

Dental insurance



Benefit Highlights

For all eligible employees of Thompson Technologies, Inc., Policy # 933971

All Eligible Employees

- Dental insurance can help lower your out-of-pocket expenses so you and your family can maintain healthy smiles—and better overall health, too
- It pays all or part of your dental expenses, depending on the type of procedure. Benefits will be paid after any applicable deductible has been met, up to the annual maximum
- Cover your spouse¹ and your dependent children so you can help your whole family stay healthy
 - An eligible child is defined as a child to age 26²
- Benefit from group rates that may be more affordable than buying dental insurance on your own

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

National Average Retail charge³ for dental procedures:

Adult cleaning	\$89 twice yearly = \$178
Oral examination	\$49 twice yearly = \$98
Bitewing x-rays	\$60

Total annual cost for preventive care **\$336**

Other services you or a dependent may need:

Fluoride Treatment	\$35
One surface filling	\$155
Root canal	\$1,089
Crown	\$1,108

Additional plan features

- Your plan includes our Lifetime of Smiles[®] program, with benefits many people prefer, such as up to four periodontal cleanings in a year^{4,5}, tooth-colored fillings for back teeth and brush biopsies for the early detection of oral cancer
- Sun Life Dental Network[®], the PPO network for your plan, includes 125,000+ unique dentists, offers you more options to help save on fees and can make your annual maximum go even further⁷

How Sun Life's Dental insurance can help

- Encourages routine cleanings and checkups at the dentist
- Cover your family's dental bills and reduce dental care costs for you and your family
- Maintain oral health to prevent infections and tooth loss



Dental Coverage Overview

Calendar Year Maximum	In-Network	Out-of-Network
Types I, II and III (Preventive, Basic and Major) Services	\$5,000 per person	\$5,000 per person
Type IV Ortho Services	\$1,500 lifetime child and adult	\$1,500 lifetime child and adult

Calendar Year Deductible		
Procedure Type	In-Network	Out-of-Network
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

The plan pays the following percentage for procedures		
Procedure Type	In-Network	Out-of-Network
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	40%	40%
Type IV Ortho Services	50%	50%

Type I Preventive Dental Services, Including:

- Oral evaluations – once in any 6 month period
- Routine dental cleanings – once in any 6-month period (frequency combined with periodontal maintenance)
- Fluoride treatment – once in any 6-month period. *Only for children under age 14*
- Sealants – no more than once per tooth in any 36-month period, only for permanent molar teeth. *Only for children under age 14*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12 month period
- Intraoral complete series x-rays – once in any 60-month period

Type II Basic Dental Services, Including:

- New fillings, including posterior composites
- Space maintainers – *Only for children under age 19*
- Simple extractions, incision and drainage
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- General anesthesia and IV sedation when medically required

Type III Major Dental Services, Including:

- Dentures and Bridges, subject to 10 year replacement limit
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations – once per tooth in any 10 year period.

- Dental implants – subject to 10 year replacement limit
- Endodontics (includes root canal therapy) – once per tooth in any 24 month period
- Minor gum disease treatment: (non-surgical periodontics)
 - Scaling and root planing – once in any 24-month period per area
 - Localized delivery of antimicrobial agents
 - Periodontal maintenance – once in any 3 consecutive months (frequency combined with routine dental cleanings)
- Major gum disease treatment: (surgical periodontics)

Type IV Orthodontic Services, Including:

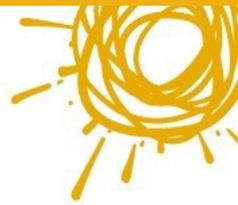
Orthodontic Treatment:

No Limitation

Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic, or major services.



Dental Q&A

How does a PPO work?

PPO stands for Participating Provider Organization. With a dental PPO plan, dental providers agree to participate in a dental network by offering discounted fees on most dental procedures. When you visit a provider in the network, you could see lower out-of-pocket costs because providers in the network agree to these pre-negotiated discounted fees on eligible claims.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the PPO network. You do not need to select a dentist in advance.

Do I have to choose a dentist in the PPO network?

No. You can visit any licensed dentist for services. However, you could see lower out-of-pocket costs when you visit a dentist in the network.

Where do I find my dental ID card?

Your personalized electronic dental ID card is available through Online Advantage. You can register at www.sunlife.com/onlineadvantage. Please present this card to your dentist at your next visit to show that you are covered by a Sun Life Dental plan.

What if I have already started dental work...like a root canal or braces...that requires several visits?

