



Dental Insurance Benefits for NAP Plan

Lake County Board of Commissioners

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Want to know more
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Visit our interactive
Web site at
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Eligibility

- Each full-time employee working 32 hours or more per week.

Claims information

- Mailing Address:

Sun Life Financial
Employee Benefits Group
P.O. Box 81633
Wellesley Hills, MA 02481

- Toll-free customer service:
For help finding a provider and answers to questions about your dental plan,
call us at (800) 451-2513, 8 a.m. to 6 p.m. ET.
- Online:
Visit our Web site at www.sunlife.com/us. In the Access Your Account Box,
select Covered Employees from the dropdown menu.

Limitations and Exclusions

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

For Complete Plan Details

- This summary is intended to provide an overview of the benefits available from your employer and is not intended to be a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- Your employer will provide you with the Sun Life Financial Group Dental certificate containing complete plan details.

NAP Plan

PPO Network is Dentemax

Calendar Year Deductible

In-Network	\$0 individual / \$0 family per calendar year
Out-of-Network	\$100 individual / \$300 family per calendar year
Orthodontia (In-Network and Out-of-Network)	No Orthodontia Deductible

Coinsurance—Plan Pays the Following Percentage of Procedures

	In-Network	Out-of-Network
Type I Dental Expense	100% of fee schedule	50% of fee schedule
- Oral Exams		
- Cleanings		
- Fluoride Treatments to age 15		
- Space Maintainers to age 15		
- Sealants to age 15		
- Bite-Wing X-Rays		
- Complete series or Panorex X-Rays		
Type II Dental Expense	100% of fee schedule	20% of fee schedule
- Amalgam/Composite Restorations		
- Simple Extraction		
- Periodontics (Non-Surgical)		
- Endodontics (Root Canal Therapy)		
Type III Dental Expense	60% of fee schedule	20% of fee schedule
- Crown Build-ups and Crowns		
- Dentures		
- Bridges		
- Periodontics (Surgical)		
- Oral Surgery		
Type IV Orthodontic Expenses	40% of fee schedule	40% of fee schedule
Under age 19 only		

You may not be covered for certain expense types until a later date. You may not be covered for a course of treatment started prior to the effective date of this policy including, but not limited to the replacement of missing teeth that are extracted prior to the effective date. Consult your dental certificate for details.

Calendar Year Maximum Benefit

In-Network Types I, II, III	\$1,000 per person
Out-of-Network Types I, II, III	\$500 per person
Orthodontia (In or Out-of-Network)	\$800 Lifetime per Child to age 19

Late Entrants

Employees or dependents that enroll more than 31 days after becoming eligible for coverage will be considered late entrants, unless coverage is elected during the annual election period with a Voluntary plan. If you are a late entrant benefits will become available as follows:

Type I	No Limitation
Type II	Available after 12 months of coverage
Type III	Available after 24 months of coverage
Type IV	Available after 24 months of coverage

