Prepaid Dental

Sun Life

COMMONLY COVERED

- Exams and cleanings
- X-rays
- Fillings
- Tooth extractions
- Root canals

PROTECTS YOUR SMILE.

A dental plan encourages routine cleanings and checkups at the dentist so you can protect your teeth for a lifetime. A healthy smile helps everyone feel more confident.

PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes.[1] Many plans offer low copayment amounts for preventive services to make it easy for you to use your dental benefits.

LOWERS OUT-OF-POCKET EXPENSES.

No maximums, no deductibles, no waiting periods and fixed copayment amounts keep your out-of-pocket expenses down. Benefits are even payable for pre-existing dental conditions within the copayment schedule.

Your employer is offering you a choice of two dental plans. Please review the information for this plan as well as the Dental Insurance plan and choose the one plan that best fits your needs.

DENTAL FAST FACTS

Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.[1]

50% of adults over the age of 30 are suffering from periodontal disease.[2]

MALO AUTOMOTIVE GROUP INC DBA PINES FORD LINCOLN

All Eligible Employees

POLICY # 973260

What's covered

The copayments for this plan are below. After you enroll, you will get an Evidence of Coverage. We recommend that you review your Evidence of Coverage to understand your new plan.

Plan Provider Services: The copayments listed below apply when your selected Plan Dentist provides the services. For dental specialty services that your selected Plan Dentist cannot provide, you may visit a Plan Specialty Dentist. These services are marked as dental specialty services (S) in Section 1. You do not need a referral to see a Plan Specialty Dentist. You can expect to pay the amount listed in the "Member Copayment" column at the time of service.

For dental services from a Plan Specialty Dentist not marked as (S) in Section 1 or listed in Section 2 below, the following reductions will apply:

- 15% for an endodontist
- 25% for any other type of specialist, including but not limited to an orthodontist

ADA CODE**	SERVICE DESCRIPTION**	MEMBER COPAYMENT
	Appointments	
None	Office visit - during regularly scheduled hours***	No Charge
D0120	Periodic oral evaluation - established patient (ADA Code D0120 may only be obtained once in any six calendar months, except for medically necessary more frequent evaluations as determined by Member's Plan Dentist.)‡	No Charge
D0140	Limited oral evaluation - problem focused	No Charge
D0150	Comprehensive oral evaluation - new or established patient (ADA Code D0150 may only be obtained once in any six calendar months, except for medically necessary more frequent evaluations as determined by Member's Plan Dentist.)‡	No Charge
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Charge
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	55.00
D9440	Office visit - after regularly scheduled hours	25.00
	Diagnostic Dentistry	
D0210	Intraoral - comprehensive series of radiographic images (ADA Code D0210 may only be obtained once in any three calendar years, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)‡	No Charge
D0220	Intraoral-periapical first radiographic image	No Charge
D0230	Intraoral-periapical each additional radiographic image	No Charge
D0240	Intraoral-occlusal radiographic image	No Charge
D0250	Extraoral-2D projection radiographic image created using a stationary radiation source, and detector	No Charge
D0260	Extraoral-each additional radiographic image	No Charge
D0270	Bitewing-single radiographic image	No Charge
D0272	Bitewing-two radiographic images (ADA Code D0272 may only be obtained once in any six calendar months, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)‡	No Charge
D0273	Bitewings-three radiographic images (ADA Code D0273 may only be obtained once in any six calendar months, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)‡	No Charge
D0274	Bitewing-four radiographic images (ADA Code D0274 may only be obtained once in any six calendar months, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)‡	No Charge

