

E-Z Choice for Small Groups

3 Core Dental Plans

Sun Life and Health Insurance Company (U.S.) offers comprehensive benefits for small businesses! Our E-Z Choice Dental plans are specifically designed with small groups in mind. Groups with 2 to 9 employees¹ — in any industry — have a choice of 3 Core Dental Plans that are easy to understand and elect. And, plans can be tailored with great optional benefits to give employees more of what they want. Learn more about our 3 Core Plans:

Core 1500 Plan Features	
Plan Maximum	\$1,500 per calendar year
Deductible	\$50 for individual, \$150 for family. Deductible waived on Type 1 expenses.
Coinsurance	100 / 80 / 50
Type 1 Expenses	Includes oral exams, cleanings, sealants, and oral cancer screening
Type 2 Expenses	Includes surgical and non-surgical periodontics, and endodontics
Type 3 Expenses	Includes oral surgery and implants. Subject to a 12 month waiting period ³
	Includes a Maximum Carryover Account Benefit

Core 1200 Plan Features	
Plan Maximum	\$1,200 per calendar year
Deductible	\$50 for individual, \$150 for family. Deductible waived on Type 1 expenses.
Coinsurance	100 / 80 / 50
Type 1 Expenses	Includes oral exams, cleanings, sealants, and oral cancer screening
Type 2 Expenses	Includes non-surgical periodontics and endodontics
Type 3 Expenses	Includes surgical periodontics, oral surgery and implants. Subject to a 12 month waiting period ³
	Includes a Maximum Carryover Account Benefit

Core 1000 Plan Features	
Plan Maximum	\$1,000 per calendar year
Deductible	\$50 for individual, \$150 for family. Deductible waived on Type 1 expenses.
Coinsurance	100 / 80 / 50
Type 1 Expenses	Includes oral exams, cleanings, sealants, and oral cancer screening
Type 2 Expenses	Includes non-surgical periodontics
Type 3 Expenses	Includes surgical and non-surgical periodontics, endodontics, oral surgery and implants. \$500 yearly maximum and a 12 month waiting period ³
	Includes a Maximum Carryover Account Benefit

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Products and Services included in the 3 Core Dental Plans

All 3 Core Dental plans include these valuable features:

Vision Discount Card Program

We offer the option of Vision Insurance, but if insured vision is not elected, E-Z Choice Dental customers are given the Vision Discount Card program⁴ at no extra cost! Employees who participate in a dental plan can enjoy discounts on lenses, contacts, exams, laser vision correction, and more with the program. Customers receive a personalized Vision Discount Card and a list of local vision providers that participate – simply present the card at time of service and save!

Maximum Carryover Account

Maximum Carryover Account Benefit allows employees to save – or carry over – unused dental benefits to apply towards procedures in the future. If Type II and Type III expenses in a calendar year are below the plan's threshold, the carryover amount is added to the carryover account. Funds in the account can be used for Type I, II and Type III expenses in the future. When a claim is received that brings the employee over the calendar year maximum, we automatically draw from the account to cover the claim. No paperwork

Employees save unused dental benefits when				
Plan Maximum is	and, do not exceed Threshold of	then, Carryover Amount is added	for a total Carryover limit of	Not to exceed an overall Account Maximum of
\$1,000	\$500	\$350	\$1,000	\$2,000
\$1,200	\$600	\$400	\$1,200	\$2,400
\$1,500	\$700	\$500	\$1,250	\$2,750

The best part: Type 1 expenses are not counted towards the Threshold!

eServices for Employers and Employees

Small business customers have access to the same online tools as Sun Life Financial's large and mid-size groups. Our eServices make dental plan administration easy. Customers can access all the information they need, anytime day or night. Our secure website allows our employers to:

- View and pay bills
- Manage user access
- Update member information
- Order dental ID cards
- Download forms and administration guides
- Find dental providers
- View plan certificates
- Email Sun Life in a HIPAA-compliant environment

And, employees can stay connected to their dental benefits with these helpful online tools:

- Find dental providers
- View online explanation of benefits (EOBs)
- View dental certificates
- Estimate cost of dental procedures based on zip code
- Email questions to a dental professional and get an answer within 24 hours
- Find research on the link between oral health and overall health

Most features are available in English and in Spanish, and all are available at all times.

Optional Benefits

E-Z Choice Dental customers can also choose to enhance their dental plan with these optional benefits:

Type 4 Orthodontia

E-Z Choice Dental plans are now eligible for our Orthodontics Rider⁴, which covers Type 4 procedures for children up to age 19. Employees with orthodontic coverage under the employer's prior plan are not subject to the waiting period. Deductible is waived for Type 4 procedures.

Plan	Lifetime Maximum	Yearly Maximum	Waiting Period
Core 1500	\$1,200	\$500	24 month waiting period ³ when elected
Core 1200	\$1,200	\$500	24 month waiting period ³ when elected
Core 1000	\$1,000	\$500	24 month waiting period ³ when elected

Vision Insurance

With our Vision Insurance, employees can go to any licensed vision care provider. There is a \$50.00 per person lifetime deductible before benefits become payable. Each person is allowed a maximum of one pair of lenses and/or frames per calendar year. The chart to the right shows the list of vision procedures covered under the plan, and the maximum amount covered.

