

## EXAMPLES OF SERVICES

- ✓ 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.

Gum disease can lead to other health issues such as heart disease and diabetes. Annual preventive care can help prevent gum disease.<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

Your employer is offering you a choice of two dental plans. Please review the information for this plan as well as the Dental Insurance plan and choose the one plan that best fits your needs.

## DENTAL FAST FACTS

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

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

PATHWAYS HOME HEALTH AND HOSPICE

All Eligible Employees

POLICY # 966953

UDC Dental California, Inc.

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## What's covered

**Copayment schedule:** You will be responsible for paying the amount listed in the "copayment" columns at the time the service is received, or in accordance with the selected plan dentist's or plan specialist's billing procedures. Should you require dental services that your selected plan dentist is unable to provide, you may obtain those services from a plan specialist. No referral is needed from the selected plan dentist in order for you to obtain services from a plan specialist.

The dental services covered under the plan and the member copayment amount for those services may be different for plan dentists versus plan specialists. Not all dental services listed in the "plan dentist member copayment" column are included in the "plan specialist member copayment" column. Not all dental services listed in the "plan specialist member copayment" column are included in the "plan dentist member copayment" column. If you see a plan dentist for services not listed in the "plan dentist member copayment" column, the dental services will not be covered under the plan and the plan dentist may charge you the usual and customary rate for those services. If you see a plan specialist for services not listed in the "plan specialist member copayment" column, the dental services will not be covered under the plan and the plan specialist may charge you the usual and customary rate for those services.

ADA CODE**	SERVICE DESCRIPTION**	PLAN DENTIST MEMBER COPAYMENT	PLAN SPECIALIST MEMBER COPAYMENT
	<b>Appointments</b>		
D0120	Periodic oral evaluation - established patient	No Charge	N/A
D0140	Limited oral evaluation - problem focused	No Charge	No Charge
D0150	Comprehensive oral evaluation - new or established patient	No Charge	No Charge
D0180	Comprehensive periodontal evaluation - new or established patient	No Charge	No Charge
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Charge	No Charge
D9440	Office visit - after regularly scheduled hours	20.00	N/A
	<b>Diagnostic Dentistry</b>		
D0210	Intraoral - comprehensive series of radiographic images	No Charge	25.00
D0220	Intraoral-periapical first radiographic image	No Charge	No Charge
D0230	Intraoral-periapical each additional radiographic image	No Charge	No Charge
D0240	Intraoral-occlusal radiographic image	No Charge	No Charge
D0250	Extraoral-2D projection radiographic image created using a stationary radiation source, and detector	No Charge	No Charge
D0260	Extraoral-each additional radiographic image	No Charge	No Charge
D0270	Bitewing-single radiographic image	No Charge	N/A
D0272	Bitewing-two radiographic images	No Charge	N/A
D0273	Bitewings-three radiographic images	No Charge	N/A
D0274	Bitewing-four radiographic images	No Charge	N/A
D0330	Panoramic radiographic image	No Charge	25.00
D0415	Collection of microorganisms for culture and sensitivity	No Charge	No Charge
D0425	Caries susceptibility tests	No Charge	No Charge
D0460	Pulp vitality tests	No Charge	No Charge
D0470	Diagnostic casts	No Charge	No Charge
None	Periodontal probing in the presence of periodontal disease***	10.00	10.00
	<b>Preventive Dentistry</b>		
D1110	Prophylaxis - adult (once in every 6 months)	No Charge	No Charge
D1120	Prophylaxis - child (once in every 6 months)	No Charge	No Charge
D1206	Topical application of fluoride varnish	No Charge	No Charge

