

T I C Akean Inc.

BENEFIT HIGHLIGHTS

**Discover new  
ways to protect  
what you love**



**Sun Life**

Life's brighter under the sun



# Find your benefits here.



T I C AKEAN INC.  
POLICY #: 972399

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

## **BENEFITS AT A GLANCE:**

- ▶ **Dental insurance** to help maintain healthy smiles and better overall health, too.
- ▶ **Vision insurance** with eye exams that can detect other health conditions.

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# Dental Insurance

## COMMONLY COVERED

- ✓ Exams and cleanings
- ✓ X-rays
- ✓ Fillings
- ✓ Tooth extractions
- ✓ Root canals

### ▶ PROTECTS YOUR SMILE.

You can feel more confident with dental insurance that encourages routine cleanings and checkups. Dental insurance helps protect your teeth for a lifetime.

### ▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes. Many plans cover preventive services at or near 100% to make it easy for you to use your dental benefits.

### ▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network dentist can reduce your fees approximately 30% from their standard fees. Add the benefits of your coinsurance to that and things are looking good for your wallet.

## DENTAL FAST FACTS

*Treating the inflammation from periodontal disease can help manage other health problems such as heart disease and diabetes.<sup>1</sup>*

*50% of adults over the age of 30 are suffering from periodontal disease.<sup>2</sup>*

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,500 per person (includes Preventive Rewards)	\$1,500 per person (includes Preventive Rewards)

Calendar year/benefit year are the same as plan year

## CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family

## THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%

## SERVICES

### Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any calendar year
- Routine dental cleanings – 2 in any calendar year (frequency combined with periodontal maintenance)
- Fluoride treatment – 1 in any 6 month period. *Only for children under age 14*
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 14*
- Bitewing x-rays – 1 in any 12 month period
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

### Type II Basic Dental Services, including:

- New fillings, including posterior composites
- Space maintainers – *only for children under age 19*
- Simple extractions, incision and drainage
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 24 month period per area
- Periodontal maintenance – 1 time in 3 consecutive months, frequency combined with routine dental cleanings and limited to 4 in any 12 consecutive months
- Localized delivery of antimicrobial agents
- Major gum disease (surgical periodontics)

### Type III Major Dental Services, including:

- Dentures and bridges – subject to 10 year replacement limit
- Stainless steel crowns– *only for children under age 19*
- Inlay, onlay, and crown restorations – 1 per tooth in any 10 year period
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Complex oral surgery
- General anesthesia/IV sedation – medically required

### Waiting Periods

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

- No waiting period for preventive, basic, or major services

# Frequently asked questions

## How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

## How do I find a dentist?

Simply visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance. The PPO network for your plan is the Sun Life Dental Network® with 130,000+ unique dentists<sup>3</sup>.

## Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

## Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>4</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>5</sup>

## What if I have already started dental work, like a root canal or braces, that requires several visits?

Your coverage with us may handle these procedures differently than your prior plan. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

## Do I have to file the claim?

Many dentists will file claims for you. If a dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life  
PO Box 1428  
Milwaukee, WI 53201-1428

## How can I get more information about my coverage or find my dental ID card?

After the effective date of your coverage, you can view benefit information online at your convenience through your Sun Life account. To create an account go to [www.sunlife.com/account](http://www.sunlife.com/account) and register. You can also access this information from our mobile app, which is available for Apple and Android devices. Or you can call Sun Life's Dental Customer Service at 800-442-7742. 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.

## What value added benefits does my plan include?

Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as up to four periodontal cleanings in a year<sup>6,7</sup>, tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer.

Your plan also includes Preventive Rewards so you can get up to \$1250 added to your annual maximum for the next year. The amount added is based on your paid claims for preventive services during the prior year.

### CONSIDER A PRE-DETERMINATION OF BENEFITS

They allow us to review your provider's treatment plan to let you know before treatment is started how much of the work should be covered by the plan, and how much you may need to cover. We recommend them for any dental treatment expected to exceed \$500.

