

# Prepaid Dental



## COMMONLY COVERED

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

### ▶ PROTECTS YOUR SMILE.

A dental plan encourages routine cleanings and checkups at the dentist so you can protect your teeth for a lifetime. A healthy smile helps everyone feel more confident.

### ▶ PREVENTS OTHER HEALTH ISSUES.

Just annual preventive care alone can help prevent other health issues such as heart disease and diabetes.<sup>1</sup> Many plans offer low copayment amounts for preventive services to make it easy for you to use your dental benefits.

### ▶ LOWERS OUT-OF-POCKET EXPENSES.

No maximums, no deductibles, no waiting periods and fixed copayment amounts keep your out-of-pocket expenses down. Benefits are even payable for pre-existing dental conditions within the copayment schedule.

## DENTAL FAST FACTS

*Periodontal disease can lead to receding gums, bone damage, loss of teeth, and can increase the risk of other health problems such as heart disease and diabetes.<sup>1</sup>*

*Treatment of gum disease in people with type 2 diabetes can lower blood sugar over time.<sup>2</sup>*

COOPER HOSPITAL UNIVERSITY MED

All Eligible Employees

POLICY # 902942

Union Security DentalCare of New Jersey, Inc.

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# What's covered

The copayments for this plan are below. After you enroll, you will get an Evidence of Coverage. We recommend that you review your Evidence of Coverage to understand your new plan.

**Plan Dentist Services:** The copayments listed below apply when your selected Plan Dentist provides the services. You can expect to pay the amount listed in the "Member Copayment" column at the time of service.

**Plan Specialist Services:** If you require dental services that your selected Plan Dentist is unable to provide, you may visit a Plan Specialist at a reduced rate. You do not need a referral to see a Plan Specialist. For Plan Specialist services, the following reductions will apply:

- 15% for an endodontist
- 25% for any other type of specialist, including but not limited to an orthodontist

ADA CODE**	SERVICE DESCRIPTION**	MEMBER COPAYMENT	MAXIMUM ADDITIONAL CHARGES TO MEMBERS FOR LAB FEES
<b>Appointments</b>			
None	Office visit - during regularly scheduled hours***	7.00	N/A
D0120	Periodic oral evaluation - established patient (once in any 6 calendar months)	5.00	N/A
D0140	Limited oral evaluation - problem focused	25.00	N/A
D0150	Comprehensive oral evaluation - new or established patient (once in any 6 calendar months)	5.00	N/A
D0160	Detailed and extensive oral evaluation - problem focused, by report	10.00	N/A
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	10.00	N/A
D0180	Comprehensive periodontal evaluation - new or established patient	5.00	N/A
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	94.00	N/A
D9440	Office visit - after regularly scheduled hours	45.00	N/A
D9986	Missed appointment	20.00	N/A
<b>Diagnostic Dentistry</b>			
D0210	Intraoral-complete series of radiographic images (once in any 3 calendar years)	No Charge	N/A
D0220	Intraoral-periapical first radiographic image	No Charge	N/A
D0230	Intraoral-periapical each additional radiographic image	No Charge	N/A
D0240	Intraoral-occlusal radiographic image	No Charge	N/A
D0250	Extraoral-2D projection radiographic image created using a stationary radiation source, and detector	No Charge	N/A
D0260	Extraoral-each additional radiographic image	No Charge	N/A
D0270	Bitewing-single radiographic image	No Charge	N/A
D0272	Bitewing-two radiographic images (once in any 6 calendar months)	No Charge	N/A
D0274	Bitewing-four radiographic images (once in any 6 calendar months)	No Charge	N/A
D0330	Panoramic radiographic image (once in any 3 calendar years)	25.00	N/A
D0415	Collection of microorganisms for culture and sensitivity	No Charge	N/A
D0425	Caries susceptibility tests	No Charge	N/A
D0460	Pulp vitality tests	No Charge	N/A
<b>Preventive Dentistry</b>			
D0330	Panoramic radiographic image, by specialist (once in any 3 calendar years)	20.00	N/A
D1110	Prophylaxis - adult (once in any 6 calendar months)	5.00	N/A
D1120	Prophylaxis - child (once in any 6 calendar months)	5.00	N/A