Your coverage with us and your prior plan may handle these procedures differently. To ensure a smooth transition for work in progress, call our dental claims experts before your next visit at 800-442-7742.

Is it necessary to request a pre-determination of benefits prior to receiving services?

A pre-determination of benefits allows Sun Life to review your provider's plan for treatment before the work is done. We can tell you ahead of time how much of the work will probably be covered by the plan, and how much you may need to cover. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted for review before treatment begins.

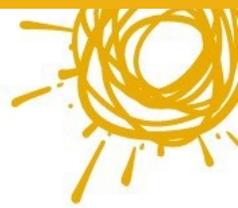
Do I have to file the claim?

Dentists in the PPO network will file claims for you. Some non-network dentists will file claims for you as well. If a non-network dentist will not file your claim, simply ask your dentist to complete a standard American Dental Association (ADA) claim form and mail it to:

Sun Life Financial
P.O. Box 2940
Clinton, IA 52733

How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/onlineadvantage to create an account with Online Advantage.⁶ Once you're logged in, you'll be able to see your plan details, personalized dental ID card, and more. Or you can call Sun Life's Dental Customer Service at 800-442-7742. 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.



Get benefits information on the go!

Download our Benefit Tools app for quick access to:

- An overview of your coverage details⁸
- Your electronic dental ID card⁸
- Find a dentist near you



Apple
download



Android
download

Dental plan provisions

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.

Late entrant

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 12 months of coverage for late entrants will be limited as follows:

Time Insured Continuously Under the Policy

- Less than 6 months
- At least 6 months but less than 12 months
- At least 12 months

Benefits Provided for Only These Services

- Preventive Dental Services
- Preventive and Amalgam and Composite Fillings under Basic Dental Services
- Preventive, Basic, Major and Orthodontic Dental Services

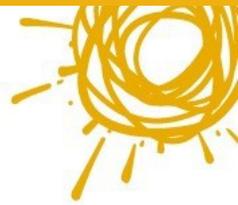
We will not pay for any treatment that is started or completed during the late entrant limitation period.

This summary represents a general overview and is not a complete description of your plan. It is being provided before your certificate is issued. All of our dental policies include exclusions, limitations, and frequency requirements. The actual provisions of your dental policy will be used to determine coverage for any claims that you submit.

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).

Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.

1. If permitted by the Employer’s employee benefit plan and not prohibited by state law, the term “spouse” in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
2. Please see your employer for more specific information.
3. Average Retail Costs were determined by our national claims analysis for the year 2017. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.
4. Classification of services varies by plan design.
5. Total number of combined prophylaxis cleaning and periodontal maintenance procedures cannot exceed 4 in a 12 month period.
6. There may be tax consequences to you and your employees.
7. Sun Life’s dental networks include dentists contracted with Dental Health Alliance, L.L.C.® (D.H.A.®) and dentists under access arrangements with other dental networks.
8. You will need to register for Online Advantage to access these features.



Important Plan Provisions

Dental Insurance

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 orthodontia and/or 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



*Subject to state law variations.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-DEN-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations

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GDBH-6247

SLPC 28019 12/18 (exp. 12/23)

Vision insurance



Benefit Highlights

For all eligible employees of Thompson Technologies, Inc., Policy # 933971

All Eligible Employees

Vision insurance¹ can help improve your eyesight—and your overall health, too.

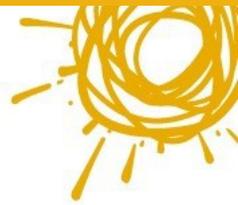
- You will see lower out-of-pocket costs due to savings on frames, lenses, contacts, eye exams and more
- Cover your spouse² and your dependent children so you can help your whole family see better
 - An eligible child is defined as a child to age 26³
- Benefit from group rates that may be more affordable than buying vision insurance on your own

Additional plan features

- An annual comprehensive eye exam
- Doctors who offer flexible hours and office settings
- A large selection of eyewear choices we believe you will love
- Access to the largest national network⁴ of private-practice eye care doctors in the industry through Vision Service Plan (VSP)
- No ID cards are needed

How Sun Life's Vision insurance can help

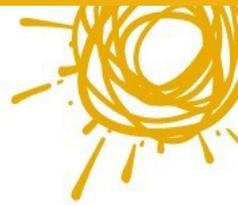
- Encourages routine screenings and an annual comprehensive eye exam
- Whether you just need a basic eye exam or designer frames – we have options for you
- Better eyesight can lead to a better quality of life



