

## Overview

Your premium calculations are illustrated based on the number of payroll deductions provided by your employer. Due to small differences in rounding, actual payroll deductions may vary slightly from the amounts illustrated in these materials.

This document provides a general overview. All insurance policies and products contain limitations, exclusions, restrictions, and may contain reductions and terms under which the policy or plan may be continued in force or discontinued. We reserve the right to cancel the policy or plan with advance written notice to the policyholder or group. Issued insurance contracts and agreements determine all plan features and benefits. Products are subject to state variations and availability. Benefits provided and premium amounts depend on the plan selected. Contact us for costs and complete details.

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## Benefit Summary

### It's annual enrollment time!

Annual enrollment is here and it's time to review your current benefit elections. Whether you want to add benefits, increase coverage or simply maintain your current plan choices, you'll find all the information you need in this booklet.

The products in this benefit plan were selected with you and your family's well-being in mind. They're an important part of your compensation package. And, because these products are offered through your employer, premium rates may be more competitive than similar products you could buy as an individual.



### What benefits are available to me?

- **Online Advantage** to help manage your benefits.
- **Dental insurance** that offers a range of services.

### How do I enroll?

1. Review the information in this booklet to see which benefits suit your needs.
2. Attend your benefits enrollment meeting.
3. Complete your enrollment form.
4. Sign and give your form to the program administrator.

## Manage your benefits with

# Online Advantage

To help you make the most of your benefits, Sun Life Financial offers you many online services at no additional charge. With a click of a mouse you have immediate access to your plan information with Online Advantage for Members.

### The information you need at your fingertips:

- View and/or print your [personalized Dental ID card](#)
- View and/or print [benefit information pages](#) (all benefits)
- View most [recent dental visits and procedures](#)
- View and/or print [plan booklets](#)
- View [status of submitted claims](#)
- Find a [vision or dental network provider](#) and/or specialist
- Access our [Dental Health Center](#) where you can ask a question, estimate the cost of service, or learn about dental issues



### How do I get started?

1. Go to [www.sunlife.com/oaregister](http://www.sunlife.com/oaregister)
2. Follow registration instructions
3. All you will need is your Member ID\* and date of birth.

\*Your member ID may be your social security number

For more information about how Online Advantage can work for you, please visit our website, call our Online Advantage team at 800.247.6875 extension 3557600 or email [onlineadvantage@sunlife.com](mailto:onlineadvantage@sunlife.com).

**Online Advantage...Quick. Smart. Convenient.**

*Choosing a healthier smile  
for you and your family*



## Dental Insurance

### Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good oral hygiene, it can help you and your family lower your chances of serious health problems. Recent medical studies have shown:

- Nearly one third of adults have untreated tooth decay.<sup>1</sup>
- According to the Centers for Disease Control and Prevention, approximately 65 million Americans are affected by periodontal disease.<sup>2</sup>
- 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>



### How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

### How do I know I'm eligible to participate in this plan?

You are eligible to participate if you are an active full-time employee as defined by your employer and meet any other policyholder defined eligibility requirements.

Sources: <sup>1</sup>National Institute of Dental and Craniofacial Research. Dental Caries (Tooth Decay) in Adults (Age 20 to 64). March 2016.

<sup>2</sup>American Academy of Periodontology (Perio.org). Gum Disease Prevalence Surpasses Diabetes with Nearly 65 Million Affected. April 2016.

## How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

## Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

### Average charge<sup>3</sup> for dental procedures in FAYETTEVILLE:

Adult cleaning	\$85 twice yearly = \$170
Oral examination	\$48 twice yearly = \$96
Bitewing x-rays	\$62
<hr/>	
Total annual cost for preventive care	\$328

### Other services you or a dependent may need:

Fluoride treatment	\$34
One surface filling	\$149
Root canal	\$1,132
Crown	\$1,043
Gum scaling	\$246

Your Monthly Cost for Dental Insurance		
	Freedom - Advance <sup>®</sup>	Freedom - Basic <sup>®</sup>
For you	\$36.39	\$25.36
For you and your spouse	\$74.93	\$52.20
For you and your children	\$84.42	\$61.10
For you and your family	\$122.93	\$87.94

## What are my plan options?

Your employer is offering you a choice of two plans. Please review the information on the next page and choose the **one plan** that best fits your needs.

**Freedom - Advance®** offers increased benefits for services, such as root canals and orthodontia.

#### Deductibles and maximums

- \$50 annual deductible per person. The deductible is waived for preventive services.
- Annual maximum of \$1,000 per person for you and your dependents.

#### Coinsurance<sup>4</sup>

- 100% for preventive services, such as oral exams, cleanings and bitewing x-rays.
- 80% for services such as simple extractions, x-rays and fillings.
- For services such as root canals, minor and major periodontics, complex oral surgery and major restorations (e.g., crowns and dentures), a sliding scale applies: 25% for insured's 1<sup>st</sup> policy year, 50% for insured's 2<sup>nd</sup> policy year, and 50% thereafter.

#### Child Orthodontia

- 50% coinsurance<sup>4</sup> with a lifetime maximum of \$1,250.
- \$0 deductible.

#### Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance.

- No waiting period for preventive services, or for basic procedures, such as simple extractions and x-rays.
- 12 month wait for orthodontia.

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OR

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**Freedom - Basic®** gives you coverage for preventive services.

#### Deductibles and maximums

- \$50 annual deductible per person. The deductible is waived for preventive services.
- Annual maximum of \$1,000 per person for you and your dependents.

#### Coinsurance<sup>4</sup>

- 100% for preventive services, such as oral exams, cleanings and bitewing x-rays.
- 80% for services such as simple extractions, minor periodontics, x-rays and fillings.
- Services such as root canals, complex oral surgery, major periodontics, major restorations (e.g., crowns and dentures), and orthodontia are not covered.

#### Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance.

- No waiting period for preventive services, or for basic procedures, such as simple extractions and x-rays.

<sup>4</sup> Percent of Allowable Charge (a charge based on the general level of charges made by other providers in the area for like treatment).

## Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse and children less than age 26. See your certificate or group insurance policy for additional eligibility details.

## Your dental plan also includes a vision discount plan

Vision Services Plan (VSP) offers 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 800.877.7195. **This plan is not insurance.**

## Get benefits information on the go! Download the app for quick access:

- My Benefits<sup>1</sup> - An overview of all your coverage details
- ID Card<sup>1</sup> - Your electronic dental ID card
- Find A Dentist - Uses your location to find a dentist nearby



Apple download



Android download

This secure app is available for iPhone, iPod Touch and Android

<sup>1</sup>You will need to register for Online Advantage to access these features

## Dental plan provisions, limitations and exclusions

### Benefit Adjustments

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 charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted to Sun Life Financial for review before treatment begins.

### Late Entrants

If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed until the next plan anniversary date.

For additional limitations and exclusions, as well as other details about your coverage, please see the Other Important Plan Provisions section.

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”).

# Other Important Plan Provisions

## Dental

Benefits are not payable for:

Treatment which is not dentally necessary, does not have uniform professional endorsement, or is experimental or investigational in nature; treatment of the temporomandibular joint (TMJ ); treatment related to changing or maintaining vertical dimension, altering or restoring occlusion, bite registration or bite analysis; treatment which does not have a reasonably favorable prognosis; treatment provided primarily for cosmetic purposes; replacement of natural teeth missing on the effective date of insurance; orthodontic treatment, unless such insurance is provided under the list of covered dental services; treatment not included in the list of covered dental services; treatment started before the date insurance begins; treatment started before any applicable waiting period has been served; treatment completed after insurance ends; athletic mouthguards; replacement of lost or stolen appliances; myofunctional therapy; infection control; oral hygiene instruction; broken appointments; completion of claim forms; exams required by a third party; travel time; transportation costs; professional advice given on the phone; treatment received due to war, riot, assault or felony; treatment for a work-related injury; treatment of an intentionally self-inflicted injury; treatment performed outside of the United States, other than emergency dental treatment; treatment provided by the person's employer or a member of the person's immediate family; treatment for which a charge would not have been made in the absence of insurance; treatment for which the insured does not have to pay; treatment that has not been both delivered to and accepted by the insured.

**State variations can exist; please contact Sun Life Financial for additional information.**



# Employee Application

Please print clearly in blue or black ink.

## RENEWAL

Check one — Employer Use

- New Employee     Change     COBRA

**Employee Information** — Failure to accurately complete the questions on this application may affect the existence or amount of coverage. Please correct any errors in the information listed below.

Employee name (last, first, initial)	Employer	Employment location				
	Fayetteville State University					
Group policy/participant #	Account # or Bill Group Name	Cert. #	Employee SSN	Employee birthdate		
5473502						
Sex	Job title or position	Employee hire date	# hours per week	Earnings \$	Married	Children
<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	Zip			

ELECTIONS ARE NOT VALID WITHOUT A SIGNATURE AT THE END OF THIS APPLICATION.

**Dependent Information** — Required if Dependent coverage applies

Name (Last Name, First Name)	Date of Birth	Gender	Relationship

**NOTE** — Coverage not elected will be assumed refused even if not specifically refused

### Dental Benefits

You may select the benefit(s) below. If you enroll, you will pay all or a portion of the premium.

#### Low Plan Option:

Accept	Refuse	Coverage	Accept	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee	<input type="checkbox"/>	<input type="checkbox"/>	Employee + Child(ren)
<input type="checkbox"/>	<input type="checkbox"/>	Employee + Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Employee + Family

#### High Plan Option:

Accept	Refuse	Coverage	Accept	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Employee	<input type="checkbox"/>	<input type="checkbox"/>	Employee + Child(ren)
<input type="checkbox"/>	<input type="checkbox"/>	Employee + Spouse	<input type="checkbox"/>	<input type="checkbox"/>	Employee + Family

Refuse Dental Benefits

Were you covered under another dental plan within the last 31 days?     yes     no

If "yes" termination date \_\_\_\_\_ Reason for termination of coverage \_\_\_\_\_

**MY SIGNATURE ON THIS APPLICATION CERTIFIES THAT I:**

- 1) Apply for the coverages designated for which I am eligible under my employer's plan with Union Security Insurance Company.
- 2) Understand if coverages have been refused, I am not entitled to benefits under those coverages. For Dental coverage, I understand that I will not be entitled to benefits until the expiration of any Late Entrant Limitation period specified in the policy.
- 3) Authorize any required deductions from my earnings.
- 4) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief.
- 5) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.
- 6) Understand that I have the right to select any dental care provider of my choice.
- 7) Understand that the dental plan includes a pre-estimate provision that will advise me in advance of the benefits I may be eligible for if the procedure is performed.
- 8) Understand that coverages include waiting periods, limitations, and exclusions that may affect my entitlement to benefits. When necessary, I may be asked to execute a HIPAA authorization form, allowing Union Security Insurance Company to use and disclose protected health information.

**No statement made by you or by you on behalf of a dependent about insurability will be used to deny a claim for a loss incurred after coverage has been in effect for 2 years.**

**It is unlawful to knowingly provide false, incomplete or misleading facts or information with the intent of defrauding us. An application for insurance or statement of claim containing any materially false or misleading information may lead to reduction, denial or termination of benefits or coverage under the policy and recovery of any amounts we have paid. Pursuant to NCGS 58-2-161(b), any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.**

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_