D0277	Vertical bitewings-7 to 8 radiographic images	No Charge
D0330	Panoramic radiographic image (ADA Code D0330 may only be obtained once in any three calendar years, except for medically necessary more frequent x-rays as determined by Member's Plan Dentist.)‡	No Charge
D0350	Oral/facial photographic images (ADA Code D0350 may only be obtained once in any three calendar years, except for medically necessary more frequent images as determined by Member's Plan Dentist.)	No Charge
D0415	Collection of microorganisms for culture and sensitivity	No Charge
D0416	Viral Culture (ADA Code D0416 may only be obtained once in any calendar year, except for medically necessary more frequent cultures as determined by Member's Plan Dentist.)	No Charge
D0418	Analysis of Saliva Sample (ADA Code D0418 may only be obtained once in any calendar year, except for medically necessary more frequent cultures as determined by Member's Plan Dentist.)	No Charge
D0425	Caries susceptibility tests	No Charge
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	40.00
D0460	Pulp vitality tests	No Charge
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report. (ADA Code D0486 may only be obtained once in any six calendar months, except for medically necessary more frequent images as determined by Member's Plan Dentist.)	No Charge
	Preventive Dentistry	
D1110	Prophylaxis - adult (ADA Code D1110 may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist.)	No Charge
D1120	Prophylaxis - child (ADA Code D1120 may only be obtained once in any six calendar months, except for medically necessary more frequent prophylaxis as determined by Member's Plan Dentist.)	No Charge
D1206	Topical application of fluoride varnish	No Charge
D1310	Nutritional counseling for control of dental disease	No Charge
D1320	Tobacco counseling for the control and prevention of oral disease	No Charge
D1330	Oral hygiene instructions	No Charge
D1351	Sealant - per tooth	No Charge
D1510	Space maintainer - fixed - unilateral*	50.00
D1516	Space maintainer - fixed - bilateral, maxillary*	50.00
D1517	Space maintainer - fixed - bilateral, mandibular*	50.00
D1520	Space maintainer - removable - unilateral*	65.00
D1526	Space maintainer - removable - bilateral, maxillary*	90.00
D1527	Space maintainer - removable - bilateral, mandibular*	90.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	10.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	10.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	10.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	10.00
D1557	Removal of fixed bilateral space maintainer - maxillary	10.00
D1558	Removal of fixed bilateral space maintainer - mandibular	10.00
None	Additional prophylaxis***	35.00
D9944	Occlusal guard - hard appliance, full arch*	85.00

D9945	Occlusal guard - soft appliance, full arch*	85.00
D9946	Occlusal guard - hard appliance, partial arch*	85.00
D9951	Occlusal adjustment - limited	15.00
D9952	Occlusal adjustment - complete	55.00
	Restorative Dentistry	
D2140	Amalgam - one surface, primary or permanent	5.00
D2150	Amalgam - two surfaces, primary or permanent	10.00
D2160	Amalgam - three surfaces, primary or permanent	15.00
D2161	Amalgam - four or more surfaces, primary or permanent	15.00
D2330	Resin-based composite - one surface, anterior	20.00
D2331	Resin-based composite - two surfaces, anterior	30.00
D2332	Resin-based composite - three surfaces, anterior	45.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	65.00
D2390	Resin-based composite crown, anterior	65.00
D2391	Resin-based composite - one surface, posterior	50.00
D2392	Resin-based composite - two surfaces, posterior	60.00
D2393	Resin-based composite - three surfaces, posterior	70.00
D2394	Resin-based composite - four or more surfaces, posterior	95.00
D2510	Inlay - metallic - one surface*	75.00
D2520	Inlay - metallic - two surfaces*	85.00
D2530	Inlay - metallic - three or more surfaces*	110.00
D2542	Onlay - metallic - two surfaces*	100.00
D2543	Onlay - metallic - three surfaces*	120.00
D2544	Onlay - metallic - four or more surfaces*	130.00
D2610	Inlay - porcelain/ceramic one surface*	200.00
D2620	Inlay - porcelain/ceramic two surfaces*	210.00
D2630	Inlay - porcelain/ceramic three or more surfaces*	220.00
D2740	Crown - porcelain/ceramic*	189.00
D2750	Crown - porcelain fused to high noble metal*	189.00
D2751	Crown - porcelain fused to predominantly base metal*	189.00
D2752	Crown - porcelain fused to noble metal*	189.00
D2790	Crown - full cast high noble metal*	189.00
D2791	Crown - full cast predominantly base metal*	189.00
D2792	Crown - full cast noble metal*	189.00
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	15.00
D2920	Re-cement or re-bond crown	15.00
D2930	Prefabricated stainless steel crown - primary tooth	80.00
D2931	Prefabricated stainless steel crown - permanent tooth	85.00
D2932	Prefabricated resin crown	35.00
D2933	Prefabricated stainless steel crown with resin window	45.00
D2940	Protective restoration	15.00
D2950	Core buildup, including any pins	75.00
D2951	Pin retention - per tooth, in addition to restoration	15.00
D2952	Post and core in addition to crown, indirectly fabricated*	90.00
D2953	Each additional indirectly fabricated post - same tooth*	45.00