Vision Coverage Overview

Plan 3 Covered Expenses

Benefit	Frequency	In-Network Member Cost	Out-of-Network Benefit
Exam Services WellVision Exam®	1 per 12 months	\$10	Up to \$45
Laser Vision Correction Discount	Once per eye per lifetime	<ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price Discounts only available from contracted facilities 	N/A
Lenses Single Lined Bifocal Lined Trifocal Lenticular Necessary Contacts	1 per 12 months	\$25 (lenses and frame)	Up to \$30 Up to \$50 Up to \$60 Up to \$100 Up to \$210
Lens Enhancements Standard progressive Premium progressive Custom progressive		\$55 copay \$95-\$105 copay \$150-\$175 copay Average savings of 20-25% on other lens enhancements	N/A
Frames	1 per 24 months	<ul style="list-style-type: none"> \$130 for the frame of your choice and 20% off the amount over your allowance \$70 allowance at Costco®* 	Up to \$70
Elective Contact Lenses <i>Contact lenses are in place of lenses and frames</i>	1 per 12 months	<ul style="list-style-type: none"> Up to \$60/15% savings for your contact lens exam (fitting and evaluation) \$130 for contact lenses 	Up to \$105



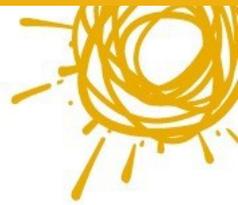
**Additional Glasses and
Sunglasses Discounts**

20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your exam. Or get 20% off from any VSP doctor within 12 months of your last exam.

N/A

**Coverage with Retail
Providers**

*Coverage with retail providers may be different. Check with Costco for VSP member pricing. Costco allowance is equivalent to the allowance at preferred providers and other retail providers.



Vision Q&A

How do I use my vision benefit?

Once enrolled, simply tell your VSP doctor you're a member and they will handle the rest. If you visit an in-network doctor for services and materials, you don't need an ID card or have forms to complete.

How do I locate an in-network VSP doctor?

There are three ways to find an in-network doctor:

1. Visit vsp.com and select the Choice network.
2. Call 800-877-7195.
3. Download our mobile app, Benefit Tools, and search for a doctor near you.

What happens if I use an out-of-network doctor?

You will be required to pay the full amount to the doctor at time of service. You can then submit a claim for reimbursement, which is a lesser benefit when compared to visiting a VSP doctor.

When will my coverage become effective?

Your coverage starts on the effective date specified in your group policy, provided you are at active work on that date. Otherwise, your coverage will become effective on the day you return to full-time duties.

Can I enroll as a late entrant?

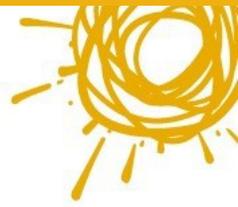
If you elect coverage more than 31 days after your eligibility date, your effective date will be delayed to the next plan anniversary date.

How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/onlineadvantage to create an account with Online Advantage. Once you're logged in, you'll be able to see your plan details and more. Or you can call Customer Service at 800-877-7195.

Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.

1. Administrative services for the vision insurance plan are provided by Vision Service Plan (VSP).
2. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
3. Please see your employer for more specific information.
4. Netminder as of December 2016.



Important Plan Provisions

Vision Insurance

Limitations

In no event will coverage exceed the lesser of:

- the actual cost of the examination or materials, or
- the limits of coverage shown in the Benefit Highlights section of the certificate

The allowance for lenses shown in the Benefit Highlights section is for two lenses. If only one lens is needed, coverage will be 50% of the allowance shown for two lenses.

Benefits will not be payable for replacement of lost or broken materials until the next eligible benefit period.

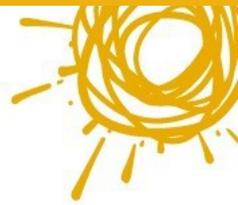
The plan is designed to cover visually necessary materials rather than cosmetic materials. When you or a covered dependent select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you or the covered dependent will pay the additional costs for the options.