D1206	Topical application of fluoride varnish	No Charge	N/A
D1310	Nutritional counseling for control of dental disease	No Charge	N/A
D1330	Oral hygiene instructions	No Charge	N/A
D1351	Sealant - per tooth	15.00	N/A
D1510	Space maintainer - fixed - unilateral*	70.00	75.00
D1516	Space maintainer - fixed - bilateral, maxillary*	70.00	75.00
D1517	Space maintainer - fixed - bilateral, mandibular*	70.00	75.00
D1520	Space maintainer - removable - unilateral*	110.00	100.00
D1526	Space maintainer - removable - bilateral, maxillary*	110.00	100.00
D1527	Space maintainer - removable - bilateral, mandibular*	110.00	100.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	15.00	N/A
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	15.00	N/A
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	15.00	N/A
None	Additional prophylaxis (D1110 or D1120 service does not apply to patients with periodontal disease)***	35.00	N/A
<b>Restorative Dentistry</b>			
D2140	Amalgam - one surface, primary or permanent	20.00	N/A
D2150	Amalgam - two surfaces, primary or permanent	25.00	N/A
D2160	Amalgam - three surfaces, primary or permanent	30.00	N/A
D2161	Amalgam - four or more surfaces, primary or permanent	35.00	N/A
D2330	Resin-based composite - one surface, anterior	30.00	N/A
D2331	Resin-based composite - two surfaces, anterior	40.00	N/A
D2332	Resin-based composite - three surfaces, anterior	50.00	N/A
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	60.00	N/A
D2391	Resin-based composite - one surface, posterior	40.00	N/A
D2392	Resin-based composite - two surfaces, posterior	50.00	N/A
D2393	Resin-based composite - three surfaces, posterior	60.00	N/A
D2394	Resin-based composite - four or more surfaces, posterior	70.00	N/A
D2510	Inlay - metallic - one surface*	100.00	75.00
D2520	Inlay - metallic - two surfaces*	120.00	75.00
D2530	Inlay - metallic - three or more surfaces*	145.00	75.00
D2543	Onlay - metallic - three surfaces*	200.00	75.00
D2544	Onlay - metallic - four or more surfaces*	240.00	75.00
D2610	Inlay - porcelain/ceramic one surface*	190.00	100.00
D2620	Inlay - porcelain/ceramic two surfaces*	200.00	100.00
D2630	Inlay - porcelain/ceramic three or more surfaces*	230.00	100.00
D2740	Crown - porcelain/ceramic*	310.00	100.00
D2750	Crown - porcelain fused to high noble metal*	310.00	100.00
D2751	Crown - porcelain fused to predominantly base metal*	310.00	100.00
D2752	Crown - porcelain fused to noble metal*	310.00	100.00
D2790	Crown - full cast high noble metal*	310.00	75.00
D2791	Crown - full cast predominantly base metal*	310.00	75.00
D2792	Crown - full cast noble metal*	310.00	75.00
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	15.00	N/A
D2920	Re-cement or re-bond crown	15.00	N/A

D2930	Prefabricated stainless steel crown - primary tooth	70.00	N/A
D2940	Protective restoration	8.00	N/A
D2950	Core buildup, including any pins	85.00	N/A
D2951	Pin retention - per tooth, in addition to restoration	15.00	N/A
D2952	Post and core in addition to crown, indirectly fabricated*	85.00	75.00
D2953	Each additional indirectly fabricated post - same tooth	85.00	75.00
D2954	Prefabricated post and core in addition to crown	85.00	N/A
D2960	Labial veneer (resin laminate) - chairside	225.00	N/A
D2962	Labial veneer (porcelain laminate) - laboratory*	350.00	125.00
D2980	Crown repair necessitated by restorative material failure*	30.00	75.00
None	Temporary filling***	15.00	N/A
	<b>Endodontics</b>		
D3110	Pulp cap - direct (excluding final restoration)	20.00	N/A
D3120	Pulp cap - indirect (excluding final restoration)	10.00	N/A
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	30.00	N/A
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	210.00	N/A
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	310.00	N/A
D3330	Endodontic therapy, molar (excluding final restoration)	500.00	N/A
D3346	Retreatment of previous root canal therapy - anterior	300.00	N/A
D3347	Retreatment of previous root canal therapy - premolar	400.00	N/A
D3348	Retreatment of previous root canal therapy - molar	600.00	N/A
D3410	Apicoectomy - anterior	75.00	N/A
D3421	Apicoectomy - premolar (first root)	100.00	N/A
D3425	Apicoectomy - molar (first root)	125.00	N/A
D3426	Apicoectomy - each additional root	45.00	N/A
D3430	Retrograde filling - per root	55.00	N/A
D3450	Root amputation - per root	75.00	N/A
D3920	Hemisection (including any root removal), not including root canal therapy	85.00	N/A
	<b>Periodontics</b>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	100.00	N/A
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	75.00	N/A
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	300.00	N/A
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	240.00	N/A
D4320	Provisional splinting - intracoronal	75.00	N/A
D4321	Provisional splinting - extracoronal	95.00	N/A
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	75.00	N/A
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	60.00	N/A
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	95.00	N/A
D4910	Periodontal maintenance	50.00	N/A
None	Periodontal hygiene instructions***	No Charge	N/A

