

## Dental Insurance Mid Plan

### Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good hygiene, it can help you and your family lower your chances of serious health problems.

- Maintaining healthy teeth and gums reduces the risk for pneumonia and chronic obstructive pulmonary disease.<sup>1</sup>
- Gum disease has been linked to a 50 percent rise in pancreatic and kidney cancer risk and a 30 percent increase in blood cell cancers.<sup>1</sup>
- Research has shown, and experts agree, that there is an association between periodontal diseases and other chronic inflammatory conditions, such as diabetes, cardiovascular disease and Alzheimer's disease.<sup>2</sup>



### How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

### How do I know I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

#### Key Advantages of This Plan

- Your coverage includes our Lifetime of Smiles® program, with benefits many people prefer such as brush biopsies for the early detection of oral cancer.
- Your plan includes Preventive Max Waiver® which allows covered dental expenses for preventive service to not apply to the annual maximum.
- Assurant® Dental Network, the PPO network for your plan, includes 100,000+ unique dentists, offers you more options to help save on fees and can make your annual maximum go even further.<sup>3</sup>

<sup>1</sup>Journal of Periodontology, January 2011. <sup>2</sup>American Academy of Periodontology - Website accessed June 3, 2011 <http://www.perio.org/consumer/mbc.top2.htm>. <sup>3</sup>The PPO network for your plan includes dentists contracted with Dental Health Alliance, L.L.C.® (DHA®) and dentists under access arrangements with other dental networks.

## How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

## Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

### Average charge<sup>1</sup> for dental procedures in JEFFERSON CITY:

Adult cleaning	\$79 twice yearly = \$158
Oral examination	\$43 twice yearly = \$86
Bitewing x-rays	\$52
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Total annual cost for preventive care	\$296

### Other services you or a dependent may need:

Fluoride treatment	\$28
One surface filling	\$135
Root canal	\$989
Crown	\$935
Gum scaling	\$229

Monthly Cost for Dental Insurance*	
For you	\$28.87
For you and your spouse	\$57.91
For you and your child(ren)	\$69.43
For you and your family	\$103.63

\* Your actual cost may vary depending upon your employer's contribution toward the cost of the plan.

## How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, when you choose a dentist in the Assurant<sup>®</sup> Dental Network, your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

The dental network for your plan includes 100,000+ unique dentists contracted with Dental Health Alliance, L.L.C.<sup>®</sup> (DHA<sup>®</sup>) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist), under PPO plans, select your dental network, or call Customer Service at 888.901.6377.

### Deductibles and maximums

- \$50 annual deductible per person. The deductible is waived for preventive services.
- Annual maximum of \$750 per person for you and your dependents.

### Coinsurance<sup>1</sup>

- 100% for preventive services, such as oral exams, bitewing x-rays and cleanings.
- 50% for basic services such as palliative (emergency) treatment of pain, simple extractions and fillings.
- 25% for major services such as fixed bridges, complex extractions, root canals, minor periodontics, major periodontics, oral surgery, crowns and dentures.

### Waiting Periods

For a complete description of services and waiting periods please review the certificate of insurance.

- No waiting period for preventive or basic services.
- No waiting period for major services.

## Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

## Get benefits information on the go! Download the app for quick access:

- My Benefits<sup>1</sup> - An overview of all your coverage details
- ID Card<sup>1</sup> - Your electronic dental ID card
- Find A Dentist - Uses your location to find a dentist nearby



Apple download



Android download

This secure app is available for iPhone, iPod Touch and Android

<sup>1</sup>You will need to register for Online Advantage to access these features

## Dental plan provisions, limitations and exclusions

### Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted to Sun Life Financial for review before treatment begins.

### Late Entrant

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 12 months of coverage for late entrants will be limited as follows:

#### Time Insured Continuously Under the Policy

Less than 6 months

At least 6 months but less than 12 months

At least 12 months

#### Benefits Provided for Only These Services

Preventive Dental Services

Preventive and all Basic Dental Services

Preventive, Basic and Major Dental Services

We will not pay for any treatment that is started or completed during the late entrant limitation period.

For additional limitations and exclusions, as well as other details about your coverage, please see the Other Important Plan Provisions section.

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act. (“PPACA”).

# Other Important Plan Provisions

## Dental

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misreported or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder provided under the adult plan, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or denturist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, any treatment required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures except as provided under the adult benefits, treatment for implants, implant abutments, implant supported prosthetics (crown, fixed partial denture, dentures) or any other services related to the care and treatment of the implant except as provided under the pediatric benefits, treatment for the prevention of bruxism (grinding of teeth) except as provided under the pediatric benefits, orthodontic treatment. Treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is \$100), treatment or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

**State variations can exist; please contact Sun Life Financial for additional information.**