

California State Law Requires Distribution to Employees at Enrollment and Renewal

Pathways Home Health and Hospice

Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC)

Part I: GENERAL INFORMATION

Plan Name: UDC Dental California, Inc.
Type of Product Line: HMO
Effective Date: Beginning on or after 07/01/2024

Name of Product: DHMO Series 89
Plan Phone #: 800-443-2995
Plan Website: www.udcdentalcalifornia.com

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND WHAT YOU WILL PAY FOR COVERED SERVICES. THIS IS A SUMMARY ONLY AND DOES NOT INCLUDE THE PREMIUM COSTS OF THIS DENTAL BENEFITS PACKAGE. PLEASE CONSULT YOUR EVIDENCE OF COVERAGE AND DENTAL CONTRACT FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. FOR MORE INFORMATION ABOUT YOUR COVERAGE, VISIT THE PLAN WEBSITE AT www.sunlife.com/account OR CALL 800-443-2995.

THIS MATRIX IS NOT A GUARANTEE OF EXPENSES OR PAYMENT.

Part II: DEDUCTIBLES

Deductible	In-Network	Out-of-Network
Dental	No Deductible	Not Applicable
Orthodontia	No Deductible	Not Applicable

- **There is no deductible.**
- A **deductible** is the amount you are required to pay for covered dental services each plan year before the plan begins to pay for the cost of covered dental treatment.
- **In-network services** are dental care services provided by dentists or other licensed dental care providers that contract with your plan to provide dental services.

- **Out-of-network services** are dental care services provided by dentists or other licensed dental care providers that are not contracted with your plan.

Part III: MAXIMUMS PLAN WILL PAY

Maximums	In-Network	Out-of-Network
Annual Maximum	\$ 0	Not Applicable
Lifetime or Annual Maximum for Orthodontia	\$ 0	Not Applicable

- **Annual maximum** is the maximum dollar amount your plan will pay toward the cost of dental care within a specific period of time, usually a consecutive 12-month or calendar year period.
- **Lifetime maximum** means the maximum dollar amount your plan providing dental benefits will pay for the life of the enrollee. Lifetime maximums usually apply to specific services, such as orthodontic treatment.

Part IV: WAITING PERIODS

Waiting Periods: A waiting period is the amount of time that must pass before you are eligible to receive benefits for all or certain dental treatments. **There is no waiting period.**

Part V: WHAT YOU WILL PAY

All copayments and coinsurance costs shown in this chart apply after your deductible has been met, if a deductible applies. The Common Dental Procedures fit into one of the following applicable categories: Preventive & Diagnostic, Basic or Major. The Benefit Limitations and Exclusions column includes common limitations and exclusions only. For a full list, see the full disclosure document referenced in the Benefit Limitations and Exclusions column.

Common Dental Procedures	Category	In-Network	Out-of-Network	Benefit Limitations and Exclusions For a full listing, refer to the Evidence of Coverage, Article: “Limitations and Exclusions” and the Copayment Schedule
<i>Oral Exam</i>	Preventive & Diagnostic	\$ 0	Not Covered	
<i>Bitewing X-ray</i>	Preventive & Diagnostic	\$ 0	Not Covered	Plan Specialist is excluded
<i>Cleaning</i>	Preventive & Diagnostic	\$ 0	Not Covered	Once in every 6 months
<i>Filling</i>	Basic	\$ 0	Not Covered	
<i>Extraction, Erupted Tooth or Exposed Root</i>	Basic	\$ 17	Not Covered	Plan Specialist is excluded
<i>Root Canal</i>	Basic	\$ 165	Not Covered	
<i>Scaling and Root Planing</i>	Basic	\$ 40	Not Covered	
<i>Ceramic Crown</i>	Major	\$ 89	Not Covered	Plan Specialist is excluded
<i>Removable Partial Denture</i>	Major	\$ 150	Not Covered	Plan Specialist is excluded
<i>Extraction, Erupted Tooth with Bone Removal</i>	Basic/Major	\$ 30	Not Covered	
<i>Orthodontia</i>	Orthodontia	\$ 1695	Not Covered	Limited to 24 months of continuous treatment and is allowed once per lifetime

Part VI: COVERAGE EXAMPLES

THESE EXAMPLES DO NOT REPRESENT A COST ESTIMATOR OR GUARANTEE OF PAYMENT. The examples provided represent commonly used services in the categories of Diagnostic and Preventive, Basic and Major Services for illustrative purposes and to compare this product to other dental products you may be considering. Your actual costs will likely be different from those shown in the chart below depending on the actual care you receive, the prices your providers charge and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and the summary of excluded services under the plan.

