

**Sun Life Assurance Company of Canada  
(A Prepaid Limited Health Service Organization Licensed Under  
Chapter 636 of the Florida Statutes)**

**Executive Office:  
One Sun Life Executive Park  
Wellesley Hills, MA 02481**

**(800-443-2995)**

---

**EVIDENCE OF COVERAGE**

---

**ARTICLE I  
DEFINITIONS**

- 1.1 **Agreement:** The Group Dental Service Agreement between Group and Company and related documents constituting the entire contract under which Plan Benefits are provided to Members.
- 1.2 **Anniversary Date:** Agreement's first Anniversary Date is the day after the initial Plan Year ends, as stated in Agreement. The Anniversary Date occurs on the same date in each subsequent year, as stated in Agreement.
- 1.3 **Company:** Sun Life Assurance Company of Canada
- 1.4 **Copayment:** Shall mean a per-service fee charged to Member by Plan Provider as identified in the Copayment Schedule.
- 1.5 **Dental Emergency:** The sudden and unexpected onset of an injury or unforeseen medical condition involving severe pain, requiring immediate dental care for temporary pain relief, such as a broken tooth or abscessed tooth.
- 1.6 **Dependent:** Subscriber's spouse and Subscriber's natural children from and after moment of birth; adopted newborns from moment of birth; and adopted children, stepchildren and foster children from date of placement. To be eligible, all such children must be under age twenty-six (26) years (the "Limiting Age"). To be eligible, stepchildren and foster children must also be chiefly dependent on Subscriber for maintenance and support. Eligibility may be extended past the Limiting Age for children under age twenty-six (26) years who are chiefly dependent on Subscriber for maintenance and support. Eligibility may be extended past the Limiting Age for children who are not capable of self-sustaining employment due to a disability or physical handicap and are chiefly dependent on Subscriber for maintenance and support. If Company requests proof of a Dependent's eligibility, Subscriber must furnish proof within 31 days of Company's request. Company will not require proof of a Dependent's continuing eligibility more than once a year.
- 1.7 **Effective Date:** The date Agreement becomes effective, as stated in Agreement.
- 1.8 **Emergency Services:** Those dental services required for the sudden an unexpected onset of an injury or unforeseen medical condition involving severe pain, requiring immediate dental care for temporary pain relief in a Dental Emergency, such as a broken tooth or abscessed tooth.
- 1.9 **Group:** Shall mean the employer, association or other organization identified in Agreement.

- 1.10 **Member:** Shall mean a Subscriber or Dependent enrolled in Plan.
- 1.11 **Non-Plan Dentist:** A general dentist who is not a Plan Dentist.
- 1.12 **Non-Plan Provider:** A Non-Plan Dentist or a Non-Plan Specialist, or a hygienist or technician acting with or assisting such a dentist.
- 1.13 **Non-Plan Specialty Dentist:** A dentist practicing in a dental specialty who is not a Plan Specialist.
- 1.14 **Plan Benefits:** Shall mean benefits for services provided under Agreement, subject to any limitations and exclusions.
- 1.15 **Plan Dentist:** Shall mean a licensed General Dentist who, at time Plan Benefits are provided, is under contract with Company to provide certain dental services to Members. Copayments listed in the **PLAN DENTIST SERVICES** Section of the Copayment Schedule apply only to Plan Dentists who perform the corresponding services listed in the Copayment Schedule. The Plan Dentist selected by Member may not perform all listed services. In order to fully understand payment responsibility for dental services, Member should discuss availability of services and the proposed treatment and its cost with selected Plan Dentist prior to receiving treatment.
- 1.16 **Plan Provider:** Shall mean a Plan Dentist or Plan Specialty Dentist who, at time Plan Benefits are provided, is under contract with Company to provide services to Members. The term shall include any hygienists and technicians recognized by the dental profession who act with and assist Plan Dentist or Plan Specialty Dentist. A list of Plan Providers shall be published in Plan Dentist Directory. Company has sole discretion to determine which providers may be Plan Providers. Plan Providers are independent contractors in private practice and are neither employees nor agents of Company. Company cannot guarantee the availability of any specific provider as a Plan Provider. The status of providers as Plan Providers is subject to change.
- 1.17 **Plan Specialty Dentist:** Shall mean a licensed dentist practicing in a dental specialty who, at time Plan Benefits are provided, is under contract with Company to provide dental specialty services to Members. Some examples of “dentists practicing in a dental specialty” are endodontists, periodontists, oral surgeons, orthodontists and pedodontists. In order to fully understand payment responsibility for dental specialty services, Member should discuss the proposed treatment and its cost with Plan Specialty Dentist prior to receiving treatment. Availability of specific types of specialty services from Plan Specialty Dentists depends on which types of dentists are Plan Specialty Dentists. Company cannot guarantee that any specific type of dentist will be a Plan Specialty Dentist. Types of dentists who are Plan Specialty Dentists may vary from time to time in different parts of the Service Area. Copayments listed in the **PLAN DENTIST SERVICES** Section of the Copayment Schedule that are marked as dental specialty services (S) and in the **ORTHODONTIA SERVICES** Section of the Copayment Schedule apply only to Plan Specialty Dentists who perform the corresponding services listed in the Copayment Schedule. The Plan Specialty Dentist selected by Member may not perform all listed services.
- 1.18 **Plan Year:** Agreement’s initial Plan Year begins on the Effective Date and lasts for the number of months stated in Agreement. Each subsequent Plan Year of Agreement begins on the Anniversary Date and lasts for a period of twelve (12) calendar months.
- 1.19 **Prepayment Fee:** The periodic fee paid to Company for each Member’s coverage.
- 1.20 **Prior Plan:** The Group’s plan of group dental coverage that was replaced by this Plan.