None	Periodontal charting for planning (specialty)***	15.00	N/A
	<b>Removable Prosthodontics</b>		
D5110	Complete denture - maxillary*	305.00	150.00
D5120	Complete denture - mandibular*	305.00	150.00
D5130	Immediate denture - maxillary*	365.00	175.00
D5140	Immediate denture - mandibular*	365.00	175.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)*	320.00	125.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)*	320.00	125.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	400.00	175.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)*	400.00	175.00
D5410	Adjust complete denture - maxillary	15.00	N/A
D5411	Adjust complete denture - mandibular	15.00	N/A
D5421	Adjust partial denture - maxillary	15.00	N/A
D5422	Adjust partial denture - mandibular	15.00	N/A
D5511	Repair broken complete denture base, mandibular*	25.00	75.00
D5512	Repair broken complete denture base, maxillary*	25.00	75.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	40.00	75.00
D5611	Repair resin partial denture base, mandibular*	35.00	75.00
D5612	Repair resin partial denture base, maxillary*	35.00	75.00
D5621	Repair cast partial framework, mandibular*	35.00	100.00
D5622	Repair cast partial framework, maxillary*	35.00	100.00
D5630	Repair or replace broken clasp - per tooth*	35.00	100.00
D5640	Replace broken teeth - per tooth*	35.00	75.00
D5650	Add tooth to existing partial denture*	35.00	75.00
D5730	Reline complete maxillary denture (chairside)	60.00	N/A
D5731	Reline complete mandibular denture (chairside)	65.00	N/A
D5740	Reline maxillary partial denture (chairside)	65.00	N/A
D5741	Reline mandibular partial denture (chairside)	70.00	N/A
D5750	Reline complete maxillary denture (laboratory)*	95.00	75.00
D5751	Reline complete mandibular denture (laboratory)*	95.00	75.00
D5760	Reline maxillary partial denture (laboratory)*	95.00	75.00
D5761	Reline mandibular partial denture (laboratory)*	95.00	75.00
D5850	Tissue conditioning, maxillary	25.00	N/A
D5851	Tissue conditioning, mandibular	25.00	N/A
D5862	Precision attachment, by report*	150.00	N/A
	<b>Fixed Prosthodontics</b>		
D6210	Pontic - cast high noble metal*	290.00	75.00
D6211	Pontic - cast predominantly base metal*	290.00	75.00
D6212	Pontic - cast noble metal*	290.00	75.00
D6240	Pontic - porcelain fused to high noble metal*	290.00	100.00
D6241	Pontic - porcelain fused to predominantly base metal*	290.00	100.00
D6242	Pontic - porcelain fused to noble metal*	290.00	100.00
D6245	Pontic - porcelain/ceramic*	290.00	100.00

D6251	Pontic - resin with predominantly base metal*	290.00	100.00
D6740	Retainer crown - porcelain/ceramic*	290.00	100.00
D6750	Retainer crown - porcelain fused to high noble metal*	290.00	100.00
D6751	Retainer crown - porcelain fused to predominantly base metal*	290.00	100.00
D6752	Retainer crown - porcelain fused to noble metal*	290.00	100.00
D6780	Retainer crown - 3/4 cast high noble metal*	290.00	75.00
D6790	Retainer crown - full cast high noble metal*	290.00	75.00
D6791	Retainer crown - full cast predominantly base metal*	290.00	75.00
D6792	Retainer crown - full cast noble metal*	290.00	75.00
D6930	Re-cement or re-bond fixed partial denture	15.00	N/A
D6940	Stress breaker	150.00	N/A
D6950	Precision attachment	150.00	75.00
D6980	Fixed partial denture repair, by report*	55.00	75.00
D7111	Extraction, coronal remnants - primary tooth	30.00	N/A
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	35.00	N/A
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	65.00	N/A
D7220	Removal of impacted tooth - soft tissue	80.00	N/A
D7230	Removal of impacted tooth - partially bony	90.00	N/A
D7240	Removal of impacted tooth - completely bony	115.00	N/A
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	165.00	N/A
D7250	Removal of residual tooth roots (cutting procedure)	50.00	N/A
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	60.00	N/A
D7280	Exposure of an erupted tooth	60.00	N/A
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	70.00	N/A
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	85.00	N/A
D7471	Removal of lateral exostosis (maxilla or mandible)	100.00	N/A
D7510	Incision and drainage of abscess - intraoral soft tissue	30.00	N/A
D7910	Suture of recent small wounds up to 5 cm	15.00	N/A
D7961	Buccal/labial frenectomy (frenulectomy)	75.00	N/A
D7962	Lingual frenectomy (frenulectomy)	75.00	N/A
	<b>Other Services</b>		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	30.00	N/A
D9215	Local anesthesia	No Charge	N/A
D9222	Deep sedation/general anesthesia - first 15 minutes	180.00	N/A
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	20.00	N/A
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	180.00	N/A
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	75.00	N/A
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	5.00	N/A
D9910	Application of desensitizing medicament	15.00	N/A
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	10.00	N/A
D9944	Occlusal guard - hard appliance, full arch*	95.00	75.00
D9945	Occlusal guard - soft appliance, full arch*	95.00	75.00
D9946	Occlusal guard - hard appliance, partial arch*	95.00	75.00

