



## State of Florida DENTAL Indemnity PPO Plan – 2022



Coverage includes dental benefits through payroll deduction. This dental insurance plan provides a variety of benefits and allows you and your family to use any dentist or specialist you choose. The Sun Life Dental Network includes more than 6,200 providers in Florida, and over 130,000 providers nationwide. Benefits are paid after any applicable deductible has been met, up to the annual maximum for each covered family member (details on next page).

### Lifetime of Smiles®

This plan includes Lifetime of Smiles®, our oral health program dedicated to improving the smiles of our members for a lifetime with the following features!



- **Four cleanings per year** to help prevent gum disease<sup>1</sup>
- **Posterior tooth-colored fillings** preferred by many dentists and their patients
- **Genetic testing** to help identify individuals who are at genetic risk for gum disease
- **Periochips** to control bacteria and reduce the size of periodontal pockets
- **Online Dental Health Center** a trusted resource that offers members the most up-to-date information available on preventive dental care

### How do I find a network PPO dentist?

It's easy to locate participating general dentists and specialists in your area.



Visit [www.sunlife.com/STofFL](http://www.sunlife.com/STofFL) or use our mobile app Benefit Tools.

- Choose PPO dental under Provider search
- Enter in your search criteria and a listing of participating dentists will be provided

If your dentist is not a participating provider, you may nominate them at [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist).

### No change in plan rates for 2022! (People First Plan Code: 4074)

Payroll Deduction	Bi-Weekly (24)	Monthly
Employee	\$21.78	\$43.55
Employee/Spouse	\$41.81	\$83.61
Employee/Child(ren)	\$49.42	\$98.83
Employee/Family	\$65.18	\$130.35

We make it simple to enroll. Visit <https://peoplefirst.myflorida.com>. Learn more by visiting [www.sunlife.com/STofFL](http://www.sunlife.com/STofFL) or call our agent, State Securities Corp. with Enrollment questions at 800-277-2300.



1. Dental prophylaxis cleaning is limited to 1 time in any 6 month period and periodontal maintenance procedure is limited to 1 in any 3 month period. Total number of combined dental prophylaxis cleanings and periodontal maintenance procedures cannot exceed 4 in a 12 month period.

# Introducing your State of Florida Indemnity PPO Plan

## Schedule of Benefits

**CALENDAR YEAR DEDUCTIBLE:** In- or Out-of-Network - \$50 per person; \$100 per family (waived for Type I - Diagnostic and Preventive Services)

**CALENDAR YEAR MAXIMUM:** In-Network - **\$2,000** per person, Out-of-Network - **\$1,500** per person

**LIFETIME ORTHODONTIA MAXIMUM:** \$1,500 (Orthodontia covered only for dependent children under age 19)



### Type I - Diagnostic & Preventive Services

#### In-or Out-of-Network - 100%

- Routine Oral Examinations - once every 6 months in a row
- Routine Dental Cleanings - once every 6 months (Frequencies combined with Periodontal Maintenance)
- Fluoride Treatment - once every 6 months in a row Only for children under age 14
- Sealants - once per tooth per 36 month period, only for permanent molar teeth Only for children under age 16
- Bitewing X-Rays - once every 12 months



### Type II - Basic Services

#### In-or Out-of-Network - 80%

- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- X-Rays:
  - Complete Series - once every 60 months
  - Panoramic - once every 60 months (may also be payable in connection with the removal of impacted teeth)
  - Other X-Rays (See Certificate of Insurance)
- New Fillings, Replacement Fillings - once every 24 months per Filling
- Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections



### Type III - Major Services

#### In-or Out-of-Network - 50%

- Complex Oral Surgery: General Anesthesia and IV Sedation when medically required for such Surgery
- Minor Gum Disease Treatment: (Minor Periodontics)
  - Provisional Splinting, Occlusal Adjustments - once every 12 months
  - Scaling and Root Planing - once every 24 months per area
  - Periodontal Maintenance - once every 6 months (Frequencies combined with Routine Dental Cleanings)
- Major Gum Disease Treatment: (Major Periodontics)
  - Gingivectomy, Osseous Surgery, other major periodontic procedures - once every 36 months per area
- Crowns, Initial Placement, Replacement and Maintenance of Inlays, Onlays, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures



### Type IV - Orthodontic Services

*Only for dependent children under age 19; no waiting period*

#### In-or Out-of-Network - 50%

- Limited Orthodontic Treatment
- Interceptive Orthodontic Treatment
- Comprehensive Orthodontic Treatment
- Minor Treatment to control harmful habits





Claim payments may be paid direct to you or you may assign them to your dentist, whichever you prefer. This plan offers the Sun Life Dental Network<sup>®2</sup> PPO (Preferred Provider Organization) that provides a variety of cost saving features. When you use a provider in our network, you can save money every time you visit the dentist. All the dentists who participate in the Sun Life Dental Network PPO have agreed to discount their fees by up to 30%. Here is a sample cost savings example:

	Visit to Network Dentist	Visit to Non-Network Dentist
Crown	\$1,005	\$1,005
Minus PPO Discount	30%	NA
Allowed Amount	\$703	\$1,005
Insurance pays 50%	\$352	\$503
You pay	\$351	\$502
Savings from using an in-network provider*	\$151	NA

\*Savings may differ in cases where deductibles apply.

2. Sun Life's dental networks include dentists contracted with Dental Health Alliance, L.L.C.<sup>®</sup> (D.H.A.<sup>®</sup>) and dentists under access arrangements with other dental networks.



### Other Policy Provisions

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.



# Limitations and exclusions

Exclusions may prevent expenses from being covered based on certain circumstances. The following expenses may not be covered:

- Procedures not performed by a licensed dentist
- Procedures not listed as covered dental expenses
- Dental care for injuries that are work related, self-inflicted, or not caused by an accident
- Orthognathic surgery
- Dental care resulting from active participation in a riot or commission of a felony
- Experimental treatment, oral hygiene, plaque control programs, and dietary instruction
- Dental care for injuries sustained as a result of war or act of war
- Charges for pulp caps
- Dental expenses incurred while coverage is not in force
- Charges for care, treatment, services, or supplies to the extent that any benefit is provided by Medicare
- Charges not customarily made when there is no insurance or charges for which there is no legal obligation to pay
- Charges for failure to keep appointments
- Replacement or repair of a lost, stolen, or damaged prosthetic or orthodontic appliance
- Additional services, such as surgical implants, are not covered unless specifically listed under covered services. Also not covered are charges for diagnostic services and treatment of jaw joint problems, such as temporomandibular joint disorders, by any method unless specifically covered under the Certificate



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This dental 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”).

The Ignition Group, LLC, data as of March 2019 and based on unique dentist count. For more information, please visit [www.netminder.com](http://www.netminder.com).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (SLOC) (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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