- 1.21 **Service Area:** The geographic area where Plan Benefits are available. The extent of the Service Area is within the sole discretion and determination of Company.
- 1.22 **Subscriber:** Shall mean an employee, dependent, member or beneficiary of Group on whose behalf a contract or arrangement has been entered into with Company and who is eligible to participate in the Plan.

## ARTICLE II ELIGIBILITY AND MEMBER EFFECTIVE DATE

- 2.1 **Eligibility:** Subscriber and his Dependent(s) are eligible to become Members of Plan during the open enrollment period set by Group. Subscribers who become eligible after the Effective Date shall be subject to Group's eligibility rules. Group may allow enrollment to take place other than during open enrollment for reasons including, but not limited to, Subscriber becoming a new employee or member of Group, loss of eligibility under other dental benefit plans, or a change in Dependent status. Each Member must work or live in Plan Service Area to participate in Plan. If an additional Prepayment Fee is required for a newly added Dependent, Group must notify Company and pay the additional Prepayment Fee within thirty-one (31) days of enrolling the Dependent.
- 2.2 **Coverage of Members / Effective Date:** Each Subscriber or Dependent whose Prepayment Fee has been accepted by Company on or before the 20th day of a month will be covered beginning the first day of the following month. Each Subscriber or Dependent whose Prepayment Fee has been accepted by Company after the 20th day, but by the last day, of a month will be covered beginning the first day of the second following month. However, Subscriber's newborn natural children and newborn adopted children (if Subscriber has entered into a written agreement to adopt such child prior to the birth of the child) will be covered from the moment of birth. Children placed with Subscriber for the purpose of adoption will be covered from the moment of placement.

## ARTICLE III MEMBER'S COPAYMENTS

- 3.1 **Member's Copayments and Other Charges:** Member is responsible for payment of all Copayments, any additional laboratory fees for certain dental services as stated in the Copayment Schedule, and all charges for services that are not Plan Benefits. Member must pay dental provider at the time service is rendered. Member may have an option to pay according to provider's billing procedures.

## ARTICLE IV BENEFITS AND COVERAGES

- 4.1 **Assignment of Benefits:** Member's coverage is intended for the sole use and benefit of Member and cannot be transferred to a third party.
- 4.2 **Plan Benefits:** Company shall provide benefits for dental services to Members as set forth in the Evidence of Coverage and Copayment Schedule. Services are subject to limitations and exclusions. Services are provided for the term of Agreement. Company reserves the right to change Plan Benefits after the initial Plan Year. Notice of change is subject to sixty (60) days written notice.
- 4.3 **Current Dental Terminology:** The most current dental terminology may not be reflected in Agreement. However, Plan Benefits will be based on the most current dental terminology. From time to time, and with at least thirty (30) days written notice to Group, Company reserves the right to update Agreement to reflect the most current dental terminology.

4.4 **Provision of Plan Benefits / Plan Providers:** Except as specifically provided in the **EMERGENCY SERVICES** Article of the Evidence of Coverage, Company shall not have any liability due to treatment by any Non-Plan Provider. In addition, Company shall not have any liability due to treatment by any physician, hospital, other person, institution or group. Each Member shall select a Plan Dentist from the Plan Dentist Directory furnished by Group to Member. Specialty services covered by Plan may be obtained from a Plan Specialist. Agreement provides for services only. It is not an insurance policy. It does not reimburse Member or Group except as specifically provided in the **EMERGENCY SERVICES** Article of the Evidence of Coverage.

4.5 **Selection of Provider:**

A. **Plan Dentist:** Each Member shall select a Plan Dentist from Plan Dentist Directory. To obtain Plan Benefits, Member shall contact selected Plan Dentist and schedule an appointment.

**Change of Selected Plan Dentist:** Member or Plan Dentist may request a change of Plan Dentist selection by contacting Company. Change requests received by the 20<sup>th</sup> day of a month will be effective on the first day of the next following month. Change requests received after the 20<sup>th</sup> day of a month will be effective the first day of the second following month. Plan Benefits will not be available for services from the newly selected Plan Dentist until the change request is received and implemented by Company.

B. **Plan Specialty Dentist:** If Member requires specialist services that cannot be provided by Member's selected Plan Dentist, Member may obtain services from a Plan Specialty Dentist. No referral from Member's selected Plan Dentist is needed. Plan does not cover services received from Non-Plan Providers.

4.6 **Member / Plan Provider Relationship:** The relationship between Member and Plan Provider shall be an independent professional one. Plan Provider shall be solely responsible, without interference from Company or Group for all services within the professional relationship between Member and Plan Provider. Company has the right to refuse Plan Benefits, and Plan Provider has the right to refuse treatment to any Member who: (1) fails to follow a prescribed course of treatment; (2) fails to keep confirmed appointments; (3) fails or refuses to make required payments (including but not limited to Copayments, laboratory fees or missed appointment fees) or any charges for non covered procedures; (4) uses the relationship for illegal purposes; or (5) otherwise makes the professional relationship unduly burdensome.

4.7 **Providers Not Participating with Plan:** Company does not review practice standards of Non-Plan Providers. Members who obtain services from Non-Plan Providers should separately assess the practice standards and skills of those providers.

## **ARTICLE V LIMITATIONS AND EXCLUSIONS**

5.1 **Pre-Existing Conditions:** Agreement's exclusions and limitations apply with respect to Member's oral conditions without regard to whether or not such conditions existed before the effective date of Member's enrollment for Plan Benefits.

5.2 **Exclusions:** Plan Benefits are not available for:

A. Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).

B. Any part of any dental service for which a charge is incurred before the effective date of Member's enrollment for Plan Benefits. This exclusion means only that payment of the

incurred charge, at the provider's entire normal retail cost for that part of that service, remains the Member's responsibility after the Member enrolls for Plan Benefits.