D9951	Occlusal adjustment - limited	35.00	N/A
D9952	Occlusal adjustment - complete	160.00	N/A
	<b>Bleaching</b>		
D9972	External bleaching-per arch-performed in office	175.00	N/A
None	External bleaching, both arches***	275.00	N/A

\*These services have laboratory charges up to the amount shown. You will need to pay the laboratory charges to the Plan Dentist in addition to the copayment.

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\*\*\*Service does not have an American Dental Association Current Dental Terminology code or descriptor.

# Frequently asked questions

## How does a Prepaid 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](http://www.sunlife.com/findadentist). Follow the prompts to find a dentist in your area who participates in the Heritage network. You can also call 800-443-2995 for help finding a dentist.

## 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. Each family member may choose a different plan dentist.

## Are my dependents eligible for coverage?

Yes. Your plan offers coverage for your spouse<sup>3</sup> and dependent children. An eligible child is defined as an unmarried child to age 19 or to age 31 if a full-time student.<sup>4</sup>

## What features does my plan include?

- No annual dollar maximums for plan dentists and plan specialists
- No deductibles
- No waiting periods
- Benefits are payable for pre-existing dental conditions within the copayment schedule
- Extensive provider network updated regularly

## 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 their roster.

## Do I have to file the claim?

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

## 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.

## What is the vision discount plan?

This plan offered by Vision Services Plan® (VSP) provides you discounts on exams, as well as on the purchase of eyeglasses, sunglasses and other prescription eyewear from VSP doctors. These discounts are available to you and everyone covered on your dental plan. To locate a VSP doctor near you, visit [www.vsp.com](http://www.vsp.com) or call VSP at 800-877-7195. This plan is not insurance.

## How can I get more information about my coverage, change my assigned dentist 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 – *Benefit Tools*, which is available for Apple and Android devices. 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.

### FIND A PLAN SPECIALIST

You will find a list of plan specialists by looking in the plan network directory, visiting [www.sunlife.com/findadentist](http://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.

1. American Academy of Periodontology [http://www.perio.org/consumer/love\\_the\\_gums\\_you%27re\\_with](http://www.perio.org/consumer/love_the_gums_you%27re_with) (accessed on 04/11/18)

2. <https://www.cdc.gov/diabetes/ndep/pdfs/150-Healthy-teeth-matter.pdf> (accessed 4/11/18)

3. 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.

4. Please see your employer for more specific information.

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

## Important information

For the prepaid dental plan, you must meet the eligibility requirements set forth by your employer. Your effective date will be determined by your Group Dental Service Agreement and Evidence of Coverage. Refer to these plan documents 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 Evidence of Coverage or ask your benefits administrator for details.

### Prepaid Dental

We will not pay a benefit for any Dental procedure or service not specifically mentioned in the Copayment Schedule (including any hospital or outpatient care facility cost associated with any dental procedures). Except for Emergency Services, services provided by non-Plan Providers are not covered, unless preauthorized by Plan. Any dental service listed in the Copayment Schedule initiated prior to Member's Effective Date or after the Member's termination is not covered. Failure of the member to follow a prescribed course of dental treatment may result in the need for additional dental services and additional charges may or may not be included within the Copayment Schedule. Fixed or removable prosthetics are subject to a 5 year replacement limitation. Active Orthodontic Treatment is limited to twenty-four (24) consecutive months of continuous treatment and is allowed once per lifetime. Extractions for Orthodontic purposes only are at a 25% discount off of the Plan Provider's normal retail charge. Implants and implant related procedures are not covered.

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

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).

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

Prepaid dental products are provided by Union Security DentalCare of New Jersey, Inc., an affiliate of Sun Life Assurance Company of Canada (Wellesley Hills, MA), under Form Series FB-NJ-0281.

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# Rates

Coverage and **monthly** cost for Prepaid Dental.

Rates are effective as of January 1, 2022.

Prepaid 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	\$12.88
Employee + Spouse	\$21.80
Employee + Child(ren)	\$21.80
Employee + Family	\$34.39

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