D2954	Prefabricated post and core in addition to crown	80.00
D2955	Post removal	25.00
D2957	Each additional prefabricated post - same tooth	30.00
D2971	Additional procedures to customize construct a new crown to fit under an existing partial denture framework*	55.00
D2980	Crown repair necessitated by restorative material failure*	25.00
None	Temporary filling***	15.00
	Endodontics	
D3110	Pulp cap - direct (excluding final restoration)	15.00
D3120	Pulp cap - indirect (excluding final restoration)	10.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	40.00
D3221	Pulpal debridement, primary and permanent teeth	40.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	35.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	95.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration) (S)	200.00
D3330	Endodontic therapy, molar (excluding final restoration) (S)	225.00
D3331	Treatment of root canal obstruction, non-surgical access	70.00
D3332	Incomplete endodontic therapy, inoperable, unrestorable or fractured tooth	150.00
D3333	Internal root repair of perforation defects	100.00
D3346	Retreatment of previous root canal therapy - anterior (S)	300.00
D3347	Retreatment of previous root canal therapy - premolar (S)	390.00
D3348	Retreatment of previous root canal therapy - molar (S)	460.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	175.00
D3352	Apexification/recalcification - interim medication replacement	175.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	175.00
D3410	Apicoectomy - anterior (S)	125.00
D3421	Apicoectomy - premolar (first root) (S)	165.00
D3425	Apicoectomy - molar (first root) (S)	240.00
D3426	Apicoectomy - each additional root	100.00
D3430	Retrograde filling - per root (S)	75.00
D3450	Root amputation - per root	70.00
D3470	Intentional reimplantation (including necessary splinting)	90.00
D3910	Surgical procedure for isolation of tooth with rubber dam	10.00
D3920	Hemisection (including any root removal), not including root canal therapy	80.00
D3950	Canal preparation and fitting of performed dowel or post	65.00
	Periodontics	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant (S)	135.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant (S)	75.00
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	65.00
D4231	Anatomical crown exposure - one to three teeth per quadrant	55.00

D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	140.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	100.00
D4245	Apically positioned flap	145.00
D4249	Clinical crown lengthening - hard tissue	120.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant (S)	70.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant (S)	50.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant*	160.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant*	145.00
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site*	80.00
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site*	230.00
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	240.00
D4268	Surgical revision procedure, per tooth	90.00
D4270	Pedicle soft tissue graft procedure	265.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	75.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	320.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft site	260.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	260.00
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	80.00
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	75.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant (S)	75.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant (S)	35.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit (S)	50.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth*	40.00
D4910	Periodontal maintenance (limit 2 per calendar year)	45.00
	Removable Prosthodontics (Removable Dentures)	
D5110	Complete denture - maxillary*	295.00
D5120	Complete denture - mandibular*	295.00
D5130	Immediate denture - maxillary*	400.00
D5140	Immediate denture - mandibular*	400.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)*	355.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)*	335.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	365.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	365.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)*	700.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)*	700.00