- C. Any dental service initiated (a) before the effective date of Member's enrollment for Plan Benefits (except as provided in the **ORTHODONTIA SERVICES** Article of the Evidence of Coverage) or (b) after Member's enrollment for Plan Benefits ends.
- D. Services provided by Non-Plan Providers unless for Emergency Services as specifically provided in the **EMERGENCY SERVICES** Article of the Evidence of Coverage.
- E. Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five (5) years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five (5) year period, appliance becomes unusable and cannot be made usable due to Member's illness or an accident involving damage to the appliance while it is in use.
- F. Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
- G. Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six (6) or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
- H. Replacement of any tooth that has previously been replaced by an implant.
- I. Replacement of a tooth by an endosteal implant after a twelve (12) month period has elapsed since the loss of the tooth.
- J. Implants or any related implant appliances (except as provided in the Copayment Schedule), or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
- K. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant or implant appliance, whether fixed or removable.
- L. Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
- M. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.
- N. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
- O. Extractions of third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
- P. Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

5.3 **Orthodontic Extractions:** Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such

extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.

5.4 **Orthodontic Treatment:** If Member was covered under Group's Prior Plan on the day before the Group's Prior Plan was replaced by this Plan, we will provide a pro-rated orthodontic benefit subject to the following conditions:

- A. Orthodontic treatment must already be in progress on the effective date of this Agreement;
- B. Service must be listed under the Orthodontia section of the Copayment Schedule;
- C. Dentist providing orthodontic treatment under the Prior Plan must have been under contract with Company when providing treatment; and
- D. Member must be less than 24-months into orthodontic treatment.

The pro-rated benefit will be based on the amount of time remaining on Member's 24-month course of orthodontic treatment. The pro-rated benefit will be provided to Plan Provider, and Plan Provider will subtract the pro-rated benefit from Member's balance.

#### **ARTICLE VI EMERGENCY SERVICES**

6.1 **If Selected Plan Dentist Is Available:** A Member who has a Dental Emergency should seek care from his or her selected Plan Dentist. Plan Benefits apply to all services of the Member's selected Plan Dentist as stated in the **PLAN DENTIST SERVICES** Section of the Copayment Schedule.

6.2 **If Selected Plan Dentist Is Not Available:** If a Member has a Dental Emergency and the Member's selected Plan Dentist is not available, the Member may seek and receive Emergency Services from any other licensed dentist within the United States of America. Company will reimburse expenses for Emergency Services provided by such dentist up to a maximum of fifty dollars (\$50.00) per Dental Emergency, not to exceed one hundred dollars (\$100.00) per Member per calendar year for all Dental Emergencies and all such dentists combined. All other charges related to emergency care will be the responsibility of the Member.

6.3 **Expense Reimbursement:** Reimbursement of expenses for Emergency Services is subject to the following conditions:

- A. The only expenses eligible for reimbursement are expenses for services of a dentist (other than Member's selected Plan Dentist) within the United States of America, where the services qualify as Emergency Services as stated in the definition of "Emergency Services" in the DEFINITIONS Article of the Evidence of Coverage.
- B. If Emergency Services are performed at a hospital or outpatient care facility other than a dentist's office, reimbursement is not available for the hospital's or facility's charges.
- C. Prior authorization for Emergency Services is not required.

#### **ARTICLE VII DENTAL CHARGES PAID BY MEMBERS**

7.1 Company does not reimburse Member except for limited benefits for Emergency Services as specifically stated in the **EMERGENCY SERVICES** Article of the Evidence of Coverage. Reimbursement of Member expenses for such services is subject to the following conditions:

- A. Proof of Expenses: Member must furnish satisfactory written proof of covered expenses to Company. This must be within sixty (60) days after receipt of the services for which Member seeks reimbursement.
- B. Failure to Furnish Proof of Expenses: Failure to furnish proof to Company within the required time shall not nullify or reduce reimbursement. This is true: (1) only if it was not reasonably possible to provide proof within such time and (2) if proof is furnished as soon as reasonably possible.
- C. Reimbursement of Expenses: Reimbursement requests will be processed within sixty (60) days of Company's receipt of satisfactory written proof of expenses. This applies unless Member is notified of the need for additional time. If reimbursement is denied, written notice shall be given to Member. Such notice will contain the reasons for denial.
- D. Limitations of Actions: No action at law or equity shall be brought under this Article against Company later than five (5) years after the ending of the period of time in which such proof of expenses must be furnished to Company.

**ARTICLE VIII  
MEMBER GRIEVANCE PROCESS**

- 8.1 **Grievance Procedures**: Inquiries, complaints or grievances may be submitted by telephone or in writing to Company or Plan Provider. Member also has the right to contact the Florida Department of Insurance for assistance, at any time, by calling its consumer hotline (1-800-342-2762) or by addressing mail to 200 East Gaines Street, Larson Building, Tallahassee, Florida 32399-3000.
- A. Definition: A grievance or complaint may be submitted for any reason including any dissatisfaction regarding plan administration, a denial, reduction or termination of a benefit; the way a benefit is provided, or disenrollment decisions. Any such complaint, or grievance, will be considered informal if it is received verbally. A complaint or grievance will not be considered formal until received by Company in writing.
  - B. Informal Grievance: Member may contact Company Resolution Department at 1-800-443-2995 regarding any inquiry, complaint or grievance that cannot be resolved to Member's satisfaction. If Member is not satisfied with the resolution, Member may file a written complaint to Company. Company Resolution Department will provide Member with the guidelines. In addition, such representative may provide a complaint form to be completed.
  - C. Formal Grievance: Company expects receipt of a completed complaint form or correspondence from Member expressing dissatisfaction with service or care delivered by Company or Plan Dentist. Any formal grievance may be mailed to: Sun Life, ATTN QI DEPT. 2323 Grand Blvd., Kansas City, MO 64108. Company will investigate the complaint and will provide a written resolution to Member within sixty (60) calendar days. In matters of quality of care or clinical issues, an appropriate health professional will be consulted. If the complaint is not resolved to Member's satisfaction, Company shall provide an appeal procedure.
  - D. Appeal Procedure: If Member is not satisfied with the resolution of a written complaint, Member may request an appeal of Company's assessment. Upon receipt of an appeal request, Company will provide Member with Company's written appeal process as defined by Company or applicable State law.

