

DHMO Dental



Benefit Highlights

For all eligible employees of Lifehouse Agency, Policy #934366

All Eligible Employees

This dental plan can help lower your out-of-pocket expenses so you and your family can maintain healthy smiles—and better overall health, too.

- You will have access to a range of dental services from in-network providers at fixed copayment amounts.
- Cover your spouse¹ and your dependent children so you can help your whole family stay healthy.
 - An eligible child is defined as a child to age 26.²
- Benefit from group rates that may be more affordable than buying dental on your own.

Additional plan features

- No claims to file for Plan Dentists and Plan Specialists
- No annual dollar maximums for Plan Dentists and Plan Specialists
- No deductibles
- No waiting period
- Benefits are payable for pre-existing dental conditions within the copayment schedule
- Each family member may choose a different Plan Dentist
- Extensive Provider Network that is updated regularly
- Copayments and discounts for specialty care including orthodontics

How Sun Life's Dental plan can help

- Encourages routine cleanings and checkups at the dentist
- Cover your family's dental bills and reduce dental care costs for you and your family.
- Maintain oral health to prevent infections and tooth loss

1. 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.

2. Please see your employer for more specific information.



Sample Copayment Schedule

Procedure Type	Your Copayment General Dental	Your Copayment Specialist	Average Retail Cost
Office Visit ³	\$5	N/A	
Periodic Oral Evaluation ³	No Charge	N/A	
Bitewings x-rays – 4 films ³	No Charge	N/A	
Routine Cleaning – Adult ³	No Charge	No Charge	
Routing Cleaning – Child ³	No Charge	No Charge	
Resin-Based Composite (tooth-colored fillings) ³			
1 surface – Posterior	\$25	N/A	
2 surfaces – Posterior	\$35	N/A	
3 surfaces – Posterior	\$45	N/A	
Crowns and Pontics ³			
Crown – Porcelain fused to high noble metal*	\$89	N/A	
Crown – Full cast high noble metal*	\$85	N/A	
Crown – (Bridge abutment) Porcelain fused to high noble metal	\$89	N/A	
Pontic – Porcelain fused to high noble metal*	\$89	N/A	
Root Canals ³			
Anterior	\$95	\$95	
Bicuspid	\$130	\$130	
Molar	\$165	\$165	
Orthodontics ⁴			
Comprehensive treatment for child under 19 years	\$1,695	\$1,695	
Comprehensive treatment for adult 19 years and older	\$1,895	\$1,895	

This is just a sampling of the services available. To see a complete list of services and copayments, please ask to see the Evidence of Coverage (EOC).

This summary represents a general overview and is not a complete description of your plan. It is being provided before the issuance of the Evidence of Coverage. All of our dental plans include exclusions, limitations, and frequency requirements. The actual provisions of your Evidence of Coverage will be used to determine coverage for any claims submitted to us.

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).

Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.

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

3. Average Retail Costs were determined by our 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.

4. Average Retail Costs were determined by the National Dental Advisory Service®, Comprehensive Fee Report, (2014). Averages reflect 90th percentile.

*These services may also require separate payment for the cost of any precious or semi-precious alloy used in their fabrication. The additional precious or semi-precious alloy charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.



Dental Q&A

How does a DHMO 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 89 network. You can also call customer service at 800-443-2995.

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.

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 the provider's roster.

Can I change my plan dentist?

Yes. To change your plan dentist contact customer service at 800-443-2995.

Where do I find my dental ID card?

Your personalized electronic dental ID card is available through Online Advantage. You can register at www.sunlife.com/onlineadvantage. Please present this card to your dentist at your next visit to show that you are covered by a Sun Life Dental plan.

Do I have to file the claim?

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

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.

If I need to see a specialist, how do I find a plan specialist in my area?

You will find a list of plan specialists 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 specialist.

How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/onlineadvantage to create an account with Online Advantage. Once you're logged in, you'll be able to see your plan details, personalized dental ID card, and more. 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.



Get benefits information on the go!

Download our Benefit Tools app for quick access to:

- An overview of your coverage details⁵
- Your electronic dental ID card⁵
- Find a dentist near you



Apple download



Android download

Important Plan Provisions

DHMO Dental

Limitations of Benefits

- Dentures should be replaced as necessary for the health of the Member as deemed necessary by the Plan Dentist who is providing treatment or evaluation.
- Orthodontic treatment is limited as follows:
 - Limited orthodontic treatment of tooth guidance orthodontia is limited to eighteen (18) consecutive months of continuous treatment.
 - Active orthodontic treatment (from placement of banding/bracketing) is limited to twenty-four (24) consecutive months of continuous treatment and is allowed once per lifetime.
 - Retention treatment is limited to twelve (12) consecutive months. Ongoing retention treatment past twelve (12) consecutive months may be subject to additional fees as determined by Plan Specialist. Additional fees will be the sole responsibility of the Member.
- Failure of Member to follow a prescribed course of dental treatment may result in the need for additional dental services. Such dental services may result in additional Copayments and charges for non-Plan Benefits.
- Copayments listed for fixed prosthetic restorations do not cover the cost of any precious or semi-precious alloy used in their fabrication. This limitation applies to ADA codes 2750, 2752, 2790, 2792, 6210, 6212, 6240, 6242, 6750, 6752, 6790 and 6792. These ADA Codes along with the corresponding Service Descriptions are listed in the Copayment Schedule.

Exclusions of Benefits

- Any procedure not specifically listed in the Copayment Schedule is not a Plan Benefit.
- Any dental service started and completed prior to Effective Date is not covered. Any dental service listed in the Copayment Schedule, started, but not completed prior to the Effective Date, will be considered a Plan Benefit only if completion of the dental service is provided by a Plan Provider. For dental services other than orthodontics, Member will be responsible for the full Copayment amount, plus any applicable alloy or precious metals fees, for the dental service completed under the Plan. For orthodontic services, Member will be responsible for the full orthodontic Copayment, which will be prorated according to the Plan Provider's plan of treatment and normal billing procedures based on the percentage of orthodontic work completed prior to the Effective Date. Any dental service started after Member's termination is not covered.
- Treatment for malignancies, neoplasms or cysts, including biopsy, is not covered.
- Implants, surgery for the insertion of implants, all related implant appliances and restorations, removable or fixed, are not covered.

5. You will need to register for Online Advantage to access these features.



- The surgical removal of implants or any surgery required to adjust, replace, or treat any problem related to an existing implant, or implant appliance, is not covered.
- Extractions for non-symptomatic third molars (wisdom teeth) are not covered. This exclusion also applies to extractions for non-symptomatic third molars after the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.
- Complete oral rehabilitation or reconstruction involving replacement of six (6) or more missing teeth using fixed prosthetic restorations and/or appliances is not covered.
- Restorations and splints used to increase vertical dimension, restore occlusion, or replace/stabilize tooth structure loss by attrition are not covered.
- Replacement of dentures, appliances or bridgework due to loss or theft is not covered.
- Except for Emergency or Urgent Services outside the Service Area or in situations in which a Plan Provider is not available, services provided by non-Plan dentists are not covered unless pre-authorized by Plan.



Subject to state law variations.

Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY.

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