



# Dental Insurance Benefits for PPO Plan

Lake County Board of Commissioners

## Get to know us

Want to know more  
about Sun Life?  
Visit our interactive  
Web site at  
[gettoknowsunlife.com](http://gettoknowsunlife.com).

## 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](http://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.

## PPO Plan

PPO Network is Dentemax

### Calendar Year Deductible

**Type II and III Only; deductible waived for Type I** \$50 individual / \$150 family per calendar year

**Type IV** No Orthodontia Deductible

### Coinsurance—Plan Pays the Following Percentage of Procedures

	In-Network	Out-of-Network
<b>Type I Dental Expense</b>	100% of fee schedule	100% of Usual and Customary
- Oral Exams		
- Cleanings		
- Bite Wing X-Rays		
- Fluoride Treatments to age 15		
- Space Maintainers to age 15		
- Sealants to age 15		
<b>Type II Dental Expense</b>	80% of fee schedule	80% of Usual and Customary
- Amalgam/Composite Restorations		
- Simple Extraction		
- Periodontics (Non-Surgical)		
- Endodontics		
<b>Type III Dental Expense</b>	60% of fee schedule	60% of Usual and Customary
- Crown Build-ups and Crowns		
- Bridges		
- Dentures		
- Periodontics (Surgical)		
- Oral Surgery		
<b>Type IV Orthodontic Expenses</b>	60% of fee schedule	60% of Usual and Customary
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

<b>Types I, II, III</b>	\$1,200 per person
<b>Type IV</b>	\$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.