## ARTICLE IX TERMINATION

- 9.1 **Termination of Eligibility:** If Subscriber is terminated or leaves Group, Subscriber and his Dependents shall continue to be covered until Company is notified in writing of Subscriber's termination.
- 9.2 **Member Termination:** Member coverage shall terminate as follows:
- A. On the last day of the month for which Group has placed Member on eligibility list and has paid Member's proper Prepayment Fee.
  - B. If Member commits fraud or material misrepresentation in the use of services or facilities, coverage for Member will terminate immediately upon written notice.
  - C. If Member commits fraud or material misrepresentation on the Enrollment Form, coverage will terminate immediately upon written notice. This provision will not be enforced after two (2) years from the time Member's coverage began.
  - D. If Group or Company terminates Agreement, coverage for Member shall cease on the termination date of Agreement. This shall be subject to any notice required by state law.
  - E. A Member, after reasonable efforts, may be unable to establish a satisfactory dentist-patient relationship with a Plan Provider. If so, Company reserves the right to terminate coverage upon sixty (60) days written notice. Prepayment Fees received for terminated Member for the period after termination date shall be refunded to Group. Thereafter, Company shall have no further liability or responsibility to Member.
  - F. Coverage for Subscriber's Dependents will be terminated if the coverage for Subscriber terminates for any reason. This is subject to continuation privileges for certain Dependents as set forth herein.
  - G. Once a Member is no longer qualified as a Dependent, coverage for that Member will terminate.
  - H. If Member no longer works or lives in Plan Service Area.

Prior to termination of coverage for the Member, the Company must attempt to resolve any issues presented by the Member, including the use of the Member Grievance Process. The Company must determine that the Member's behavior is not related to the services provided through this coverage or because of a mental illness issue.

## ARTICLE X CONTINUATION OF COVERAGE / COBRA

- 10.1 **Services in Progress at Termination:** If Member's enrollment ends for any reason, coverage must continue until the earlier of the date each Plan Provider is required to complete all dental services initiated prior to the date Member's enrollment ends, or ninety (90) days. Member's financial responsibility for such services is determined according to the terms of Agreement in effect on the last day of Member's enrollment.
- 10.2 **Continuation of Coverage under COBRA:** If under the provisions of Title X of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), Public Law 99-272, Member is granted the right to continue coverage beyond the date Member's coverage would otherwise terminate, the



following applies. Agreement shall be deemed to allow coverage to continue to comply with the provisions of applicable statutes. Member should contact Group concerning eligibility.

Prior to termination of coverage for the Member, the Company must attempt to resolve any issues presented by the Member, including the use of the Member Grievance Process. The Company must determine that the Member's behavior is not related to the services provided through this coverage or because of a mental illness issue.

## **ARTICLE XI GENERAL PROVISIONS**

- 11.1 **Amendments:** Company reserves the right to modify, amend or alter Agreement. Any such change will be in writing and duly executed by Company, except to the extent Company updates Plan Benefits to be based on the most current dental terminology.
- 11.2 **Distribution of Plan Materials and Notices to Members:** Company may be obligated under state law to give notice or Plan materials to Member. If so, it shall be sufficient for Company to give notice or Plan materials to the Group's delegate, unless state law requires otherwise. Group shall then be responsible for providing notice or Plan materials to Subscribers.
- 11.3 **Circumstances Beyond Company's Control:** Rendition of dental services may be delayed or made impractical due to circumstances not within Company's control. If this occurs, neither Company nor Plan Provider shall have any liability or obligation to provide services on account of such delay. This includes, but is not limited to, complete or partial destruction of facilities, war, riot, and civil insurrection. It also includes labor disputes or disability of a significant number of Plan Providers.
- 11.4 **Major Disaster or Epidemic:** If a major disaster or epidemic occurs, Plan Provider shall render dental services as practical according to his judgment. Such disaster or epidemic may limit available facilities or personnel. In such situation, neither Company nor Plan Provider shall have any liability or obligation for delay or failure to provide dental services.

**TO CONTACT CUSTOMER SERVICE, CALL 800-443-2995**

**Sun Life Assurance Company of Canada  
(A Prepaid Limited Health Service Organization Licensed Under  
Chapter 636 of the Florida Statutes)**

**Executive Office:  
One Sun Life Executive Park  
Wellesley Hills, MA 02481**

**(800-443-2995)**

---

**PREPAID DENTAL SERIES 225 PLAN COPAYMENT SCHEDULE**

---

**SECTION I: PLAN DENTIST SERVICES**

**(Subject to Exclusions and Limitations Listed in Evidence of Coverage)**

Plan Benefits are provided for the dental services listed in this **Plan Dentist Services** Section of the Copayment Schedule only when services are provided by Member's selected Plan Dentist. If Member requires dental specialty services that cannot be provided by selected Plan Dentist, Member may obtain from a Plan Specialty Dentist the services marked as dental specialty services (S) in this Section I. No referral from Member's selected Plan Dentist is needed to receive services from a Plan Specialty Dentist. Limited benefits for Emergency Services from other Plan Dentists are provided as specifically stated in the **EMERGENCY SERVICES** Article of the Evidence of Coverage. To fully understand the benefits, exclusions and limitations of this plan, Member should consult the Evidence of Coverage.

