

**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 <sup>3</sup>
<b>Type III Dental Expenses<sup>4</sup></b> Bridges Crowns Dentures Endodontics Periodontics (surgical & non-surgical) Oral surgery	50% after deductible <sup>3</sup>
<b>Dental Calendar Year Maximum Benefit</b>	\$1,000 per person
<b>Type IV Orthodontic Expenses<sup>4</sup></b> Bands / Appliances Cephalometric x-rays Treatment study models	50% (no deductible) Covered for dependent children only
<b>Orthodontic Lifetime Maximum Benefit</b>	\$1,000 per person

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

<sup>3</sup> Only one deductible applies if Type II and Type III expenses are incurred.

<sup>4</sup> Coverage for Type III Expenses is deferred until 12 months and coverage for Type IV Expenses is deferred for 24 months following the person's effective date (not applicable to initial employees on takeover plans).  
The policy provides DENTAL insurance only.

**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:	\$46.06
Employee + Spouse:	\$90.22
Employee + Child(ren):	\$120.11
Family:	\$164.26

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.