1. American Academy of Periodontology <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21).

2. American Academy of Periodontology <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21).

3. Zelis Network Analytics data as of January 2022 and based on unique dentist count. Sun Life's dental networks include its affiliate, Dental Health Alliance, L.L.C.® (DHA), and dentists under access arrangements with other dental networks. Nationwide counts are state level totals.

4. 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.

5. Please see your employer for more specific information.

6. Classification of services varies by plan design.

7. Total number of combined prophylaxis cleaning and periodontal maintenance procedures cannot exceed 4 in a 12 month period.

Read the *Important information* section for more details including limitations and exclusions

# Dental plan provisions

## **Benefit adjustments**

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care.



# Rates

Coverage and **bi-weekly** cost for Dental.

Rates are effective as of November 1, 2024.

Dental coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*
Employee	\$10.60
Employee + Spouse	\$31.79
Employee + Child(ren)	\$41.48
Employee + Family	\$62.67

\*Contact your employer to confirm your part of the cost.

# Vision Insurance

## COMMONLY COVERED

- ✓ Annual exams
- ✓ Lenses
- ✓ Frames
- ✓ Contact lenses
- ✓ Laser vision correction discount

### ▶ PROTECTS YOUR EYES.

You can help protect your eyesight by visiting an eye doctor regularly. Vision insurance includes an annual comprehensive eye exam with an eye care doctor. Taking care of your eyes today can lead to a better quality of life later.

### ▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help detect signs of chronic health conditions such as high blood pressure and diabetes. Early detection can be key before costly symptoms arise.<sup>1</sup>

### ▶ LOWERS OUT-OF-POCKET EXPENSES.

Seeing an in-network eye care provider can reduce your expenses with savings on frames, lenses, contacts, eye exams and more.

## VISION INSURANCE FAST FACTS

*Roughly, 90% of diabetes-related blindness can be avoided by getting an annual eye exam.<sup>2</sup>*

*59% of adults report experiencing symptoms of digital eye strain, such as blurred vision or headaches.<sup>3</sup>*

# What's covered

BENEFIT	FREQUENCY	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
<b>Exam services</b>			
WellVision exam®	1 per calendar year	\$10 for exam	Up to \$45
Routine retinal screening		No more than a \$39 copay	N/A
<b>Laser vision correction discount</b>	Once per eye per life-time.	Average 15% off the regular price or 5% off the promotional price.  Discounts only available from contracted facilities.	N/A
<b>Lenses</b>			
Single lined	1 per calendar year	\$25 (lenses and frame)	Up to \$30
Bifocal lined			Up to \$50
Trifocal			Up to \$60
Lenticular			Up to \$100
Necessary contacts			Up to \$210
<b>Lens enhancements</b>			
Standard		No cost	N/A
Premium progressive		\$95-\$105 copay	N/A
Custom progressive		\$150-\$175 copay	N/A
Other		Average savings of 20-25%	N/A
<b>Frames</b>	1 per calendar year	\$200 for the frame of your choice and 20% off the amount over your allowance  \$110 allowance at Costco®*	Up to \$70
<i>Includes a wide selection of frames at Walmart®.</i>			
<b>Elective contact lenses</b>	1 per calendar year	\$60 for your contact lens exam (fitting and evaluation)  \$200 for contact lenses	Up to \$105
<i>Contact lenses are in place of lenses and frame.</i>			
<b>Additional glasses and sunglasses discount</b>	20% off complete pairs of prescription and non-prescription glasses, including sunglasses. Discounts are unlimited for 12 months following exam.		N/A
<b>Coverage with retail providers</b>	*Coverage with retail providers may be different. Check with Costco for VSP member pricing. The Costco allowance is equivalent to the allowance at preferred providers and other retail providers.		

This chart outlines services for Plan 3.

Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP)®.