Member is responsible for paying the amount listed in the **Member Copayment** column, plus any additional laboratory ("lab") fees for certain dental services. Payment may be due at the time the service is received or in accordance with Plan Dentist's billing procedures. Lab fees may apply to services with an asterisk (\*). For such a service, the lab fee is that Plan Dentist's actual cost passed on to the member.

Dental services obtained from a Plan Specialty Dentist that are not listed and marked as dental specialty services (S) in this Section I below will be provided to Member at reduced charges. A 15% reduction from that Plan Specialty Dentist's normal retail charges applies to services obtained from a Plan Specialty Dentist whose practice is limited to endodontics. A 25% reduction from that Plan Specialty Dentist's normal retail charges applies to services obtained from any other Plan Specialty Dentist (including, but not limited to, a Plan Specialty Dentist whose practice is orthodontics). Member is responsible for paying the entire reduced charge either at the time the service is received or in accordance with Plan Specialty Dentist's billing procedures.

The most current dental terminology may not be reflected in the Copayment Schedule. However, Plan Benefits will be based on the most current dental terminology. Company reserves the right to update the Copayment Schedule to reflect the most current dental terminology, with at least thirty (30) days written notice to Group.

The Plan Dentist selected by Member may not perform all listed services. To fully understand payment responsibility for dental services, Member should discuss availability of services, the proposed treatment, and cost with selected Plan Dentist prior to treatment. Availability of any specific general dentist as a Plan Dentist is not guaranteed.

Any Plan Provider may (but is not required to) charge any Member for any missed appointment, in accordance with the Plan Provider's guidelines, if Member fails to notify the Plan Provider at least 24

hours before the scheduled appointment time. However, the charge to the Member may not exceed \$25.00 per missed appointment.

**Payment for all services received from a Non-Plan Dentist (at the Non-Plan Dentist's entire normal retail charge) is the responsibility of Member, except for limited benefits for Emergency Services as specifically stated in the EMERGENCY SERVICES Article of the Evidence of Coverage.**

ADA Code**	Service Description**	Member Copayment
<b>Appointments</b>		
None	Office visit - during regularly scheduled hours***	10.00
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
<b>Diagnostic Dentistry</b>		
D0210	Intraoral-complete 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

ADA Code**	Service Description**	Member Copayment
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
<b>Preventive Dentistry</b>		
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*.....	60.00
D1516	Space maintainer - fixed - bilateral, maxillary*.....	60.00
D1517	Space maintainer - fixed - bilateral, mandibular*.....	60.00
D1520	Space maintainer - removable - unilateral*.....	75.00
D1526	Space maintainer - removable - bilateral, maxillary*.....	95.00
D1527	Space maintainer - removable - bilateral, mandibular*.....	95.00
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
<b>Restorative Dentistry</b>		
D2140	Amalgam - one surface, primary or permanent.....	10.00
D2150	Amalgam - two surfaces, primary or permanent.....	15.00
D2160	Amalgam - three surfaces, primary or permanent.....	20.00
D2161	Amalgam - four or more surfaces, primary or permanent.....	25.00
D2330	Resin-based composite - one surface, anterior.....	25.00
D2331	Resin-based composite - two surfaces, anterior.....	35.00
D2332	Resin-based composite - three surfaces, anterior.....	50.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	75.00
D2390	Resin-based composite crown, anterior.....	65.00
D2391	Resin-based composite - one surface, posterior.....	60.00
D2392	Resin-based composite - two surfaces, posterior.....	70.00
D2393	Resin-based composite - three surfaces, posterior.....	80.00
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

ADA Code**	Service Description**	Member Copayment
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*	225.00
D2750	Crown - porcelain fused to high noble metal*	225.00
D2751	Crown - porcelain fused to predominantly base metal*	225.00
D2752	Crown - porcelain fused to noble metal*	225.00
D2790	Crown - full cast high noble metal*	225.00
D2791	Crown - full cast predominantly base metal*	225.00
D2792	Crown - full cast noble metal*	225.00
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	85.00
D2931	Prefabricated stainless steel crown - permanent tooth	95.00
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*	65.00
D2980	Crown repair necessitated by restorative material failure*	25.00
None	Temporary filling***	15.00
<b>Endodontics</b>		
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	45.00
D3221	Pulpal debridement, primary and permanent teeth	50.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	45.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	50.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	110.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration) <sup>(S)</sup>	225.00
D3330	Endodontic therapy, molar (excluding final restoration) <sup>(S)</sup>	250.00
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 <sup>(S)</sup>	325.00
D3347	Retreatment of previous root canal therapy - premolar <sup>(S)</sup>	415.00
D3348	Retreatment of previous root canal therapy - molar <sup>(S)</sup>	485.00
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 <sup>(S)</sup>	150.00
D3421	Apicoectomy - premolar (first root) <sup>(S)</sup>	185.00
D3425	Apicoectomy - molar (first root) <sup>(S)</sup>	260.00
D3426	Apicoectomy - each additional root	100.00

