

# Honey Creek Community School

October, 2013 Renewal

**Sun Life Dental**

Passive PPO Dental

PPO Dental Network: United Concordia Alliance

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

Annual Maximum: \$1000 per person

**Benefit Percentage**

Preventative Services	100%
Basic Services <sup>1</sup>	80%
Major Services <sup>2</sup>	50%

<sup>1</sup> Endodontics/Periodontics covered under Basic Services.

<sup>2</sup> Major Services: Crowns, Inlays, Onlays, Bridges, Dentures

Prevailing fees: 80th percentile

		Current Rates	Renewal Rates	% Difference
Dental Rate	Contracts			
Single	6	\$47.79	\$49.70	4.00%
Single + Spouse	1	95.06	98.86	4.00%
Single + Child(ren)	2	86.79	90.26	4.00%
Family	5	145.65	151.48	4.00%
<b>Total Premium</b>	14	1,283.63	1,334.98	
<b>Difference</b>			51.35	4.00%

A.M. Best Rating: A+ (Superior)



# Group Dental

## Current Rates

	Total employees	Dental monthly rate	Total monthly premium
Employee only	6	\$47.79	\$286.74
Employee + spouse	1	\$95.06	\$95.06
Employee + child(ren)	2	\$86.79	\$173.58
Employee, spouse + child(ren)	5	\$145.65	\$728.25
Total	14		\$1,283.63

## Renewal Rates

	Total employees	Dental monthly rate	Total monthly premium
Employee only	6	\$49.70	\$298.20
Employee + spouse	1	\$98.86	\$98.86
Employee + child(ren)	2	\$90.26	\$180.52
Employee, spouse + child(ren)	5	\$151.48	\$757.40
Total	14		\$1,334.98

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series GCA.

# Group Dental

## Assumptions

Rates assume 14 eligible employees, with 14 participating. Upon sale, quoted rates and benefits may be adjusted based on achieved participation levels.

Benefit Effective Date: October 1, 2013

## Rates and premium

	Total employees	Dental monthly rate	Total monthly premium
Employee only	6	\$49.70	\$298.20
Employee + spouse	1	\$98.86	\$98.86
Employee + child(ren)	2	\$90.26	\$180.52
Employee, spouse + child(ren)	5	\$151.48	\$757.40
Total	14		\$1,334.98

Included in this plan:

- 12-month rate guarantee from the Effective Date
- Rates vary based on actual employee participation. The rates shown above assume 100.00% participation.
- Sun Life's Dental Standard Graded Scale broker commission

# 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.

# Eligibility and Termination

## Termination of Employee's Insurance

An Employee will cease to be insured on the earliest of the following dates:

- the date this Policy terminates.
- the date the Employee is no longer in an Eligible Class.
- the date the Employee's Class is no longer included for insurance.
- the last day for which any required premium has been paid.
- the date the Employee retires, unless the employee is eligible for retiree coverage.
- the date employment terminates. Ceasing to be actively at work will be deemed termination of employment, except:
  - the employer may continue the insurance by paying the required premiums during a layoff or approved leave of absence, limited to the time period specified in the policy
  - insurance may be continued for up to 3 months of the Employee's paid vacation.
- the date the Employee requests, in writing, to have his insurance terminated.
- the date the Employee ceases to be actively at work due to a labor dispute, including any strike, work slowdown, or lockout.
- the date the Employee enters active duty in any armed service during a time of war (declared or undeclared).

While this coverage is in force, an Employee's coverage pursuant to the Family and Medical Leave Act of 1993 may be continued, as amended or continue coverage pursuant to a state required continuation period (if any).

While this coverage is in force, an Employee's coverage pursuant to the Uniformed Services Employment and Reemployment Rights Act (USERRA) may be continued.

### **Termination of Dependent's Insurance**

A Dependent will cease to be insured on the earliest of the following dates:

- the date the Policy terminates.
- the date the Certificate of Insurance terminates.
- the date the Employee ceases to be insured.
- the date the Employee is no longer in an Eligible Class for Dependent Insurance.
- the date the Dependent ceases to qualify as a Dependent.
- the last day any required insurance premium has been paid for the Dependent.
- the date the Employee requests, in writing, to have his Dependent Insurance terminated.

### **Termination of the Policy or Employer's Participation**

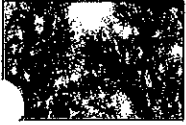
The policy or the employer's participation under the policy will terminate if:

- the required premium is not paid within the premium grace period.
- employee or dependent (if applicable) participation falls below the required levels \*
- the employer fails to promptly provide information which we require or fails to perform obligations pertaining to the policy \*
- the number of covered employees insured under the plan falls below five.

\* We will provide written notice to the employer at least 30 days in advance of coverage termination for reasons other than premium non-payment (45 days or 60 days advance notice will be given where required by applicable state law)

If the employer requests cancellation, coverage will terminate on the first premium due date after we receive written notice.





# Disclosures

## Dental

- Sun Life Assurance Company of Canada is assumed to be the sole provider of dental insurance to the employer named in this proposal.
- If post-enrollment review shows that the group did not meet all of the underwriting requirements, we reserve the right to re-rate retroactive to the effective date or terminate the contract.
- This quote is provided based upon information provided with the proposal request. It is intended for informational purposes and is not an offer to contract. The Employer may apply for the group dental insurance shown in this proposal. If the application is accepted by Sun Life Assurance Company of Canada, the final rates and benefits will be based on the enrollment census and the verification of the information provided with the rate request.
- Rates assume the group does not currently have dental coverage with Sun Life Financial. However, if the group is currently covered under a Sun Life Financial plan, the rates quoted in this proposal are not valid, and the renewal rates will apply instead. Please contact your Sun Life Financial representative for more information about your renewal rates.
- A minimum of 10 employees is required at point of sale. If the enrollment of this group drops below 10 employees this proposal is not valid.