



# Specialized Dental Proposal



These rates and plan design are specific to QualChoice for use in Arkansas. Rates are as of April 1, 2022 and may change based on state requirements or changes to the plan.



## Keep your employees smiling brightly.

Did you know, employed adults lose more than 164 million hours of work each year due to oral health problems<sup>1</sup>? Through over 30 years of experience, flexible plan options, and access to one of the largest PPO networks – Sun Life Dental is your best dental partner.

### Nationwide networks

Our PPO dental network, the Sun Life Dental Network®, is one of the nation's largest<sup>2</sup> with over 130,000 unique dentists<sup>3</sup>. That gives employees access to more in-network dentists, making it easier for them to help reduce out-of-pocket costs for covered procedures and treatments.

### Finding a dentist

Sun Life Dental Network® has both a toll free number and a website available to members.

- The toll free number: 1-800-985-9895
- Website: [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist)

### Employer Contribution Plans

At least 25% employer contribution required.

Required participation:

- 2-5 employees – 100% participation
- 6-10 employees – 75% participation
- 10+ employees – 50% participation

### Voluntary Plans

Required participation:

- The greater of 3 employees or 20% of total qualified employees.

1. <https://www.ada.org/en/about-the-ada/dentists-doctors-of-oral-health> (accessed on 03/01/22)

2. Zelis Network Analytics data as of September 2021 and based on unique dentist count. Each dentist is only counted once.

3. 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.



## Plan Design

Plan	D002	D004	D007	D008
Calendar Yearly Maximum	750	1,000	1,000	1,000
Deductible (waived for Type I services)	\$50 Calendar year	\$50 Calendar year	\$50 Calendar year	\$50 Calendar year
<b>Type I Preventive Services</b> Oral exams (2 per 12 months) Cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100%	100%	100%	100%
<b>Type II Basic Services</b> Space Maintainers Fillings Sealants Full mouth x-rays	80%	50%	50%	80%
Waiting Period	None	None	None	None
<b>Type III Major Services</b> Endodontics Anesthesia Simple, surgical extractions Oral surgery Periodontics Crowns, Inlays, Onlays Dentures, Bridges, Implants	0%	50%	50%	50%
Waiting Period	12 months	12 months	12 months	12 months
Type IV Orthodontia (Children only)	No coverage	No coverage	50%	50%
Lifetime Maximum	-	-	\$1,000	\$1,000
Waiting Period	-	-	12 months	12 months

## Monthly Premium

Plan	D002	D004	D007	D008
<b>Four Tier Rates</b>				
Employee	\$11.86	\$24.73	\$24.73	\$27.11
Employee + Spouse	\$23.72	\$49.46	\$49.46	\$54.23
Employee + Child(ren)	\$33.14	\$52.64	\$57.85	\$65.31
Family	\$45.85	\$78.03	\$83.90	\$93.95

For voluntary dental coverage, the rates quoted above will increase by 10% for each tier. Example to calculate the voluntary rate: \$11.86 X 1.10 (voluntary load) = \$13.05 (voluntary EE rate). The participation requirement for voluntary is a minimum of 3 employees covered or at least 20% of eligibles.

continued

## Plan Design

Plan	D011	D012
Calendar Yearly Maximum	1,500	1,750
Deductible (waived for Type I services)	\$50 Calendar year	\$50 Calendar year
<b>Type I Preventive Services</b> Oral exams (2 per 12 months) Cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100%	100%
<b>Type II Basic Services</b> Space Maintainers Fillings Sealants Full mouth x-rays	80%	80%
Waiting Period	None	None
<b>Type III Major Services</b> Endodontics Anesthesia Simple, surgical extractions Oral surgery Periodontics Crowns, Inlays, Onlays Dentures, Bridges, Implants	50%	50%
Waiting Period	12 months	12 months
Type IV Orthodontia (Children only)	50%	50%
Lifetime Maximum	\$1,000	\$1,000
Waiting Period	12 months	12 months

## Monthly Premium

Plan	D011	D012
<b>Four Tier Rates</b>		
Employee	\$27.93	\$28.20
Employee + Spouse	\$55.86	\$56.40
Employee + Child(ren)	\$67.12	\$67.72
Family	\$96.61	\$97.50

For voluntary dental coverage, the rates quoted above will increase by 10% for each tier. Example to calculate the voluntary rate: \$11.86 X 1.10 (voluntary load) = \$13.05 (voluntary EE rate). The participation requirement for voluntary is a minimum of 3 employees covered or at least 20% of eligibles.

continued





#### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive.

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 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.

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"). Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01.

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