ADA Code**	Service Description**	Member Copayment
D3430	Retrograde filling - per root <sup>(S)</sup> .....	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
<b>Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant <sup>(S)</sup> .....	135.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant <sup>(S)</sup> .....	75.00
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant.....	75.00
D4231	Anatomical crown exposure - one to three teeth per quadrant.....	65.00
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 <sup>(S)</sup> .....	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 <sup>(S)</sup> .....	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-resorbable barrier, per site*.....	230.00
D4267	Guided tissue regeneration-nonresorbable barrier, per site (includes membrane removal).....	240.00
D4268	Surgical revision procedure, per tooth.....	95.00
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 <sup>(S)</sup> .....	75.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant <sup>(S)</sup> .....	35.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit <sup>(S)</sup> .....	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
<b>Removable Prosthodontics (Removable Dentures)</b>		
D5110	Complete denture - maxillary*.....	305.00
D5120	Complete denture - mandibular*.....	305.00
D5130	Immediate denture - maxillary*.....	425.00
D5140	Immediate denture - mandibular*.....	425.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)*.....	375.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)*.....	375.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*.....	385.00

ADA Code**	Service Description**	Member Copayment
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	385.00
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	265.00
<b>Fixed Prosthodontics (Bridges or Fixed Partial Dentures)</b>		
D6210	Pontic - cast high noble metal*	225.00
D6211	Pontic - cast predominantly base metal*	225.00
D6212	Pontic - cast noble metal*	225.00
D6240	Pontic - porcelain fused to high noble metal*	225.00
D6241	Pontic - porcelain fused to predominantly base metal*	225.00
D6242	Pontic - porcelain fused to noble metal*	225.00
D6250	Pontic - resin with high noble metal*	225.00
D6251	Pontic - resin with predominantly base metal*	225.00
D6252	Pontic - resin with noble metal*	225.00
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression*	225.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis*	140.00

ADA Code**	Service Description**	Member Copayment
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*	225.00
D6750	Retainer crown - porcelain fused to high noble metal*	225.00
D6751	Retainer crown - porcelain fused to predominantly base metal*	225.00
D6752	Retainer crown - porcelain fused to noble metal*	225.00
D6780	Retainer crown - 3/4 cast high noble metal*	225.00
D6781	Retainer crown - 3/4 cast predominantly base metal*	180.00
D6782	Retainer crown - 3/4 cast noble metal*	180.00
D6783	Retainer crown - 3/4 porcelain/ceramic*	180.00
D6790	Retainer crown - full cast high noble metal*	225.00
D6791	Retainer crown - full cast predominantly base metal*	225.00
D6792	Retainer crown - full cast noble metal*	225.00
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
<b>Oral Surgery</b>		
D7111	Extraction, coronal remnants - primary tooth.....	18.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	18.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated <sup>(S)</sup> .....	65.00
D7220	Removal of impacted tooth - soft tissue <sup>(S)</sup> .....	75.00
D7230	Removal of impacted tooth - partially bony <sup>(S)</sup> .....	95.00
D7240	Removal of impacted tooth - completely bony <sup>(S)</sup> .....	140.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications <sup>(S)</sup> .....	150.00
D7250	Removal of residual tooth roots (cutting procedure) <sup>(S)</sup> .....	45.00
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



ADA Code**	Service Description**	Member Copayment
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant <sup>(S)</sup> .....	80.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	90.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant <sup>(S)</sup> .....	105.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	45.00
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 <sup>(S)</sup> .....	45.00
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) <sup>(S)</sup> .....	45.00
D7962	Lingual frenectomy (frenulectomy) <sup>(S)</sup> .....	45.00
D7963	Frenuloplasty.....	50.00
D7970	Excision of hyperplastic tissue - per arch.....	60.00
D7971	Excision of pericoronal gingiva.....	60.00
<b>Emergency Treatment of Pain</b>		
D9110	Palliative (emergency) treatment of dental pain - minor procedure.....	25.00
<b>Anesthesia, Analgesia, and Sedation</b>		
D9222	Deep sedation/general anesthesia - first 15 minutes.....	140.00
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 <sup>(S)</sup> .....	105.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment <sup>(S)</sup> .....	30.00
D9248	Non-intravenous (conscious) sedation.....	20.00
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

**SECTION II: ORTHODONTIA SERVICES**  
**(Subject to Limitations and Exclusions Listed in the Evidence of Coverage)**

The following Copayment Schedule applies to covered services when they are provided by a Plan Specialty Dentist. Member is responsible for paying the amount in the Member Copayment column either at the time the service is received or in accordance with Plan Specialty Dentist's billing procedures.

ADA Code**	Service Description**	Member Copayment
<b>Orthodontics</b>		
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

ADA Code**	Service Description**	Member Copayment
D8704	Replacement of lost or broken retainer - mandibular (additional incidents).....	50.00

The Orthodontic Copayments listed above only apply during the first 24 months of active treatment and are only available once per lifetime. After 24 months of active treatment, the above Orthodontic Copayments are no longer applicable, and the listed services will be provided to Member at a 25% reduction from the Plan Specialist’s normal retail charge. Member is responsible for paying the entire reduced charge either at the time the service is received or in accordance with Plan Specialist’s billing procedures.

**Section III: DENTAL IMPLANT SERVICES**  
**(Subject to Limitations and Exclusions Listed in the Evidence of Coverage)**

A \$285 reduction in the charges to the Member applies for the placement of an endosteal implant (ADA Code D6010) in conjunction with one of the following crowns ADA Code D6065, D6066, or D6067. This reduction in charges applies only when the implant is used instead of replacing a single missing tooth meeting the criteria of being replaced with a traditional three (3) unit, cast bridge with single pontic. The space that was occupied by the single missing tooth must currently have a tooth mesial and distal to it. The tooth loss must have occurred within the twenty four (24) month period prior to the initiation of treatment. This reduction in charges is limited to the replacement of one tooth per each arch during the lifetime of the Member. Member is responsible for paying the entire charge less the \$285 reduction either at the time the service is received or in accordance with the Plan Dentist’s or Plan Specialist’s billing procedures. The treatment must be provided by a Plan Dentist or a Plan Specialty Dentist.

