

Sun Life Dental

Passive PPO Dental

PPO Dental Network: UCD Advantage Plus

Deductible: \$50 / \$150 (waived for Preventive Services)

Annual Maximum: \$1000 per person

Benefit Percentage

Preventative Services	100%
Basic Services ¹	80%
Major Services ²	50%

¹ Endodontics/Periodontics covered under Basic Services.

² Major Services: Crowns, Inlays, Onlays, Bridges, Dentures

Prevailing fees: 80th percentile

Dental Rate	Contracts	Current Rates	Renewal Rates	% Difference
Single	8	\$45.95	\$0.00	(100.00%)
Single + Spouse	1	91.40	0.00	(100.00%)
Single + Child(ren)	1	83.45	0.00	(100.00%)
Family	3	140.05	0.00	(100.00%)
Total Premium	13	962.60	0.00	
Difference			-962.60	(100.00%)

Plan Design Summary

Plan Overview	
Plan Type	PPO
Dental PPO Network	UCD Advantage Plus
Eligibility	All active, full-time, employees regularly working at least 30 hours per week.
Open Enrollment Period	The open enrollment period will occur during the same month of each year. During this time, employees may purchase or cancel their dental insurance.

Calendar Year Deductible

Type I	No Type I Deductible
Types II & III	\$50 individual / \$150 family

Coinsurance

	In Network	Out of Network
Type I	100%	100%
Type II	80%	80%
Type III	50%	50%

Calendar Year Maximum Benefit

Type I, II & III	\$1,000 Per Person
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Benefit Basis

Note: A Sun Life passive PPO plan means that the benefit level (for example 80% of the allowable charge) is the same for an in-network or out of network provider. The allowable charge for a network provider is a contracted rate, while the allowable charge for an out of network provider is what is usual or customary for his or her geographic area. An out of network provider may balance bill the difference.

Our Usual and Customary amounts are based on fee data collected from many insurance carriers. This data is summarized by CPT code and 3 digit zip code within specific geographical locations to arrive at the Usual and Customary charge for that area. More than one zip code can be included in a geographical area. This data is updated annually.

In Network	Out of Network
Benefits calculated based on the lesser of the maximum contracted rate or the provider's usual charge.	Benefits calculated based on the lesser of the provider's submitted charge or the usual and customary charge.

Contributions

Employee coverage	Employee pays for a portion or all of the cost of Employee Coverage
Dependent coverage	Employee pays for a portion or all of the cost of Dependent Coverage

Participation Requirement

Employee	The greater of 20% of eligible employees or 10 enrolled lives
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Covered Expenses

Type I Dental Expenses	Coverage Limitations
Oral Exams	Twice in any 12 months
Cleanings	Twice in any 12 months. One additional for Covered Persons under the care of a medical professional during pregnancy.
Fluoride Treatments	Covered Persons to Age 19 Twice in any 12 months
Sealants	Covered Persons to Age 16 Once per tooth per 3 years on permanent first and second molars
Full Mouth X-Rays	1 in 5 Years
Bite-Wing X-Rays	Once per 6 months under age 14 Once per 12 months age 14 and over
All Other X-Rays	
Palliative Treatment	No Limitation
Type II Dental Expenses	Coverage Limitations
Simple extraction	No Limitation
Periodontal Maintenance	Two per 12 months in addition to routine prophylaxis
Amalgam Restorations	Once per tooth surface in any 12 consecutive months
Resin Based Composite Restoration	Once per tooth surface in any 12 consecutive months and excluding posterior teeth
Space Maintainers	Covered Persons to Age 19
Periodontics (Non-Surgical): Scaling & Root Planing	Once per 24 months per area of the mouth
Surgical Periodontics:	Once per 24 months per area of the mouth
Endodontics: Root Canal Therapy	Once per Tooth per Lifetime
Oral surgery: Extraction of Erupted & Impacted Teeth General Anesthesia	
Type III Dental Expenses	Coverage Limitations
Initial Inlays & Onlays	Covered if tooth cannot be restored by fillings
Initial Crowns	Covered if tooth cannot be restored by filling or other means
Crown Build-ups	
Initial Full or Partial Dentures	
Initial fixed bridges	
Replacement of Inlays & Onlays, Crowns, Full or Partial Dentures and Fixed bridges	Not covered when prosthesis can be satisfactorily restored to function. Not covered within 5 years of initial placement.

Exclusions

The following expenses are not covered by the Dental plan:

- if not performed by a dentist.
- procedures which are not listed as covered dental expenses.
- dental care for injuries which are work-related, self-inflicted or are not caused by an accident.
- orthognathic surgery.
- dental care resulting from active participation in a riot or commission of a felony.
- experimental treatment, oral hygiene, plaque control programs and dietary instruction.
- implants, replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliance.
- dental care for injuries sustained as a result of war or act of war.
- charges for pulp caps.
- dental expenses incurred while coverage is not in force.
- charges for care, treatment, services, or supplies to the extent that any benefit is provided by Medicare.
- charges which are not customarily made when there is no insurance or charges for which there is no legal obligation to pay.
- failure to keep appointments.
- orthodontic treatment.