D1310	Nutritional counseling for control of dental disease	No Charge	N/A
D1330	Oral hygiene instructions	No Charge	N/A
D1351	Sealant - per tooth	10.00	10.00
D1510	Space maintainer - fixed - unilateral	70.00	70.00
D1516	Space maintainer - fixed - bilateral, maxillary	70.00	70.00
D1517	Space maintainer - fixed - bilateral, mandibular	70.00	70.00
D1520	Space maintainer - removable - unilateral	80.00	80.00
D1526	Space maintainer - removable - bilateral, maxillary	80.00	80.00
D1527	Space maintainer - removable - bilateral, mandibular	80.00	80.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	No Charge	No Charge
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	No Charge	No Charge
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	No Charge	No Charge
None	Additional prophylaxis***	25.00	25.00
	<b>Restorative Dentistry</b>		
D2140	Amalgam - one surface, primary or permanent****	No Charge	No Charge
D2150	Amalgam - two surfaces, primary or permanent****	No Charge	No Charge
D2160	Amalgam - three surfaces, primary or permanent****	No Charge	No Charge
D2161	Amalgam - four or more surfaces, primary or permanent****	No Charge	No Charge
D2330	Resin-based composite - one surface, anterior****	No Charge	No Charge
D2331	Resin-based composite - two surfaces, anterior****	No Charge	No Charge
D2332	Resin-based composite - three surfaces, anterior****	No Charge	No Charge
D2391	Resin-based composite - one surface, posterior	25.00	N/A
D2392	Resin-based composite - two surfaces, posterior	35.00	N/A
D2393	Resin-based composite - three surfaces, posterior	45.00	N/A
D2740	Crown - porcelain/ceramic	89.00	N/A
D2750	Crown - porcelain fused to high noble metal*	89.00	N/A
D2751	Crown - porcelain fused to predominantly base metal	89.00	N/A
D2752	Crown - porcelain fused to noble metal*	89.00	N/A
D2790	Crown - full cast high noble metal*	85.00	N/A
D2791	Crown - full cast predominantly base metal	85.00	N/A
D2792	Crown - full cast noble metal	85.00	N/A
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	95.00	N/A
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage restoration	5.00	N/A
D2920	Re-cement or re-bond crown	10.00	N/A
D2930	Prefabricated stainless steel crown - primary tooth	35.00	35.00
D2931	Prefabricated stainless steel crown - permanent tooth	70.00	70.00
D2940	Protective restoration	No Charge	No Charge
D2950	Core buildup, including any pins	25.00	N/A
D2951	Pin retention - per tooth, in addition to restoration	5.00	N/A
D2952	Cast post and core in addition to crown****	35.00	N/A
D2954	Prefabricated post and core in addition to crown****	50.00	N/A
D2960	Labial veneer (resin laminate) - chairside	100.00	N/A
D2962	Labial veneer (porcelain laminate) - laboratory	190.00	N/A
D2980	Crown repair necessitated by restorative material failure	25.00	N/A
None	Temporary filling***	No Charge	N/A

	Endodontics		
D3110	Pulp cap - direct (excluding final restoration)	No Charge	N/A
D3120	Pulp cap - indirect (excluding final restoration)	No Charge	N/A
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	10.00	10.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	95.00	95.00
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	130.00	130.00
D3330	Endodontic therapy, molar (excluding final restoration)	165.00	165.00
D3346	Retreatment of previous root canal therapy - anterior	95.00	95.00
D3347	Retreatment of previous root canal therapy - premolar	130.00	130.00
D3348	Retreatment of previous root canal therapy - molar	165.00	165.00
D3410	Apicoectomy - anterior	125.00	125.00
D3421	Apicoectomy - premolar (first root)	160.00	160.00
D3425	Apicoectomy - molar (first root)	180.00	180.00
D3426	Apicoectomy - each additional root	75.00	75.00
D3430	Retrograde filling - per root	50.00	50.00
D3450	Root amputation - per root	75.00	75.00
D3920	Hemisection (including any root removal), not including root canal therapy	100.00	100.00
	Periodontics		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	100.00	100.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	60.00	60.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	250.00	250.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	155.00	155.00
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	60.00	60.00
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	50.00	50.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	40.00	40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	25.00	25.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	35.00	35.00
D4910	Periodontal maintenance	25.00	25.00
None	Periodontal hygiene instructions***	No Charge	No Charge
	Removable Prosthodontics (Removable Dentures)		
D5110	Complete denture - maxillary	125.00	N/A
D5120	Complete denture - mandibular	125.00	N/A
D5130	Immediate denture - maxillary	140.00	N/A
D5140	Immediate denture - mandibular	140.00	N/A
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	135.00	N/A
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	135.00	N/A
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	150.00	N/A
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	150.00	N/A

