

# Prepaid Dental



## Benefit Highlights

For all eligible employees of City of Omaha Local 251, Policy #902418

All Eligible Employees

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 28 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
- Copayments and discounts for specialty care

### 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<br>General Dental | Your Copayment<br>Specialist | Average Retail<br>Cost |
|--|----------------------------------|------------------------------|------------------------|
| Office Visit <sup>3</sup>  | \$5                              | N/A                          | \$69                   |
| Periodic Oral Evaluation <sup>3</sup>                            | No Charge                        | N/A                          | \$49                   |
| Bitewings x-rays – 4 films <sup>3</sup>                          | No Charge                        | N/A                          | \$60                   |
| Routine Cleaning – Adult <sup>3</sup>                            | \$10                             | N/A                          | \$89                   |
| Routing Cleaning – Child <sup>3</sup>                            | \$9                              | N/A                          | \$67                   |
| Resin-Based Composite (tooth-colored fillings) <sup>3</sup>      |                                  |                              |                        |
| 1 surface – Posterior  | \$40                             | N/A                          | \$165                  |
| 2 surfaces – Posterior   | \$55                             | N/A                          | \$210                  |
| 3 surfaces – Posterior   | \$90                             | N/A                          | \$255                  |
| Crowns and Pontics <sup>3</sup>                                  |                                  |                              |                        |
| Crown – Porcelain fused to high noble metal*                     | \$310                            | N/A                          | \$1,065                |
| Crown – Full cast high noble metal*                              | \$310                            | N/A                          | \$1,088                |
| Crown – (Bridge abutment)<br>Porcelain fused to high noble metal | \$310                            | N/A                          | \$1,042                |
| Pontic – Porcelain fused to high noble metal*                    | \$310                            | N/A                          | \$1,031                |
| Root Canals <sup>3</sup>   |                                  |                              |                        |
| Anterior   | \$145                            | N/A                          | \$738                  |
| Bicuspid   | \$175                            | \$235                        | \$851                  |
| Molar  | \$240                            | \$320                        | \$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 Legend Summit 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

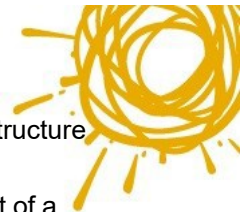
## Important Plan Provisions

### Prepaid Dental

#### Limitations and Exclusions

- Medical costs associated with dental procedures are not covered.
- The parent or guardian is responsible for affecting behavior of dependents so that provider may safely render proper dental care. Services rendered by a specialist because of behavior adjustment may affect Member's out of pocket expense. Such services needed may be physical restraint, sedation or other method of control.
- Dentures or appliances will be replaced only after five years since dentures or appliances were provided by Plan. If denture or appliance becomes unserviceable due to illness or causes not controlled by ordinary means, the following will apply: Replacement will be made only if existing denture or appliance cannot be made serviceable.
- Replacement of dentures, appliances or bridgework due to loss or theft is not covered.
- Dental treatment provided or started prior to Member's eligibility to receive benefits is not covered. Dental treatment started after Member's termination is not covered.
- Failure to follow prescribed treatment may result in additional charges. Accidents occurring during the course of any treatment may result in additional charges.
- Restorations and endodontic posts and cores placed after root canal therapy are separate procedures from actual root canal treatment. Therefore, the specific co-payments listed for restorations or posts and cores will apply.
- Orthodontic Treatment is limited as follows:
  - Minor treatment of tooth guidance/interceptive orthodontia is limited to eighteen (18) consecutive months.
  - Retention treatment is limited to eighteen (18) consecutive months. Ongoing treatment past eighteen (18) consecutive months is not covered. Also, ongoing treatment past eighteen (18) consecutive months may be subject to additional fees. This would be determined as outlined in the Copayment Schedule and determined by provider.
- Orthodontic treatment involving therapy for myofunctional problems, T.M.J. dysfunctions, micrognathia, macroglossia, cleft palate or hormonal imbalances causing growth and developmental abnormalities, is not covered.
- Extractions for Orthodontic purposes only are at a 25% discount off of Plan Provider's normal retail charge.
- Orthodontic cases, involving orthognathic surgery, are not covered.
- Treatment for malignancies, neoplasms or cysts, including biopsy, is not covered.
- Services provided by non-Plan dentists are not covered unless preauthorized by Plan.
- Copayments listed for restorations do not include the cost of lab fees.

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



- Restorations and splints used to increase vertical dimension, restore occlusion, or replace/stabilize tooth structure loss by attrition are not covered.
- Fixed prosthetic restoration of six (6) or more existing teeth, when performed as a simple procedure as part of a complete oral rehabilitation or reconstruction is not covered.
- Complete oral rehabilitation or reconstruction involving replacement of six (6) or more missing teeth using fixed prosthetic restorations and/or appliances is not covered.
- Dental treatment is not covered if Member's general health or physical limitations prevent provider from rendering appropriate dental treatment.
- Costs associated with prescriptions or over the counter medications are not covered.
- Implants, surgery for the insertion of implants, all related implant appliances and restorations, removable or fixed, are not covered.
- The surgical removal of implants, or any surgery required to adjust, replace, or treat any problem related to an existing implant, or implant appliance, is not covered.
- Plan payments for services of non-Plan providers are limited to a total of \$2,000.00 per calendar year.



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.

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