D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary*	400.00
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular*	400.00
D5410	Adjust complete denture - maxillary	15.00
D5411	Adjust complete denture - mandibular	15.00
D5421	Adjust partial denture - maxillary	15.00
D5422	Adjust partial denture - mandibular	15.00
D5511	Repair broken complete denture base, mandibular*	30.00
D5512	Repair broken complete denture base, maxillary*	30.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	15.00
D5611	Repair resin partial denture base, mandibular*	35.00
D5612	Repair resin partial denture base, maxillary*	35.00
D5621	Repair cast partial framework, mandibular*	35.00
D5622	Repair cast partial framework, maxillary*	35.00
D5630	Repair or replace broken clasp - per tooth*	35.00
D5640	Replace broken teeth - per tooth*	35.00
D5650	Add tooth to existing partial denture*	35.00
D5660	Add clasp to existing partial denture - per tooth*	55.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)*	165.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)*	165.00
D5710	Rebase complete maxillary denture*	195.00
D5711	Rebase complete mandibular denture*	180.00
D5720	Rebase maxillary partial denture*	150.00
D5721	Rebase mandibular partial denture*	155.00
D5730	Reline complete maxillary denture (chairside)	60.00
D5731	Reline complete mandibular denture (chairside)	60.00
D5740	Reline maxillary partial denture (chairside)	60.00
D5741	Reline mandibular partial denture (chairside)	60.00
D5750	Reline complete maxillary denture (laboratory)*	95.00
D5751	Reline complete mandibular denture (laboratory)*	95.00
D5760	Reline maxillary partial denture (laboratory)*	95.00
D5761	Reline mandibular partial denture (laboratory)*	95.00
D5810	Interim complete denture (maxillary)*	240.00
D5811	Interim complete denture (mandibular)*	240.00
D5820	Interim partial denture (maxillary)*	300.00
D5821	Interim partial denture (mandibular)*	300.00
D5850	Tissue conditioning, maxillary	25.00
D5851	Tissue conditioning, mandibular	25.00
D5862	Precision attachment, by report*	145.00
D5875	Modification of removable prosthesis following implant surgery	225.00
	Fixed Prosthodontics (Bridges or Fixed Partial Dentures)	
D6210	Pontic - cast high noble metal*	189.00
D6211	Pontic - cast predominantly base metal*	189.00
D6212	Pontic - cast noble metal*	189.00

D6240	Pontic - porcelain fused to high noble metal*	189.00
D6241	Pontic - porcelain fused to predominantly base metal*	189.00
D6242	Pontic - porcelain fused to noble metal*	189.00
D6250	Pontic - resin with high noble metal*	189.00
D6251	Pontic - resin with predominantly base metal*	189.00
D6252	Pontic - resin with noble metal*	189.00
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression*	189.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis*	140.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces*	165.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces*	175.00
D6602	Retainer inlay - cast high noble metal, two surfaces*	165.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces*	175.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces*	165.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces*	175.00
D6606	Retainer inlay - cast noble metal, two surfaces*	165.00
D6607	Retainer inlay - cast noble metal, three or more surfaces*	175.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces*	165.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces*	175.00
D6610	Retainer onlay - cast high noble metal, two surfaces*	165.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces*	175.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces*	165.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces*	175.00
D6614	Retainer onlay - cast noble metal, two surfaces*	165.00
D6615	Retainer onlay - cast noble metal, three or more surfaces*	175.00
D6710	Retainer crown - indirect resin based composite*	100.00
D6720	Retainer crown - resin with high noble metal*	189.00
D6721	Retainer crown - resin with predominantly base metal*	189.00
D6722	Retainer crown - resin with noble metal*	189.00
D6740	Retainer crown - porcelain/ceramic*	189.00
D6750	Retainer crown - porcelain fused to high noble metal*	189.00
D6751	Retainer crown - porcelain fused to predominantly base metal*	189.00
D6752	Retainer crown - porcelain fused to noble metal*	189.00
D6780	Retainer crown - 3/4 cast high noble metal*	189.00
D6781	Retainer crown - 3/4 cast predominantly base metal*	170.00
D6782	Retainer crown - 3/4 cast noble metal*	170.00
D6783	Retainer crown - 3/4 porcelain/ceramic*	170.00
D6790	Retainer crown - full cast high noble metal*	189.00
D6791	Retainer crown - full cast predominantly base metal*	189.00
D6792	Retainer crown - full cast noble metal*	189.00
D6794	Retainer crown - titanium*	225.00
D6930	Re-cement or re-bond fixed partial denture	15.00
D6940	Stress breaker	150.00
D6950	Precision attachment	195.00
D6980	Fixed partial denture repair, by report*	45.00