## Frequently asked questions

### How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

### How do I locate an in-network VSP doctor?

You will have access to the largest national network<sup>4</sup> of private-practice eye care doctors in the industry through Vision Service Plan (VSP). There are two ways to find an in-network doctor:

1. Visit [vsp.com](http://vsp.com) and select the Choice network.
2. Call VSP at 800-877-7195.

### What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

### When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are actively at work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

### Can I enroll as a late entrant?

If you elect coverage more than 31 days after your

eligibility date, your effective date will be delayed to the next plan anniversary date.

### Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>5</sup> and dependent children. An eligible child is defined as a child to age 26.<sup>6</sup>

### How can I get more information about my coverage?

After the effective date of your coverage, you can visit [www.sunlife.com/account](http://www.sunlife.com/account) to create a Sun Life account. Once you're logged in, you'll be able to see your plan details and more. Or you can call VSP Customer Service at 800-877-7195.

### Can I use my benefits to buy glasses or contacts online?

Absolutely. Just visit [www.eyeconic.com](http://www.eyeconic.com). Once you have linked your benefits you will be able to see how your coverage will be applied to different options that you are reviewing. Eyeconic features a virtual try-on tool so you can see how the glasses will look on you before you make your purchase.

1. <https://www.vsp.com/eyewear-wellness/eye-health/health-conditions/health-conditions-detected-during-eye-exams> (accessed 07/21).

2. <https://www.diabetes.org/diabetes/eye-health> (accessed 07/21).

3. "2021 Update: Computer Vision Syndrome", April 25, 2021 on [optometrists.org](http://optometrists.org).

4. Netminder as of January 2021.

5. If permitted by the Employer's 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.

6. Please see your employer for more specific information.

Read the *Important information* section for more details including limitations and exclusions.

# Rates

Coverage and **bi-weekly** cost for Vision.

Rates are effective as of November 1, 2024.

Vision coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Cost per pay period*
Employee	\$1.68
Employee + Spouse	\$5.04
Employee + Child(ren)	\$5.71
Employee + Family	\$9.07

\*Contact your employer to confirm your part of the cost.



# Important information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.**

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

## Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

### Dental

We will not pay a benefit for any Dental procedure, which is not listed as a covered dental expense. Any dental service incurred prior to the Effective date or after the termination date is not covered, unless specifically listed in the certificate. A member must be a covered dental member under the Plan to receive dental benefits. The Plan has frequency limitations on certain preventive and diagnostic services, restorations (fillings), periodontal services, endodontic services, and replacement of dentures, bridges and crowns. All services must be necessary and provided according to acceptable dental treatment standards. Treatment performed outside the United States is not covered, except for emergency dental treatment, subject to a maximum benefit. Dental procedures for Orthodontics; TMJ; replacing a tooth missing prior the effective date; implants and implant related services; or occlusal guards for bruxism are not covered unless coverage is elected or mandated by the state.

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).

### Vision

We will not pay a benefit for any vision materials, services or options that are not shown in the Benefit Highlights section of the certificate. Any vision service incurred prior to the Effective date or after the termination date is not covered. A member must be a covered vision member under the Plan to receive vision benefits. In no event will benefits exceed the lesser of the actual cost of the examination or materials or the limits of coverage shown in the Benefit Highlights section of the certificate. The plan is designed to cover visually necessary materials rather than cosmetic materials; the member will be responsible for any additional costs above the basic cost.

This vision plan does not provide coverage for pediatric vision health services that satisfies the requirement for “minimum essential coverage” as defined by The Patient Protection and Affordable Care Act (“PPACA”).

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life”).

In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 12-GP-01, 13-GP-LF-01, 13-LF-C-01, 13-GP-LH-01, 13-ADD-C-01, 15-GP-01, 15-ADD-C-01, 15-LF-GP-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 13-LTD-C-01, 13-STD-C-01, 06P-NY-DBL, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 12-GP-SD-01, 13-SD-C-01, and 15-SD-GP-01.

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▶ **TALK TO YOUR BENEFITS ADMINISTRATOR  
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



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