



# Secure Choice Dental Plan

Benefits Include Cosmetic Dentistry and Orthodontics | For use in Georgia



## Secure Choice Plan

The Secure Choice plan provides dental benefits with attractive prepayment fees. To receive the benefits of the Secure Choice plan you will need to select a Plan Dentist for you and your family members from the list of Plan Dentists. Please note that you may choose a different Plan Dentist for each family member.

### Features:

- No deductibles
- No claim forms
- No annual maximum
- Fixed copayment schedule for Plan Dentists
- Reduced fees on Orthodontic procedures for children and adults
- No referral required for Specialist benefits
- Benefits are payable for pre-existing dental conditions within the copayment schedule

Prepayment Fee Options	
Annual Prepayment Fees	
Individual	\$127.20
Individual + One dependent	\$211.56
Family	\$328.44
Or Automatic monthly bank draft	
Accounts are drafted on the 15th of each month prior to the month of benefits.	
Individual	\$11.60
Individual + One dependent	\$18.63
Family	\$28.37
\$35.00 Enrollment Fee	

## What are copayments?

Copayments are reduced fees that you pay directly to the dentist for some dental treatments. A partial list of some frequently used dental treatments is included in this brochure. This list shows you the potential savings with this Plan versus what you would pay without this Plan.

### Cosmetic dentistry

We understand the importance of your appearance. That's why we've included the cosmetic procedures of bleaching and bonding procedures, in your plan benefits.

### Orthodontic benefits

The Secure Choice Plan includes reduced fees on Orthodontic procedures for children and adults. Plan Orthodontists provide reduced fees of 25% off his or her normal retail charge. Orthodontic services are available only in areas where this plan has Plan Orthodontist(s) who provide those services. Orthodontic treatment begun prior to your plan effective date is not eligible for this benefit.

### Specialist benefits

Should the service of a specialist (for example, oral surgeon, endodontist, orthodontist, periodontist, or pedodontist) be necessary you may seek treatment from any Plan Specialist listed in our printed or online directory. If an oral surgeon, orthodontist, periodontist or pedodontist provides treatment you will receive 25% off that specialist's normal retail charges. For treatment by an endodontist you will receive 15% off that specialist's normal retail charges. Specialist services are available only in areas where this plan has Plan Specialist(s). Please note that payment for a service performed by a Non-Plan Specialist is your responsibility.

## When will I receive a membership card?

Once your application has been processed, we will provide you with a membership card, the Individual Dental Service Agreement, and a complete list of copayments. Your effective date will be provided with your membership materials.

## What if I need to change my dentist?

You may change dentists by simply calling the Customer Service Department at 800-380-6347.

## How do I receive care?

After your effective date, phone the dentist you selected, and tell the office that you have coverage. They will schedule your appointment to see the dentist.

## Who is eligible?

You, your spouse and dependent children as defined by state law.

## When do I renew my dental plan?

If you select the annual prepayment method, a renewal notification and billing statement will be provided in advance of your anniversary date. If you select the monthly bank draft method for payment, no action is required to renew your dental plan.

## Renewal/Cancellation/Termination

This Plan renews at each yearly anniversary of the effective date. Company and Subscriber each have the right to terminate the Plan with prior written notice. Please consult the Individual Dental Service Agreement for details concerning renewability, cancellation and termination.

## Sample Copayments for the Secure Choice Plan

The following is a sample of some frequently used dental procedures. When you enroll for the plan, you will pay reduced fees called copayments. These reduced fees are only available from providers who participate in our network. After you enroll, a complete list of copayments will be mailed to your home along with your Individual Dental Service Agreement. The sample below demonstrates potential savings with the Secure Choice plan and may not reflect your actual results. Please see the copayment schedule for a complete list of services covered by the plan.

The Plan Dentist you select may not perform all procedures listed. The copayments shown apply to those Plan Dentists who perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Plan Dentist. Charges for procedures not listed on the Copayment Schedule that are performed by your Plan Dentist are not covered under the Secure Choice Plan.

Should you require dental services that your selected Plan Dentist is unable to provide, you may obtain those services

from a Plan Specialist at a reduced rate. No referral is needed from your Plan Dentist in order for you to obtain services from a Plan Specialist. There is no applicable copayment schedule for Plan Specialist services. Instead, the following reductions off the Plan Specialist's normal retail charges apply to all services received from a Plan Specialist. A 15% reduction applies if the Plan Specialist is an endodontist. A 25% reduction applies if the Plan Specialist is any other type of specialist, including but not limited to an orthodontist. You are responsible for paying the entire reduced charge at the time the service is received, or in accordance with the Plan Specialist's billing procedures.

