

**Eligibility:** Each full-time, non-union employee working 30 hours or more per week

**Waiting Period for New Employees:** First of month coinciding with or following 60 days

<b>Dental Benefits<sup>1</sup> (Voluntary plan)</b>	
<b>Deductible per Calendar Year</b>	\$50 Individual \$150 Family
<b>Type I Dental Expenses</b> Oral Exams Cleanings X-rays Fluoride treatments (under age 15)	100% (no deductible)
<b>Type II Dental Expenses</b> Simple extractions Fillings Space maintainers (under age 15)	80% after deductible
<b>Dental Calendar Year Maximum Benefit</b>	\$1,000 per person

<sup>1</sup> Benefits are based on the Usual & Customary charge.

**Dental Claims:**

Mailing Address

Sun Life Dental Claims  
P.O. Box 81633  
Wellesley Hills, MA 02481

Our Website:

<http://ebg.sunlife.com>

Our Payor ID:

NEIC #: 67814

**Monthly Rates:**

Employee Only:	\$29.08
Employee + Spouse:	\$56.28
Employee + Child(ren):	\$80.94
Family:	\$108.56

**This is a summary of the benefits provided under a group insurance plan underwritten by Sun Life and Health Insurance Company. The summary is an outline only and is not a contract. This plan contains certain exclusions and limitations as well as terms under which coverage may be continued or discontinued. Please refer to the Certificate of Insurance for a complete description of actual plan benefits and terms of coverage. Policy form series GP-A.**

## **Limitations & Exclusions**

Benefits for dental services are limited as follows:

- Oral exams & cleanings – once in any six month period.
- Complete series or panorex x-rays – once in any 5 year period.
- Bite-wing x-rays – once in any 12 month period.
- Individual periapical x-rays – 4 films in any 12 month period.
- Arthrogram and other TMJ films – 1 film in any 36 month period.
- Fluoride treatments – once in a 12 month period.
- Occlusal guard – 1 appliance in any 36 month period.
- Extraoral x-rays – 1 film in any 12 month period.
- Diagnostic casts – 1 time in any 36 month period.
- Restorations – once per tooth in any 12 month period.
- Pin retention - once per restoration.
- Stainless steel crowns – once per tooth.
- Initial inlays & onlays – covered only when tooth cannot be restored by silver fillings.
- Porcelain restorations, initial crowns - covered only when tooth cannot be restored by a filling or other means.
- Cast post & core - covered only for teeth that have had root canal therapy.
- Relining dentures – must be done more than 12 months following insertion, then limited to once in any 24 month period.
- Repairs to dentures, & bridges – must be done more than 12 months after insertion.
- Root canal therapy – once per tooth in any 24 month period.
- Scaling and root planing – once per quadrant in any 36 month period.
- Provisional Splinting – once per area in any 24 month period.
- Periodontic surgery – one procedure per area in any 36 month period.
- Occlusal adjustment - once per area of the mouth in any 36 month period. Must be performed within 3 months following periodontal surgery.

Dental benefits will not be paid for:

- Procedures we determine to be unnecessary, cosmetic or without uniform professional endorsement.
- Procedures related to the change of vertical dimension, restoration of occlusion, bite registration, or bite analysis.
- Replacement of bridges, dentures, inlays, onlays, crowns and other laboratory prepared restorations that are less than 10 years old or can be restored to function.
- Implants, lost or stolen appliances, precision or semi-precision attachments, over dentures or customized prostheses, denture duplication, or other customized attachments.
- Initial placement of dentures, if the prosthesis includes only the replacement of teeth missing prior to the effective date of the person's coverage, including congenitally missing teeth.
- Initial placement of bridges, if replacing teeth missing prior to the effective date of coverage, including congenitally missing teeth, or that are not adjacent to a functioning natural tooth extracted by a Dentist while insured under the policy.
- Dental care for a work-related injury.
- Care, treatment, services or supplies which are furnished, paid for or reimbursable by any government or subdivision of government to the extent the person is required by law to pay such charges.
- Any injury sustained as a result of war, declared or undeclared, or any action of war or any resistance to armed invasion or aggression or international police action.
- Failure to keep appointments.
- Any injury which is self-inflicted or not caused by an accident.
- Dental care resulting from active participation in a riot.
- Crown buildups, pulp caps, sedative fillings and diagnostic casts.
- Prosthetic devices that exceed those payable for base metal.
- Orthognathic surgery or any other procedure, service or supply required directly or indirectly to treat a muscular, skeletal, orthopedic, or neural disorder, dysfunction or disease of the temporomandibular joint and its associated structures including myofascial pain dysfunction syndrome.
- Charges made by a Dentist or Dental Hygienist who normally lives in your home or is a member of your immediate family.
- Care, treatment, services, or supplies paid for by Medicare.
- Charges not customarily made when there is no insurance, or for which there is no legal obligation to pay.
- Experimental procedures and implantology.
- Oral hygiene instruction, plaque control programs or dietary instruction.