Because Vision Insurance is purchased with Dental, employers receive one bill for both the Dental and Vision coverage. The same employees and dependents who have dental insurance will be insured for vision care, so employee updates can be easily made to both plans at one time.

Description	Plan Maximum
Vision exam by an M.D.	\$75.00
Vision exam by an O.D.	\$60.00
Single vision lens	\$18.75
Single vision lenses	\$37.50
Bifocal lens	\$35.00
Bifocal lenses	\$70.00
Trifocal lens	\$45.00
Trifocal lenses	\$90.00
Lenticular lens	\$56.25
Lenticular lenses	\$112.50
One contact lens	\$25.00
Two contact lenses	\$50.00
Frames	\$50.00

Participating Provider Organizations

Dental plans with PPO (Participating Provider Organization) offer access to network dentists and lower, pre-negotiated fees on most dental procedures. Employees save on out-of-pocket expenses when they visit an in-network provider. PPO networks vary by state.

Maximum Allowable Charge (MAC)

Maximum Allowable Charge (MAC) works the same as PPO. In-network coinsurance levels are the same as PPO, but based on provider fee schedule. (No balance billing) Out-of-network coinsurance are the same as PPO, but claim payments are based on MAC schedule for employer's zip code. (Balance billing by providers is allowed.) Great option for employers who are looking for a low-cost plan.

	Active PPO		Passive PPO	
	In Network	Out of Network	In Network	Out of Network
Type 1	100%	100%	100%	100%
Type 2	90%	80%	80%	80%
Type 3	60%	50%	50%	50%
Type 4	60%	50%	50%	50%

PPO: In-network benefits based on provider fee schedule. Out-of-network benefits based on U&C.

MAC: In-network benefits based on provider fee schedule. Out-of-network based on MAC schedule.

Dental Services Covered By Procedure Type

	Core 1500	Core 1200	Core 1000
Oral Exams limited to 2 per calendar year	Type 1		
Full Mouth / Panoramic X-rays 1 per 60 months			
Bitewing X-rays 1 set per 12 consecutive months, to a maximum of 4 films			
Intraoral X-rays			
Periapical X-rays 4 films per 12 consecutive months			
Prophylaxis limited to 2 per calendar year			
Fluoride Treatment for children up to age 16, once per calendar year			
Sealants for children up to age 16, once per tooth per lifetime			
Space Maintainers for children up to age 16, includes all adjustments within 6 months of installation			
Pre-diagnostic oral cancer screening			
Extraoral X-rays			
Palliative Treatment			
Simple Extractions and Biopsies			
Restorative amalgam, synthetic or plastic fillings			
Stainless Steel Crowns for deciduous teeth			
Recements to Inlays, Crowns and Bridges			
Repairs to dentures limited to repairs or adjustments done more than 12 months after initial insertion			
Non-surgical periodontal procedures scaling and root planing			
Surgical periodontal procedures limited to 1 surgical procedure per area of mouth per 36 months	Type 2	Type 3	Type 3
Endodontics	Type 2	Type 2	Type 3
Restorative crowns, inlays, onlays	Type 3		
Implants limited to 1 per missing tooth			
Oral surgery impactions, alveoloplasty, vestibuloplasty, sinusotomy, residual root removal, incision and drainage			
Prosthetics dentures and bridges			
Relines, rebases and adjustments limited to 1 per 24 months and service dates more than 12 months after installation			
Anesthesia, including IV sedation			
Orthodontic Treatment limited to children up to age 19. Bands must be placed prior to age 19.	Type 4		

General Plan Information

Eligibility

Employers must have 2 to 9 employees and are subject to our standard underwriting guidelines. Employees must:

1. have at least 30 days continuous service (except for minor interruptions, up to 5 days), and
2. be able to perform all the duties of his/her occupation on a full-time basis (30+ hours per week).

Dependents are eligible for coverage when they are the employee's lawful spouse; dependent unmarried children to age 19 years; or dependent unmarried children to age 25 years if a full-time student at an accredited college or school (subject to individual state law).

Contribution Options & Participation Requirements

There are three ways to pay for E-Z Choice Dental employee and dependent coverage:

- The employer can pay 100% of the premium. If so, all eligible employees must participate in the plan.
- The employee can pay 100% of the premium. If so, employees can choose to decline coverage as long as the group meets these minimum participation requirements.
- The cost can be shared between employer and employees, as long as the group meets these minimum participation requirements.

Minimum Participation Requirements	
# of Eligible Employees	Minimum to be Insured
2 to 5	All
6 to 9	All but one

Employees who decline coverage for dental because they have coverage through another plan will not be considered eligible employees when determining minimum participation.

Effective Date

Insurance for new employees will become effective on the later of the first day of the month following 1.) 30 days of continuous employment or, 2.) the longer Waiting Period selected by the employer.