Payment for each service of a Non-Plan Dentist or Non-Plan Specialist (at that provider's normal retail charge) is your responsibility, except for limited Plan Benefits for covered dental Emergency Services for temporary pain relief.

Availability and participation of Plan Dentists and Plan Specialists are subject to change.



Dental treatment	Your cost with Secure Choice Plan	Your cost with Average Retail Charges <sup>1</sup>
<b>Appointments</b>		
Periodic Oral Evaluation	\$5	\$52
Limited Oral Exam	\$25	\$80
<b>Diagnostic Dentistry</b>		
Complete X-Ray Series, Including Bitewings	No charge	\$145
<b>Preventive Dentistry</b>		
Routine Cleaning - Adult/Child <sup>^</sup>	\$5/\$5	\$93/\$72
<b>Restorations</b>		
Silver Fillings - 2 Surfaces	\$30	\$178
White Fillings - 2 Surfaces (posterior)	\$50	\$234
Crowns - Porcelain to High Noble Metal (cost of precious & semi-precious metal is additional)	\$320**	\$1,145
<b>Endodontics and Periodontics</b>		
Root Canal - Molar	\$545	\$1,223
Scaling and Root Planing (per quadrant)	\$75	\$267
<b>Dentures</b>		
Partial Upper	\$395**	\$974
Partial Lower	\$395**	\$977
<b>Oral Surgery</b>		
Single Tooth Extraction	\$30	\$171
Removal of Impacted Tooth (partial bony)	\$90	\$440
<b>Orthodontics</b>		

Orthodontic treatment for children and adults is provided at a 25% reduction from the Plan Specialist's normal retail charges.

<sup>^</sup>Once every six months.

\*\*Members are responsible for additional lab fees for these services.

1.The Average Retail Charges were determined by "Company" claims analysis for the year 2021 for the state of Georgia. The Retail Charges represent a mean average rounded to the nearest dollar representing what you may pay without the plan services.

**For further information  
contact: 800-380-6347**

**Sun Life  
Attn: Individual Dental Team  
P.O. Box 419596  
Kansas City, MO 64141-6596  
www.slfdental.com**



## How do I join?

### Three easy steps to enrolling in the Secure Choice Plan:

- 1 Select** a general dentist from the Plan Dentist Directory or online at [www.slfidental.com](http://www.slfidental.com). Each family member may choose a different Plan Dentist.
- 2 Complete** the attached application form. Be sure to include the Dental Facility Number of each dentist you have selected in the space provided and detach the application form from the brochure.
- 3 Choose** your payment option. If you choose the **annual prepayment fee method** include the appropriate prepayment fee, the \$35 enrollment fee, and the completed application form and mail them to us. The annual prepayment fee may be paid by credit card for your convenience.

If you choose the **automatic monthly bank draft** method complete the Authorization Agreement on the reverse side of the application form, include a voided check, the first month's prepayment fee, the \$35 enrollment fee and mail them to us. Monthly prepayment fees will thereafter be drawn automatically from your bank account. While we accept automatic bank drafts from checking or savings accounts, **we cannot accept personal checks on a monthly basis.**

## Patient Protection and Affordable Care Act

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").

## Limitations and Exclusions

- Medical costs associated with dental procedures.
- Dental services or procedures which are not listed on the Benefits and Copayment Schedule.
- Emergency Services received from a dentist who is not Member's selected Plan Dentist.
- Certain services may only be obtained once in any six calendar months, with a maximum of twice in the same calendar year. Those services are listed on the Benefits and Copayment Schedule as ADA Codes 0120, 0150, 0272 and 0274.
- Certain services may only be obtained once in any 3 calendar years. Those services are listed on the Benefits and Copayment Schedule as ADA Codes 0210 and 0330.
- Services rendered by a Plan Provider because of behavior adjustment. Such services include, but are not limited to, physical restraint or sedation.
- Replacement of dentures or appliances received during enrollment in Plan, if Member has had dentures or appliance less than five years. (Note: If dentures or appliance becomes unserviceable due to illness or causes not controlled by ordinary means, the following will apply. Replacement will be made only if existing denture or appliance cannot be made serviceable.)
- Replacement of dentures, appliances or bridgework due to loss or theft.
- Dental treatment provided or started prior to Member's eligibility to receive benefits.
- Dental treatment started after Member's termination.
- Dental treatment caused by failure to follow prescribed treatment.
- Ongoing orthodontic treatment past eighteen (18) consecutive months.
- Orthodontic treatment involving therapy for myofunctional problems, T.M.J. dysfunctions, micrognathia, macroglossia, cleft palate or hormonal imbalances causing growth and developmental abnormalities.
- Orthodontic cases involving orthognathic surgery.
- Treatment for malignancies, neoplasms or cysts (including biopsies).
- Lab fees associated with services listed on the Benefits and Copayments Schedule.
- Restorations and splints used to increase vertical dimension, restore occlusion, or replace/stabilize tooth structure loss by attrition.
- Fixed prosthetic restoration of six (6) or more existing teeth, when performed as a single procedure or as part of a complete oral rehabilitation or reconstruction.
- Complete oral rehabilitation or reconstruction involving replacement of six (6) or more missing teeth using fixed prosthetic restorations and/ or appliances.
- Dental treatment if Member's general health or physical limitations prevent Plan Provider from rendering appropriate dental treatment.
- Costs associated with prescriptions or over the counter medications.
- Implants, surgery for the insertion of implants, all related implant appliances and restorations, whether removable or fixed.
- Surgical removal of implants, or any surgery required to adjust, replace, or treat any problem related to an existing implant, or implant appliance.