‡More often if medically necessary as determined by attending Plan Dentist.

\*Member will be responsible for cost of additional lab fees for these services.

\*\*Current and prior versions of the current dental terminology (CDT) codes (in the **ADA Code** column) and descriptors (in the **Service Description** column) are copyrighted by the American Dental Association (ADA) and are used by permission. © 2021 American Dental Association. All rights reserved.

\*\*\*Service does not have an American Dental Association current dental terminology code or descriptor.



## HIPAA NOTICE OF PRIVACY PRACTICES

***THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.***

This Notice describes your rights and our responsibilities concerning your protected health information ("PHI").

PHI is information that may identify you as an individual and relates to your past, present, or future physical or mental health or condition. It also includes information related to the past, present, or future payment for your health care.

This Notice applies only to Sun Life's\* dental, vision, expense-based cancer, long-term care, and other "health plans" pursuant to the Health Insurance Portability and Accountability Act ("HIPAA"). Health plans are individual or group products that provide, or pay the cost of, medical care. This Notice does not apply to our life insurance, disability insurance, or other products that are not health plans.

### **Your Privacy is Important to Sun Life**

We are committed to maintaining the privacy and security of your PHI as required by law. We must provide you with a copy of this Notice and abide by the terms of this Notice. We reserve the right to change the terms of this Notice. If we do make changes, the new provisions will apply to all PHI that we maintain. If we make a material change to our Notice, we will mail you a revised Notice.

### **Primary Uses and Disclosures of Your PHI**

The following describes how we are most likely to use and/or disclose your PHI. If state law further restricts how we can use and disclose information, we will follow applicable state laws.

### ***Treatment, Payment or Health Care Operations***

#### Treatment

We are not a health care provider. However, we can use or disclose your PHI for treatment purposes. For example, we may disclose your PHI if your doctor requests it for treatment purposes.

#### Payment

We may use or disclose your PHI to obtain premiums or provide coverage and benefits under your health plan. For example, we may disclose information about your eligibility for our health plan coverage when a provider requests it. Another example includes the use of your information to determine if a treatment that you received was medically necessary.

#### Health Care Operations

We may use or disclose your PHI to run our business and contact you as necessary.

For example, we may use or disclose your PHI for underwriting, conducting audits, or for medical reviews of claims.

### **Business Associates**

We may disclose your PHI to our business associates to perform various functions on our behalf. Examples of such functions include claims administration or enrollment. We require business associates to agree in writing to contract terms designed to safeguard your information.

### **Plan Sponsor**

We may disclose your PHI to the plan sponsor of your group health plan.

### **Other Possible Uses and Disclosures**

The following describes other possible ways in which we may use or disclose your PHI.

### **Required by Law**

We will use or disclose your PHI when required to do so by federal, state, or local law.

### **Public Health Activities**

We may use or disclose PHI for public health activities as permitted or required by law. Examples include preventing or controlling public health risks or reporting child abuse or neglect to an appropriate government authority.

### **Abuse or Neglect**

We may disclose PHI about you if we believe you are a victim of abuse, neglect, or

### **Genetic Information**

domestic violence. We will do so if in our judgment it is necessary to prevent serious harm to you or others.

### **Health Oversight Activities**

We may disclose your PHI to a health oversight agency for activities authorized by law. This might include audits, investigations, and other activities necessary for appropriate oversight.

### **Legal Proceedings**

We may use or disclose your PHI in the course of a judicial or administrative proceeding. This might occur if a court orders us to do so or in response to some other lawful process.

### **Law Enforcement**

We may disclose your PHI to law enforcement officials as required by law or for certain other reasons. An example includes providing evidence of a crime that occurred on our premises.

### **Decedents**

We may disclose PHI to a coroner, medical examiner, or funeral director so they can perform their legal duties.

### **Donation/Transplantation**

We may disclose PHI to organizations that handle organ, eye, or tissue donation and transplantation.

### **Research**

We may disclose your PHI for research purposes, subject to certain conditions to protect your privacy.

### **Right to Request a**

### **To Prevent a Serious Threat to Health or Safety**

We may use or disclose your PHI if we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

### **Specialized Government Functions**

We may disclose your PHI for certain specialized government functions, such as military, national security, and presidential protective services.

### **Workers' Compensation**

We may use or disclose your PHI to comply with workers' compensation laws and other similar programs.

### **Others Involved in Your Health Care**

We may disclose your PHI to a family member or other individual that you identify. We will do so if the information is directly relevant to that person's involvement with your health care or payment of your health care. We also may disclose your PHI to a public or private entity assisting in a disaster relief effort. If you are not present or able to agree, then we will use our professional judgment to determine whether the disclosure is in your best interest.

Your request may include an

We may not use or disclose any genetic information for underwriting purposes for all health plans. This prohibition does not apply to long term care.

#### **Other Uses and Disclosures Made Only With Your Written Authorization**

We will not use or disclose your PHI except as described above unless we have your written authorization. If we maintain or receive psychotherapy notes about you, most disclosures of these notes require your authorization. If we contact you for our fundraising, we will provide you a right to opt out of such communications. Also, most uses and disclosures of PHI for marketing purposes, and sales of PHI, require your authorization. If you provide us with such an authorization, you may revoke the authorization in writing at any time. Your revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective to the extent we already acted in reliance on your authorization.

#### **Your Rights**

The following information describes your rights with respect to your PHI.

#### **Restriction**

You have the right to request restrictions on the PHI we use or disclose about you. Your request must tell us: (1) what information you wish to limit; and (2) how you want to limit our use and/or disclosure.

*We are not required to agree to your request.* If we do agree, we will follow the restriction unless the information is needed to provide you emergency treatment.

