

# Prepaid Dental



## Benefit Highlights

For all eligible employees of International Union of Operating Engineers Local 428, Policy #902935

All Eligible Employees

### Effective date: January 1, 2018

This dental plan can help lower your out-of-pocket expenses so you and your family can maintain healthy smiles—and better overall health, too.

- You will have access to a range of dental services from in-network providers at fixed copayment amounts.
- Cover your spouse<sup>1</sup> and your dependent children so you can help your whole family stay healthy.
  - An eligible child is defined as an unmarried child to age 19 or to age 25 if a full-time student.<sup>2</sup>
- Benefit from group rates that may be more affordable than buying dental on your own.

### Additional plan features

- No claims to file for Plan Dentists and Plan Specialists
- No annual dollar maximums for Plan Dentists and Plan Specialists
- No deductibles
- No waiting period
- Benefits are payable for pre-existing dental conditions within the copayment schedule
- Each family member may choose a different Plan Dentist
- Extensive Provider Network that is updated regularly

### How Sun Life's Dental plan can help

- Encourages routine cleanings and checkups at the dentist
- Cover your family's dental bills and reduce dental care costs for you and your family.
- Maintain oral health to prevent infections and tooth loss

1. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

2. Please see your employer for more specific information.

## Sample Copayment Schedule

Procedure Type	Your Copayment General Dental	Average Retail Cost
Office Visit <sup>3</sup>	\$10	\$69
Periodic Oral Evaluation <sup>3</sup>	No Charge	\$49
Bitewings x-rays – 4 films <sup>3</sup>	No Charge	\$60
Routine Cleaning – Adult <sup>3</sup>	\$5	\$89
Routing Cleaning – Child <sup>3</sup>	\$5	\$67
Resin-Based Composite (tooth-colored fillings) <sup>3</sup>		
1 surface – Posterior	\$75	\$165
2 surfaces – Posterior	\$80	\$210
3 surfaces – Posterior	\$95	\$255
Crowns and Pontics <sup>3</sup>		
Crown – Porcelain fused to high noble metal*	\$265	\$1,065
Crown – Full cast high noble metal*	\$265	\$1,088
Crown – (Bridge abutment) Porcelain fused to high noble metal	\$305	\$1,042
Pontic – Porcelain fused to high noble metal*	\$305	\$1,031
Root Canals <sup>3</sup>		
Anterior	\$125	\$738
Bicuspid	\$220	\$851
Molar	\$275	\$1,078

This is just a sampling of the services available. To see a complete list of services and copayments, please ask to see the Evidence of Coverage (EOC).

This summary represents a general overview and is not a complete description of your plan. It is being provided before the issuance of the Evidence of Coverage. All of our dental plans include exclusions, limitations, and frequency requirements. The actual provisions of your Evidence of Coverage will be used to determine coverage for any claims submitted to us.

This 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).

**Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.**

3. Average Retail Costs were determined by our national claims analysis for the year (2015). The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.

4. Average Retail Costs were determined by the National Dental Advisory Service®, Comprehensive Fee Report, (2014). Averages reflect 90th percentile.

\*These services may also require separate payment for the cost of any precious or semi-precious alloy used in their fabrication. The additional precious or semi-precious alloy charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

## Dental Q&A

### How does a Prepaid plan work?

This plan gives you and your family access to a range of dental services from in-network providers at fixed copayment amounts. A copayment is the set fee that you pay to the plan dentist at the time of treatment for covered services that are being performed. To receive services at these fixed rates, you must use a network provider.

### How do I find a dentist?

Simply visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the Heritage Plus network. You can also call customer service at 800-443-2995.

### Do I have to choose a dentist in the network?

Yes. To receive the fixed copayment amounts you must visit a dentist in the network and you must select the dentist in advance.

### How will the plan dentist know I am a patient?

The plan dentist receives a patient listing, called a roster, from Sun Life each month that includes all members who have chosen those individuals as their dentist. Please confirm at the time of making your appointment with the plan dentist that you are on the provider's roster.

### Can I change my plan dentist?

Yes. To change your plan dentist contact customer service at 800-443-2995.

### Where do I find my dental ID card?

Your personalized electronic dental ID card is available through Online Advantage. You can register at [www.sunlife.com/onlineadvantage](http://www.sunlife.com/onlineadvantage). Please present this card to your dentist at your next visit to show that you are covered by a Sun Life Dental plan.

### Do I have to file the claim?

No. You will not need to file a claim for plan dentist or plan specialist services.

### If I have a dental emergency, do I need to see my plan dentist?

First, contact your plan dentist to make an appointment. If your plan dentist is unable to see you, you may seek treatment from any licensed dentist in the United States. Please be informed that the emergency benefit of your plan is limited to the temporary relief of pain and has limited benefits.

### If I need to see a specialist, how do I find a plan specialist in my area?

You will find a list of plan specialists by looking in the plan network directory, visiting [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist) or calling 800-443-2995 for assistance. No referrals are necessary from your plan dentist to seek treatment from a plan specialist.

### How can I get more information about my coverage?

After the effective date of your coverage, you can visit [www.sunlife.com/onlineadvantage](http://www.sunlife.com/onlineadvantage) to create an account with Online Advantage. Once you're logged in, you'll be able to see your plan details, personalized dental ID card, and more. Or you can call Sun Life's Dental Customer Service at 800-443-2995. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

### What is the vision discount plan?

This plan offered by Vision Services Plan® (VSP) provides you discounts on exams, as well as on the purchase of eyeglasses, sunglasses and other prescription eyewear from VSP doctors. These discounts are available to you and

everyone covered on your dental plan. To locate a VSP doctor near you, visit [www.vsp.com](http://www.vsp.com) or call 800-877-7195. **This plan is not insurance.**

## Get benefits information on the go!

Download our **Benefit Tools** app for quick access to:

- An overview of your coverage details<sup>5</sup>
- Your electronic dental ID card<sup>5</sup>
- Find a dentist near you



Apple download



Android download

## Important Plan Provisions

### Prepaid Dental

#### Pre-existing Conditions

Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment for Plan Benefits.

#### Limitations and Exclusions

Plan Benefits are not available for:

- Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).
- Any dental service initiated (a) before the effective date of the Member's enrollment for Plan Benefits or (b) after the Member's enrollment for Plan Benefits ends.
- Services provided by Non-Plan Providers unless for Emergency Services as specifically provided in the EMERGENCY SERVICES Article of the Evidence of Coverage.
- Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five-year period, appliance becomes unusable and cannot be made usable due to the Member's illness or an accident involving damage to the appliance while it is in use.
- Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
- Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
- Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
- Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.
- Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
- Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
- Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.

5. You will need to register for Online Advantage to access these features.

- Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
- Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

## Orthodontic Extractions

Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.



Subject to state law variations.

Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY.

©2017 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

GDBH-6443

SLPC 28041 01/17 (exp. 01/19)