Dana Has a Dental Appointment with a New Dentist		Sam Needs a Tooth Filled		Maria Needs a Crown	
New patient exam, x-rays (full-mouth x-ray) and cleaning		Resin-based composite – one surface, posterior		Crown – porcelain/ceramic substrate	

Dana's Visit	Dana's Cost	Sam's Visit	Sam's Cost	Maria's Visit	Maria's Cost
Total Cost of Care	In-network: \$400 Out-of-network: \$550	Total Cost of Care	In-network: \$150 Out-of-network: \$200	Total Cost of Care	In-network: \$1,300 Out-of-network: \$1,750
Deductible	In-network: \$0 Out-of-network: Not Applicable	Deductible	In-network: \$0 Out-of-network: Not Applicable	Deductible	In-network: \$0 Out-of-network: Not Applicable
Annual Maximum (Plan Will Pay)	In-network: \$0 Out-of-network: Not Applicable	Annual Maximum (Plan Will Pay)	In-network: \$0 Out-of-network: Not Applicable	Annual Maximum (Plan Will Pay)	In-network: \$0 Out-of-network: Not Applicable
Patient Cost (copayment or coinsurance)	In-network: \$0 Out-of-network: \$550	Patient Cost (copayment or coinsurance)	In-network: \$25 Out-of-network: \$200	Patient Cost (copayment or coinsurance)	In-network: \$89 Out-of-network: \$1,750

Dana's Visit	Dana's Cost	Sam's Visit	Sam's Cost	Maria's Visit	Maria's Cost
In this example, Dana would pay (includes copays/coinsurance and deductible, if applicable):	In-network: \$0 Out-of-network: \$550	In this example, Sam would pay (includes copays/coinsurance and deductible, if applicable):	In-network: \$25 Out-of-network: \$200	In this example, Maria would pay (includes copays/coinsurance and deductible, if applicable):	In-network: \$89 Out-of-network: \$1,750
Summary of what is not covered or subject to a limitation:	Cleaning – once in every 6 months	Summary of what is not covered or subject to a limitation:	Plan Specialist is excluded	Summary of what is not covered or subject to a limitation:	Plan Specialist is excluded

Notice

Timely Access to Care: Members have the right to timely access to care and telephone assistance, including the right to appointments and care within the following timeframes:

- Emergency care is available 24 hours a day, 7 days per week.
- Urgent care is available within 72 hours depending on individual dental needs and as required by professionally recognized standards of dental practice.
- Providers must have an answering machine or answering service during non-business hours which provide instructions concerning how to obtain emergency or urgent care, including how to contact another provider who has agreed to be on-call to screen by phone or deliver emergency or urgent care.
- Non-urgent appointments are available within 36 business days of the request for an appointment.
- Preventative dental care appointments are available within 40 business days of the request for an appointment.
- The Plan will ensure that, during normal business hours, a Customer Service Representative will answer the phone within 10 minutes.
- If it is necessary for the Member or provider to reschedule an appointment, the appointment must be promptly rescheduled in a manner that is appropriate for the Member's health care needs: within 24 hours for emergency care, within 72 hours for urgent care, within 36 business days for initial/routine care, and within 40 business days for preventative care.
- If the Member needs an interpreter, interpretation services are available upon request. A request for interpretation services at the time of the Member's appointment will not delay the scheduling of the Member's appointment. The Plan and provider will coordinate the interpretation services with the scheduled appointment.
- Provider facilities should meet Americans with Disabilities Act (ADA) access guidelines including wheel-chair accessibility.

If appropriate care from a Plan Provider is not accessible, the Plan will refer the Member to an appropriate Non-Plan Provider. Cost-sharing will be equal to the cost-sharing the Member would have paid for similar service from a Plan Provider.

If the Member has questions about appointment wait times or if the Member would like to request an interpreter, please contact our Client Service Department at 800-443-2995.

Notice

Confidentiality of Medical Information: Members have the right to request that protected health information ("PHI") is communicated directly to Member in an alternative manner or at an alternative location. PHI is information that may identify Member as an individual and relates to Member's past, present, or future physical or mental health or condition. It also includes information related to the past, present, or future payment for Member's health care.

To request that the Plan communicate about PHI in an alternative manner or at an alternative location send a written request to:

**UDC Dental California, Inc.
Attention: HIPAA Privacy Officer
621 Capitol Mall, Suite 900
Sacramento, CA 95814**

The request must specify what parts of Member's PHI the request covers. It must also specify how and where the Member should be contacted. For example, Member may request that the Plan only contact Member at their work address or via Member's work e-mail. For further questions about the information described in the notice, write to the above address or call 800-247-6875.

OUR HIPAA NOTICE OF PRIVACY PRACTICES CONTAINS ADDITIONAL INFORMATION DESCRIBING OUR PRIVACY PRACTICES, A PAPER COPY OF WHICH WILL BE FURNISHED UPON REQUEST.