## Renewable at option of Company.

Prepaid dental products are provided by Union Security DentalCare of Georgia, Inc., an affiliate of Sun Life Assurance Company of Canada (Wellesley Hills, MA).

©2022 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. The Sun Life name and logo are registered trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

# Application Form

Please retain a copy of this application for your records

Your Social Security Number		Last name	First name	Middle initial	Sex M <input type="checkbox"/> F <input type="checkbox"/>	<b>Agent number:</b>	
Your date of birth / /		Address				<b>IMPORTANT</b> Write the Dental facility Number of the dentist(s) you choose from the directory in this space(s) below.	
Home phone ( )		City	State	Zip Code+4			
<b>List dependents to be enrolled</b>						<b>Dental Facility Number</b>	
First name		Middle initial	Last name (if different)	Relationship	Date of birth	Sex	
<b>Spouse</b>						M <input type="checkbox"/> F <input type="checkbox"/>	
<b>Child</b>						M <input type="checkbox"/> F <input type="checkbox"/>	
<b>Child</b> (Attach a separate sheet of paper for additional children.)						M <input type="checkbox"/> F <input type="checkbox"/>	
<b>Prepayment Fee amount</b>		<b>Select payment choice:</b>					
\$ _____		<input type="checkbox"/> <b>Annual Payment:</b> make the check payable to Sun Life Assurance Company of Canada					
Enrollment Fee \$ 35.00		<input type="checkbox"/> <b>Charge my annual prepayment fees</b>					
Total enclosed \$ _____		<input type="checkbox"/> <b>Automatic Monthly Bank Draft:</b> complete the Authorization Agreement on the reverse side of this form.					
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Exp. Date _____		CVV: _____			

By my signature below, I understand that this Secure Choice Dental Plan is a non-refundable one (1) year program. I also understand that a full description of the plan will be provided in the Individual Dental Service Agreement and that the dentist I select may or may not perform all of the procedures listed on the Copayment Schedule. I authorize the dentist who has rendered procedures to me or members of my family to make available to Sun Life Assurance Company of Canada and its affiliated dental companies my dental records, photocopies or information regarding such procedures to the extent permitted by law. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof. This authorization is not governed by HIPAA; however, when necessary, I may be asked to execute a HIPAA authorization form, allowing Sun Life Assurance Company of Canada and its affiliated dental companies to use and disclose protected health information.

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

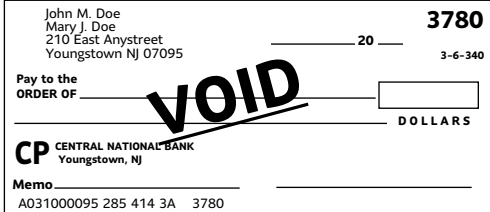
Subscriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Authorization Agreement For Automatic Monthly Bank Draft

**IMPORTANT:** If you selected the monthly Bank Draft Payment method, enclose a voided check, your first month's prepayment fee and \$35 enrollment fee with this form and send them to us.

Name(s)	Social Security Number																	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
I (we) hereby authorize Sun Life Assurance Company of Canada to initiate debit entries, and to initiate if necessary, credit entries and adjustments for any debit entry corrections to my (our) account indicated below and the Financial Institution named below to debit and/or credit same to such account.																			
Bank name										City							State		
Include your Checking or Savings Account Number in the boxes below:																			
Routing number																			
Account number																			

Prepayment fees are deducted from your authorized account on the 15th of the month prior to the month of benefits. The Authorization Agreement automatically renews if the Individual Dental Service Agreement renews.



This authorization is to remain in full force and effective until Sun Life Assurance Company of Canada has received WRITTEN notification from me (or either of us) of its termination by the 10th of the month prior to the month when the enrollment is to be terminated.

Signature \_\_\_\_\_ Date \_\_\_\_\_