#### **Right to Request Confidential Communications**

You may request that we communicate with you about PHI in an alternative manner or at an alternative location. You must clearly state that a disclosure of all or part of your PHI may endanger you. Your request must specify what parts of your PHI that your requests covers. It must also specify how and where you wish to be contacted. For example, you can ask that we only contact you at your work address or via your work e-mail.

#### **Right to Inspect and Copy**

You have the right to inspect and copy your PHI. This includes medical, billing, payment, enrollment, claims and other records used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes and certain other information.

electronic copy in certain cases if you make this request in writing.

If you request a copy of your PHI, we may charge a reasonable, cost-based fee.

We may deny your request to inspect and copy your PHI in certain limited cases. If we deny you access to your PHI, you may request a review of the denial. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same person who denied your initial request. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable.

#### **Right to Amend**

If you believe that your PHI is incorrect or incomplete, you may request that we amend your information. Your written request should include the reason the amendment is necessary.

In certain cases, we may deny your request for an amendment. For example, we may deny your request if the PHI is maintained by another entity, and not by us. If we deny your request, you have the right to file a statement of disagreement with us. We will link your statement of disagreement with the disputed information. All future disclosures of the

disputed information will include your statement.

**Right of an Accounting**

You have a right to an accounting of most disclosures of your PHI, with certain exceptions. These exceptions include disclosures made for treatment, payment, health care operations, and certain other disclosures. An accounting will list the date(s) of the disclosure, to whom we made the disclosure, a brief description of the PHI disclosed, and the purpose for the disclosure.

Your request may be for disclosures made up to 6 years before the date of your request. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost

involved. We will also provide you with an opportunity to withdraw or modify your request before you incur any costs.

**Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically.

**Breach Notification**

We will notify you if there is a breach of your unsecured health information as required by law or where we otherwise deem appropriate.

**Complaints**

If you believe that we have violated your privacy rights, you may file a complaint with us. All complaints must be in writing. You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services.

We will not penalize or in any other way retaliate against you for filing a complaint.

**How to Exercise Your Rights or Request More Information**

To fulfill any of the above requests, send your written request to:

*SLF US Compliance  
Department  
Sun Life Financial  
One Sun Life Executive Park  
Wellesley Hills, MA 02481  
Attention: HIPAA Privacy  
Officer.*

For further questions about the information described in the Notice, you may write to the above address or call 1-800-247-6875.

\*In this notice, "Sun Life," "we," "us," and "our" refer to Sun Life Assurance Company of Canada, Sun Life and Health Insurance Company (U.S.), Professional Insurance Company, and the following prepaid dental companies: DentiCare of Alabama, Inc., Union Security DentalCare of Georgia, Inc., Union Security DentalCare of New Jersey, Inc., UDC Dental California, Inc., UDC Ohio, Inc., United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc.

Effective date of this notice: October 1, 2019

**SUN LIFE ASSURANCE COMPANY OF CANADA  
EVIDENCE OF COVERAGE AMENDMENT**

This amendment is part of the Evidence of Coverage issued under Group Dental Service Agreement A896-0 and is effective on January 1, 2020. It is part of, and subject to, the other terms and conditions of the Evidence of Coverage. If the terms of this amendment and the Evidence of Coverage conflict then this amendment's provisions will control.

For the purposes of this amendment:

**Prior Group Dental Service Agreement** means the group dental plan issued to the Group by Union Security Insurance Company that was in effect immediately prior to the Group Dental Service Agreement.

The Evidence of Coverage and the Group Dental Service Agreement replaces your coverage under the Prior Group Dental Service Agreement. The following provisions apply to any person who was covered under the Prior Group Dental Service Agreement on the day before the effective date of the Group Dental Service Agreement:

1. Any representation made for the purposes of obtaining or continuing coverage under the Prior Group Dental Service Agreement shall be deemed to have been made also for the purposes of obtaining coverage under the Group Dental Service Agreement.
2. For the purposes of determining any waiting period (by whatever name called) before coverage becomes effective or benefits become available under the Group Dental Service Agreement, credit will be given for the completion or partial completion of any waiting period under the Prior Group Dental Service Agreement.
3. For the purposes of determining any benefit maximum, duration or limitation of benefits under the Group Dental Service Agreement, all benefits provided under the Prior Group Dental Service Agreement with respect to any person shall be deemed to have been provided as benefits under the Group Dental Service Agreement with respect to any person. All periods of time with respect to which benefits were provided under the Prior Group Dental Service Agreement shall be deemed to be periods of time with respect to which benefits were provided under the Group Dental Service Agreement.
4. Any benefit for services received while the Prior Group Dental Service Agreement was in effect will be subject to the terms and conditions of the Prior Group Dental Service Agreement.
5. Any uninterrupted period of time during which coverage was in force under the Prior Group Dental Service Agreement with respect to any person, shall be deemed included in the period of time coverage for said person was in effect without interruption under the Group Dental Service Agreement.
6. Any reference to Subscriber or Dependents in the Group Dental Service Agreement will be deemed to include any Member regardless of what they are called in the Prior Group Dental Service Agreement.
7. In no event will any benefit be provided under the Group Dental Service Agreement which duplicates any benefit provided under the Prior Group Dental Service Agreement.

In the event of a conflict between the Group Dental Service Agreement and the Prior Group Dental Service Agreement, the terms of the Group Dental Service Agreement will control.

IN WITNESS WHEREOF, the parties have affixed their signature to this Plan.

COMPANY: Sun Life Assurance Company of Canada

GROUP: State of Florida

By:



\_\_\_\_\_  
Signature

Dean A. Connor Strain  
President and Chief Executive Officer

\_\_\_\_\_  
Print Name and Title

September 30, 2019

\_\_\_\_\_  
Date

By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date