D5410	Adjust complete denture - maxillary	10.00	N/A
D5411	Adjust complete denture - mandibular	10.00	N/A
D5421	Adjust partial denture - maxillary	10.00	N/A
D5422	Adjust partial denture - mandibular	10.00	N/A
D5511	Repair broken complete denture base, mandibular	30.00	N/A
D5512	Repair broken complete denture base, maxillary	30.00	N/A
D5611	Repair resin partial denture base, mandibular	30.00	N/A
D5612	Repair resin partial denture base, maxillary	30.00	N/A
D5621	Repair cast partial framework, mandibular	30.00	N/A
D5622	Repair cast partial framework, maxillary	30.00	N/A
D5630	Repair or replace broken clasp - per tooth	30.00	N/A
D5640	Replace broken teeth - per tooth	30.00	N/A
D5650	Add tooth to existing partial denture	30.00	N/A
D5730	Reline complete maxillary denture (chairside)	40.00	N/A
D5731	Reline complete mandibular denture (chairside)	40.00	N/A
D5740	Reline maxillary partial denture (chairside)	40.00	N/A
D5741	Reline mandibular partial denture (chairside)	40.00	N/A
D5750	Reline complete maxillary denture (laboratory)	65.00	N/A
D5751	Reline complete mandibular denture (laboratory)	65.00	N/A
D5760	Reline maxillary partial denture (laboratory)	65.00	N/A
D5761	Reline mandibular partial denture (laboratory)	65.00	N/A
D5850	Tissue conditioning, maxillary	10.00	10.00
D5851	Tissue conditioning, mandibular	10.00	10.00
<b>Fixed Prosthodontics (Bridges or Fixed Partial Dentures)</b>			
D6210	Pontic - cast high noble metal*	85.00	N/A
D6211	Pontic - cast predominantly base metal	85.00	N/A
D6212	Pontic - cast noble metal*	85.00	N/A
D6240	Pontic - porcelain fused to high noble metal*	89.00	N/A
D6241	Pontic - porcelain fused to predominantly base metal	89.00	N/A
D6242	Pontic - porcelain fused to noble metal*	89.00	N/A
D6721	Retainer crown - resin with predominantly base metal	70.00	N/A
D6750	Retainer crown - porcelain fused to high noble metal*	89.00	N/A
D6751	Retainer crown - porcelain fused to predominantly base metal	89.00	N/A
D6752	Retainer crown - porcelain fused to noble metal*	89.00	N/A
D6790	Retainer crown - full cast high noble metal*	85.00	N/A
D6791	Retainer crown - full cast predominantly base metal	85.00	N/A
D6792	Retainer crown - full cast noble metal*	85.00	N/A
D6930	Re-cement or re-bond fixed partial denture	10.00	N/A
D6940	Stress breaker	90.00	N/A
D6980	Fixed partial denture repair, by report	40.00	N/A
D7111	Extraction, coronal remnants - primary tooth	17.00	N/A
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	17.00	N/A
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	30.00	30.00
D7220	Removal of impacted tooth - soft tissue	60.00	60.00