If an employee application is received more than 31 days after a person becomes eligible, that person will be considered a **Late Entrant**. Only Type I expenses will be covered during his/her first 12 months of continuous coverage. After 12 months, Type I and 2 expenses will be covered for the next 12 months. After a continuous 24 months of coverage, all types will be covered.

Rate Guarantee

Rates are guaranteed for 12 months after the initial effective date. Rates for employers changing industry (based on Standard Industry Classification code) or ZIP code will change on the premium due date. We will notify employers in writing at least 31 days (subject to individual state law) before changing premium rates.

Dental Exclusions & Limitations

Covered expenses will not include and no benefits will be paid (nor will such expenses count toward meeting the Deductible Amount) for:

- Any treatment which is for cosmetic purposes (composites on molar teeth and facings on crowns or pontics behind the second bicuspid are considered cosmetic);
- The replacement of lost or stolen appliances;
- Initial placement of dentures or bridges which replace any teeth missing prior to the person's effective date of coverage under this plan, including congenitally missing teeth. (This exclusion will not apply if the prosthesis replaces a functioning natural tooth extracted while the person is covered under this plan.);
- Replacement of bridges unless the bridge is more than 10 years old and cannot be made serviceable;
- Replacement of full or partial dentures unless the prosthetic appliance is more than 10 years old and cannot be made serviceable;
- Replacement of crowns, inlays or onlays unless the prior placement is more than 10 years old and cannot be made serviceable;
- Appliances, services or procedures relating to (i) the change or maintenance of vertical dimension; (ii) restoration of occlusion; (iii) splinting; (iv) correction of attrition or abrasion; (v) bite registration or (vi) bite analysis;
- Orthognathic surgery;
- Prescribed drugs, pre-medication or analgesia;
- Any instruction for diet, plaque control and oral hygiene;

Dental Exclusions & Limitations (cont)

- Charges for: removal of implants, precision or semi-precision attachments, denture duplication, over-dentures and any associated surgery, or other customized services or attachments;
- Cast restorations and crowns for teeth that are not broken down by extensive decay or accidental injury or for teeth that can be restored by other means;
- Temporary crowns and prosthetics (bridges and dentures);
- Services or supplies not shown on the List of Covered Dental Expenses;
- Any procedure begun after the Covered Person's insurance under the policy terminates, or for any prosthetic dental appliance finally installed or delivered more than 30 days after the Covered Person's insurance under the Policy terminates;
- Any procedure begun or appliance installed before a Covered Person became insured under the Policy;
- Any procedure which is not necessary as determined by us; does not offer a favorable prognosis; does not meet accepted standards of care; or does not have uniform professional endorsement or which is experimental in nature;
- Any procedure, service or supplies which are included as covered medical expenses under a medical expense benefit plan;
- Expenses compensable under Workers' Compensation or Employers' Liability Laws;
- Expenses provided or paid for by any governmental program or law, except as to charges which the person is legally obligated to pay.

Vision Coverage Exclusions & Limitations

Covered vision expenses will not include and no benefits will be paid (nor will such expenses count toward meeting the Deductible Amount) for:

- Any procedures, services or supplies which are included as covered medical expenses under a medical expense benefit plan;
- Orthoptics, vision training, subnormal vision aids;
- Plain or prescription sunglasses, special purpose vision aids, or additional charges resulting from customized or designer features;
- Medical or surgical treatment of the eyes;
- Replacement of lost or broken lenses and/or frames;
- Duplicated glasses, lenses or frames thereof;
- Services or material not listed in the Schedule of Insurance, or which are not necessary to restore normal visual acuity;
- Charges resulting from an accidental bodily injury arising out of or in the course of employment for wages or profit, or from any sickness for which benefits are provided under any Workers' Compensation Law or any similar legislation.
- Coverage is provided for replacement of existing lenses only when required by a change in prescription, and replacement of frames only when existing frames are not compatible with new lenses.
- Contact lenses will be covered only if there is a change in prescription and refraction analysis is performed.
- Lenses, Frames and Contacts are limited to either one pair of contacts OR one pair of lenses and/or frames per calendar year.

Sun Life Financial offers comprehensive benefits for small business! Get your instant, online quote now at ebg.sunlife.com.

E-Z Choice 3 Core Dental plans are available in all states except VT, MT, FL, and CO. Sun Life and Health Insurance Company (U.S.) reserves the right to decline any coverage which does not meet underwriting guidelines, even if not previously published. Our standard benefits, exclusions, and limitations are described in this brochure; where state laws dictate otherwise, our benefits, exclusions and limitations are in compliance with those laws. Benefits are subject to state availability.

¹ In some cases, coverage is available for groups with 10 - 24 employees. 75% participation required.

² Type 4 Orthodontia coverage is an optional benefit.

³ Waiting periods are waived for initial employees on takeover groups and applies only to new employees.

⁴ The Vision Discount Card is provided by the Preferred Vision Care Program, which is administered by Spectrum Management Benefits Corporation. It is not insurance.

Group dental insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hills, MA) in all states under Policy Forms Series GP-A. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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