

Dental PPO - Enhanced Plus (High) and Enhanced (Low)

Good news about dental benefits for employees of Town of Weymouth

Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good oral hygiene, it can help you and your family lower your chances of serious health problems.

- Nearly one third of all adults have untreated tooth decay.¹
- According to the Centers for Disease Control and Prevention, approximately 65 million Americans are affected by periodontal disease.²
- Periodontal disease can lead to receding gums, bone damage, loss of teeth, and can increase the risk of other health problems such as heart disease and diabetes.²

How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly help prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

How do I know I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company, and work in the United States. Full-time means working 20 hours or more per week. Temporary or seasonal workers are not eligible.

Key Advantages of This Plan

- Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.
- Assurant® Dental Network the PPO network for your plan, includes **100,000+** unique dentists contracted with Dental Health Alliance, L.L.C. (DHA) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.sunlife.com/findadentist, under PPO plan select your network, or call our customer service at 888.901.6377.

IMPORTANT:

Coverage for eligible employees will begin July 1, 2018. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.

¹ National Institute of Dental and Craniofacial Research. *Dental Caries (Tooth Decay) in Adults (Age 20 to 64)*. March 2016

² American Academy of Periodontology (Perio.org). *Gum Disease Prevalence Surpasses Diabetes with Nearly 65 Million Affected*. April 2016

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How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

National Average Retail charge¹ for dental procedures:

| | | | |
|---------------------------------------|------|----------------|-------|
| Adult Cleaning | \$89 | Twice yearly = | \$178 |
| Oral Examination | \$49 | Twice yearly = | \$98 |
| Bitewing x-rays | \$60 | | |
| Total annual cost for preventive care | | \$336 | |

Other services you may need:

| | |
|---------------------|---------|
| Fluoride treatment | \$41 |
| One surface filling | \$152 |
| Root canal | \$1,077 |
| Crown | \$1,065 |
| Gum scaling | \$232 |

¹Average Retail Costs were determined by Union Security Insurance Company and Union Security Life Insurance Company of New York national claims analysis for the year 2015. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.

Your Cost for Dental Insurance

| MONTHLY Cost for Dental Insurance | High Plan Cost* | Low Plan Cost* |
|-----------------------------------|-----------------|----------------|
| For you | \$56.21 | \$38.44 |
| For you and your family | \$163.92 | \$102.34 |

* Your actual cost may vary depending upon your employer's contribution towards the cost of the plan.

How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, when you choose a dentist in the Assurant[®] Dental Network, your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

The dental network for your plan includes **100,000+** unique dentists contracted with Dental Health Alliance, L.L.C.[®] (DHA[®]) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.sunlife.com/findadentist, under PPO plan, select your dental network, or call Customer Service at **888.901.6377**.

What are my plan options?

Your employer is offering you a choice of two plans. Please review the information on the following pages and choose the **one plan** that best fits your needs.

The High Plan

| Plan Features | | | | | |
|-------------------------------|------------|----------------|--------------------------------------|------------|----------------|
| Deductible | In Network | Out-of-Network | Calendar Year Maximum | In Network | Out-of-Network |
| Per person, per calendar year | \$0 | \$0 | For each person | \$2000 | \$1600 |
| Waived for Class I Preventive | Yes | Yes | | | |
| Family limit of 1 individuals | | | | | |
| Coinsurance Percentage | | | Adult & Child Orthodontia | | |
| Class I Preventive | 100% | 100% | Class IV Orthodontia coinsurance | 50% | 50% |
| Class II Basic | 80% | 80% | Lifetime orthodontia maximum | \$2000 | \$2000 |
| Class III Major | 50% | 50% | | | |

Class I Preventive Dental Services, Including:

- Oral evaluations – twice in any 12-month period
- Routine dental cleanings – twice in any 12-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 19*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 16*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Panoramic or complete series x-rays – once in any 60-month period

Class II Basic Dental Services, Including:

- New fillings
- Replacement fillings – once in any 24-month period per filling
- Space maintainers. *Only for children under age 19*
- Simple extractions, removal of exposed roots, incision and drainage
- Complex extractions
- Complex oral surgery
- Biopsy (including brush biopsy)
- General anesthesia and IV sedation when medically required

Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Minor gum disease treatment: (minor periodontics)
 - Scaling and root planing – once in any 24-month period per area
 - Localized delivery of antimicrobial agents
 - Periodontal maintenance – once in any 6 consecutive months
- Major gum disease treatment: (major periodontics)
 - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations

Class IV Adult and Child Orthodontia

- Limited, interceptive, and comprehensive orthodontic treatment
- Minor treatment to control harmful habits

Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- No waiting period for major services.
- No waiting period for orthodontic services.

OR

The Low Plan

| Plan Features | | | | | |
|-------------------------------|------------|----------------|-----------------------------|------------|----------------|
| Deductible | In Network | Out-of-Network | Calendar Year Maximum | In Network | Out-of-Network |
| Per person, per calendar year | \$0 | \$0 | For each person | \$1500 | \$1200 |
| Waived for Class I Preventive | Yes | Yes | | | |
| Family limit of 1 individuals | | | | | |
| Coinsurance Percentage | | | Orthodontia Benefits | | |
| Class I Preventive | 100% | 100% | Not included | | |
| Class II Basic | 50% | 50% | | | |
| Class III Major | 50% | 50% | | | |

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- Routine dental cleanings – twice in any 12-month period
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- No waiting period for preventive or basic services.
- No waiting period for major services.

Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

Dental plan provisions, limitations and exclusions

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternate Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted to Sun Life Financial for review before treatment begins.

Late Entrant Limitation

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 12 months of coverage for late entrants will be limited as follows:

Time Insured Continuously Under the Policy

Less than 6 months

At least 6 months but less than 12 months

At least 12 months

Benefits Provided for Only These Services

Preventive Dental Services

Preventive and all Basic Dental Services

Preventive, Basic and Major Dental Services

We will not pay for any treatment that is started or completed during the late entrant limitation period.

Other Important Plan Provisions

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misreported or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or dentist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, any treatment required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures, treatment for implants, implant abutments, implant supported prosthetics (crown, fixed partial denture, dentures) or any other services related to the care and treatment of the implant, treatment for the prevention of bruxism (grinding of teeth), treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is \$100), treatment or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

This dental 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").

State variations can exist; please contact Sun Life Financial for additional information.