D7230	Removal of impacted tooth - partially bony	70.00	70.00
D7240	Removal of impacted tooth - completely bony	100.00	100.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	120.00	120.00
D7250	Removal of residual tooth roots (cutting procedure)	30.00	30.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	100.00	100.00
D7280	Exposure of an erupted tooth	150.00	150.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	35.00	35.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	70.00	70.00
D7471	Removal of lateral exostosis (maxilla or mandible)	95.00	95.00
D7510	Incision and drainage of abscess - intraoral soft tissue	30.00	30.00
D7961	Buccal/labial frenectomy (frenulectomy)	70.00	70.00
D7962	Lingual frenectomy (frenulectomy)	70.00	70.00
	<b>Anesthesia, Analgesia, and Sedation</b>		
D9215	Local anesthesia	No Charge	No Charge
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	15.00	15.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	120.00	120.00
D9944	Occlusal guard - hard appliance, full arch	100.00	N/A
D9945	Occlusal guard - soft appliance, full arch	100.00	N/A
D9946	Occlusal guard - hard appliance, partial arch	100.00	N/A
D9972	External bleaching-per arch-performed in office	175.00	N/A
None	External bleaching, both arches***	300.00	N/A
	<b>Orthodontics***</b>		
None	Diagnostic workup with radiographs/model***	175.00	175.00
D8030	Limited orthodontic treatment of the adolescent dentition	900.00	900.00
D8040	Limited orthodontic treatment of the adult dentition	1000.00	1000.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition	1695.00	1695.00
D8090	Comprehensive orthodontic treatment of the adult dentition	1895.00	1895.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	35.00	35.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	95.00	95.00
None	Adjusting retainer, by report***	No Charge	No Charge
None	Elastics, by report***	No Charge	No Charge
None	Final orthodontics records, by report***	125.00	125.00
None	Reattached brackets and bands (limit 3 times)***	7.00	7.00
None	Replace broken ligature wires (limit 3 times)***	5.00	5.00
None	Premium transparent brackets, per arch***	200.00	200.00

\*Services marked with a single asterisk may also require separate payment by you for the cost of any precious or semi-precious alloy used in their fabrication.

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

\*\*\*\*Services marked with a quadruple asterisk are subject to a separate Copayment for restorations and endodontic posts and cores placed after root canal therapy.

Note: N/A indicates no applicable copayment amount.

## Frequently asked questions

### How does a DHMO 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 DHMO 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 a child to age 26.<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
- Copayments for speciality care including orthodontics

### 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.

### 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. The term "spouse" in this benefit includes any domestic partner (as defined in Section 297 of the California Family Code), or in the employer's Declaration of Domestic Partnership agreement

4. Please see your employer for more specific information.

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

## 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.**

For the DHMO 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 Combined Evidence of Coverage and Disclosure Form. 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 Combined Evidence of Coverage and Disclosure Form or ask your benefits administrator for details.

### DHMO Dental

We will not pay a benefit for any Dental procedure not specifically listed in the Copayment Schedule; any dental service started and completed prior to the Effective date. Any dental services started prior to the Effective date, but not completed until after the Effective date will only be considered if the dental service was provided by a Plan Provider unless the Member requests the Plan to arrange for treatment to continue with the Non-Plan Provider. Except for Emergency or Urgent Services outside the Service Area or in situations in which a Plan Provider is not available, services provided by non-Plan dentists are not covered unless pre-authorized by Plan. Active Orthodontic Treatment is limited to twenty-four (24) consecutive months of continuous treatment and is allowed once per lifetime. Copayments listed for fixed prosthetic restorations do not cover the cost of any precious or semi-precious alloy used in their fabrication.

**The DHMO dental Overview is preliminary to the issuance of your plan documents. Refer to your Combined Evidence of Coverage and Disclosure Form for details. Receipt of this Overview does not constitute approval of coverage. In the event of a discrepancy between this Overview and the Combined Evidence of Coverage and Disclosure Form, the terms of the Combined Evidence of Coverage and Disclosure Form 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 UDC Dental California, Inc., an affiliate of Sun Life Assurance Company of Canada (Wellesley Hills, MA), under Form Series UDC-CA-GA06-UDC and UDC-CA-GA06-89.

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