D9120	Fixed partial denture sectioning	65.00
None	Resin bonded bridge pontic, per unit* (***)	235.00
	Oral Surgery	
D7111	Extraction, coronal remnants - primary tooth	15.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	15.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated (S)	60.00
D7220	Removal of impacted tooth - soft tissue (S)	70.00
D7230	Removal of impacted tooth - partially bony (S)	85.00
D7240	Removal of impacted tooth - completely bony (S)	125.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications (S)	150.00
D7250	Removal of residual tooth roots (cutting procedure) (S)	40.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	100.00
D7280	Exposure of an erupted tooth	165.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	90.00
D7283	Placement of device to facilitate eruption of impacted tooth*	70.00
D7285	Biopsy of oral tissue - hard (bone, tooth)	70.00
D7286	Biopsy of oral tissue - soft	20.00
D7287	Exfoliative cytological sample collection	45.00
D7288	Brush biopsy - transepithelial sample collection	45.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant (S)	70.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	80.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant (S)	90.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	20.00
D7410	Excision of benign lesion up to 1.25 cm	70.00
D7471	Removal of lateral exostosis (maxilla or mandible)	75.00
D7472	Removal of torus palatinus	55.00
D7473	Removal of torus mandibularis	55.00
D7485	Reduction of osseous tuberosity	55.00
D7510	Incision and drainage of abscess - intraoral soft tissue (S)	35.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	40.00
D7520	Incision and drainage of abscess - extraoral soft tissue	40.00
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	40.00
D7910	Suture of recent small wounds up to 5 cm	35.00
D7961	Buccal/labial frenectomy (frenulectomy) (S)	40.00
D7962	Lingual frenectomy (frenulectomy) (S)	40.00
D7963	Frenuloplasty	50.00
D7970	Excision of hyperplastic tissue - per arch	60.00
D7971	Excision of pericoronal gingiva	60.00
	Emergency Treatment of Pain	
D9110	Palliative treatment of dental pain - per visit	25.00

	Anesthesia, Analgesia, and Sedation	
D9222	Deep sedation/general anesthesia - first 15 minutes	130.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	45.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes (S)	100.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment (S)	30.00
D9248	Non-intravenous (conscious) sedation	15.00
D9610	Therapeutic parenteral drug, single administration*	20.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications*	35.00
D9630	Drugs or medicaments dispensed in the office for home use*	20.00
D9910	Application of desensitizing medicament	15.00

(S) – Plan Benefits are available for these services when provided by a Plan Specialty Dentist.
*These services also have laboratory charges. You will need to pay the laboratory charges to the Plan Dentist in addition to the copayment.
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***Service does not have an American Dental Association Current Dental Terminology code or descriptor.
‡More often if medically necessary as determined by attending Plan Dentist.

Orthodontia Services: The copayments listed below apply when a Plan Specialty Dentist provides the services. You can expect to pay the amount listed in the "Member Copayment" column at the time of service.
These copayments apply during the first 24 months of active treatment and only once per lifetime. After 24 months of active treatment, a 25% reduction from the normal retail fee will apply.

ADA CODE**	SERVICE DESCRIPTION**	MEMBER COPAYMENT
	Orthodontics***	
None	Bracketing (for D8070, D8080 or D8090)***	300.00
D8070	Comprehensive orthodontic treatment of the transitional dentition	2000.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition (under 19 years)	2000.00
D8090	Comprehensive orthodontic treatment of the adult dentition (19 years or older)	2200.00
D8660	Pre-orthodontic treatment examination to monitor growth and development (consult/ records/exam)	100.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	250.00
D8703	Replacement of lost or broken retainer - maxillary (first incident)	10.00
D8703	Replacement of lost or broken retainer - maxillary (additional incidents)	50.00
D8704	Replacement of lost or broken retainer - mandibular (first incident)	10.00
D8704	Replacement of lost or broken retainer - mandibular (additional incidents)	50.00

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***Service does not have an American Dental Association Current Dental Terminology code or descriptor.

