered unless stated otherwise in the Certificate of Coverage:
- 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;
- replacement of a removable device or appliance that is lost, missing or stolen, and for the replacement of removable appliances that have been damaged due to abuse, misuse, or neglect. This may include but not be limited to removable partial dentures or dentures;
- 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;
- any appliance, service, or procedure performed for the purpose of splinting, to alter vertical dimension or to restore occlusion;
- any appliance, service or procedure performed for the purpose of correcting attrition, abrasion, erosion, abfraction, bite registration, or bite analysis;
- charges for implants (except noted above), removal of implants, precision or semi-precision attachments, denture duplication, or dentures and any
 associated surgery, or other customized services or attachments.

Limitations:

• 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.

A Network Access plan is available.

THIS POLICY PROVIDES LIMITED BENEFITS

This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series Dental 20-GDN or contact your Unum Dental representative. Underwriten by Starmount Life Insurance Company, Baton Rouge, LA.



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