- Optional cosmetic processes
- Anti-reflective coating
- Color coating
- Mirror coating
- Scratch coating
- Blended lenses
- Cosmetic lenses
- Laminated lenses
- Oversize lenses
- Progressive multifocal lenses
- Photochromic lenses; tinted lenses except Pink #1 and Pink #2
- UV (ultraviolet) protected lenses
- Certain limitations may apply to low vision care benefits
- A frame that costs more than the plan allowance
- Contact lenses (except as noted in the Vision Insurance Schedule)

Exclusions

Covered vision benefits do not include, and we will not pay benefits for, the following:

- Orthoptic or vision training and any associated supplemental testing
- Plano lenses
- Two or more pairs of glasses, in lieu of bifocals or trifocals
- Replacement of lenses and frames furnished under the plan which are lost or broken, except at the normal intervals when services are otherwise available
- Medical or surgical treatment of the eye, eyes, or supporting structures, except for laser surgery as shown under the Benefit Highlights section
- Materials, services or options not shown in the Benefit Highlights section
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available
- Contact lens insurance policies or service agreements
- Refitting of contact lenses after the initial (90-day) fitting period
- Additional office visits associated with contact lens pathology
- Contact lens modification, polishing or cleaning
- Services associated with CRT or Orthokeratology



Subject to state law variations.

This summary represents a general overview and is not a complete description of your plan. It is being provided before the issuance of the certificate. The actual provisions of your vision policy will be used to determine coverage for any claims submitted.

The issued policy provides vision insurance only. It does not provide basic hospital, accident or major medical coverage. Plans contain limitations, exclusions and restrictions. Plan frequencies and limitations apply. We can cancel the policy after giving the policyholder advance written notice. Contact us for costs and complete details.

This vision plan does not provide coverage for pediatric vision health services that satisfies the requirement for “minimum essential coverage” as defined by The Patient Protection and Affordable Care Act (“PPACA”).

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SLPC 28049 01/19 (exp. 01/24)

Dental insurance



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Type II Basic Services	80%	80%
Type III Major Services	40%	40%
Type IV Ortho Services	50%	50%

Type I Preventive Dental Services, Including:

- Oral evaluations – once in any 6 month period
- Routine dental cleanings – once in any 6-month period (frequency combined with periodontal maintenance)
- Fluoride treatment – once in any 6-month period.
Only for children under age 14
- Sealants – no more than once per tooth in any 36-month period, only for permanent molar teeth. *Only for children under age 14*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12 month period
- Intraoral complete series x-rays – once in any 60-month period

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- Dental implants – subject to 10 year replacement limit
- Endodontics (includes root canal therapy) – once per tooth in any 24 month period
- Minor gum disease treatment: (non-surgical periodontics)
 - Scaling and root planing – once in any 24-month period per area
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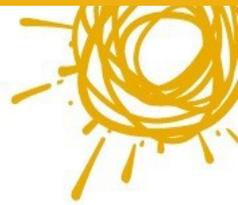
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Do I have to choose a dentist in the PPO network?

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Where do I find my dental ID card?

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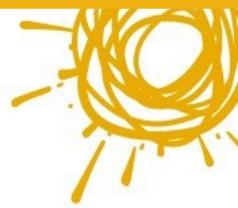
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Sun Life Financial
P.O. Box 2940
Clinton, IA 52733

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Get benefits information on the go!

Download our Benefit Tools app for quick access to:

- An overview of your coverage details⁸
- Your electronic dental ID card⁸
- Find a dentist near you



Apple
download



Android
download

Dental plan provisions

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- Preventive, Basic, Major and Orthodontic Dental Services

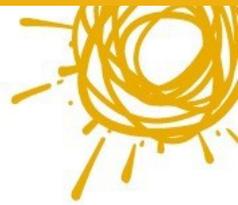
We will not pay for any treatment that is started or completed during the late entrant limitation period.

This summary represents a general overview and is not a complete description of your plan. It is being provided before your certificate is issued. All of our dental policies include exclusions, limitations, and frequency requirements. The actual provisions of your dental policy will be used to determine coverage for any claims that you submit.

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).

Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.

1. If permitted by the Employer’s employee benefit plan and not prohibited by state law, the term “spouse” in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.
2. Please see your employer for more specific information.
3. Average Retail Costs were determined by our national claims analysis for the year 2017. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.
4. Classification of services varies by plan design.
5. Total number of combined prophylaxis cleaning and periodontal maintenance procedures cannot exceed 4 in a 12 month period.
6. There may be tax consequences to you and your employees.
7. Sun Life’s dental networks include dentists contracted with Dental Health Alliance, L.L.C.® (D.H.A.®) and dentists under access arrangements with other dental networks.
8. You will need to register for Online Advantage to access these features.



Important Plan Provisions

Dental Insurance

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 orthodontia and/or 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



*Subject to state law variations.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-DEN-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations

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