Non-Plan Specialty Dental Services: The dental services listed below are covered when a Non-Plan Specialty Dentist provides the services. You can expect to pay the normal retail charge at the time of service. Then you will need to send a completed claim form, with the itemized bill attached, for reimbursement.

Sun Life will pay the lesser of:

- the Maximum Company Reimbursement column, or
- the amount charged by the Non-Plan Specialty Dentist

Payments from Sun Life for services by Non-Plan Specialty Dentists will not exceed $2,000 per calendar year.

ADA CODE**	SERVICE DESCRIPTION**	MAXIMUM COMPANY REIMBURSEMENT
	Endodontics	
D3320	Endodontic therapy, premolar tooth (excluding final restoration) (S)	200.00
D3330	Endodontic therapy, molar (excluding final restoration) (S)	225.00

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Dental Implant Services: You can get a $300 reduction in charges for the placement of an endosteal implant (ADA Code D6010) with an allowed single implant crown. The tooth loss must have happened within the 24 month period prior to starting treatment. This reduction applies to the replacement of one tooth per each arch during your lifetime. You can expect to pay the entire charge less the $300 reduction at the time of service. A Plan Dentist or a Plan Specialty Dentist must provide the treatment.

Frequently asked questions

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. Follow the prompts to find a dentist in your area who participates in the DHMO network. You can also call 800-443-2995 for help finding a dentist.

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. Each family member may choose a different plan dentist.

Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse[3] and dependent children. An eligible child is defined as a child to age 26.[4]

What features does my plan include?

- No annual dollar maximums for plan dentists and plan specialty dentists
- No deductibles
- No waiting periods
- Benefits are payable for pre-existing dental conditions within the copayment schedule
- Extensive provider network updated regularly
- Copayments and discounts for specialty care including orthodontics

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 their roster.

Do I have to file the claim?

No. You will not need to file a claim for a plan dentist or plan specialty dentist.

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.

How can I get more information about my coverage, change my assigned dentist or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to www.sunlife.com/account and register. You can also access this information from our mobile app – *Benefit Tools*, which is available for Apple and Android devices. 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.

PLAN SPECIALTY DENTISTS

You will find a list of plan specialty dentists by looking in the plan network directory, visiting 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 specialty dentist.

1. https://www.perio.org/consumer/gum-disease-and-other-diseases (accessed 07/21)
2. https://www.perio.org/newsroom/periodontal-disease-fact-sheet (accessed 07/21)
3. 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.
4. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions.

Important information

For the prepaid dental plan, you must meet the eligibility requirements set forth by your employer. Your effective date will be determined by your Group Dental Service Agreement and Evidence of Coverage. Refer to these plan documents for details.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Evidence of Coverage or ask your benefits administrator for details.

Prepaid Dental

We will not pay a benefit for any Dental procedure or service not specifically mentioned in the Copayment Schedule (including any hospital or outpatient care facility cost associated with any dental procedures). Any dental service listed in the Copayment Schedule incurred prior to Member's Effective Date or after the Member's termination is not covered, except as provided in the Orthodontia Services Section of the Copayment Schedule. Services provided by non-Plan Providers are not covered unless for Emergency Services specifically provided in the EMERGENCY SERVICES Article of the Evidence of Coverage. Fixed or removable prosthetics are subject to a 5 year replacement limitation. Extractions for Orthodontic purposes only are at a 25% discount off of the Plan Provider's normal retail charge. Implants and implant related procedures are not covered. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities are not covered. Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment.

The prepaid dental Overview is preliminary to the issuance of your plan documents. Refer to your Evidence of Coverage for details. Receipt of this Overview does not constitute approval of coverage. In the event of a discrepancy between this Overview and the Evidence of Coverage, the terms of the Evidence of Coverage will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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).

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life").

Prepaid dental products are provided by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA), under Form Series BDC-GDSA.

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