



Group Dental Insurance Benefits

Benefit Highlights

for Employees of Pile & Company, Inc. - #242068
All Employees

Eligibility

- Employee: All active, full-time, employees working 30 hours or more per week.
- Dependents: Spouse; Children: To age 26; Full Time: Student to age 26; unless otherwise defined by state law.

Eligibility Waiting Period

- No waiting period.
- Employees or dependents that do not enroll within 31 days of becoming eligible or coverage will have to wait until the next open enrollment period to elect coverage.

PPO Network

- United Concordia Alliance Network

Calendar Year Deductible	
In-Network	Out-of-Network
Type II and III only; deductible waived for Type I \$50 individual \$150 family per Calendar Year	Type I, II and III \$50 individual \$150 family per Calendar Year

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Benefit Highlights (continued)

Coinsurance - Plan Pays the Following Percentage of Procedures		
	In-Network	Out-of-Network
Type I Preventive Procedures such as oral exams, cleanings, and fluoride treatment - also includes problem focused exams	100% of fee schedule	100% of Usual and Customary
Type II Basic Procedures such as amalgam and composite restorations, simple extractions, space maintainers, oral surgery, and general anesthesia - also includes endodontics - also includes periodontics	90% of fee schedule	80% of Usual and Customary
Type III Major Procedures such as crowns and dentures	60% of fee schedule	50% of Usual and Customary

Calendar Year Maximum	
Type II and III	\$1,500 per person

Your new dental benefits

To find a provider, or with questions on your dental coverage, call 888-222-3660,

Monday through Friday, 8 a.m. to 8 p.m. E.T.

You can also visit your new website, www.sunlifedentalbenefits.com.

Claim Mailing Address:

Dental Claims

P.O. Box 69421 Harrisburg, PA 17106

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Benefit Highlights (continued)

Limitations and Exclusions

This summary represents a general overview. It is being provided before the issuance of the certificate. 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 submitted to us.

For complete plan details

This summary is intended to provide an overview of the benefits available from your employer and is not intended to be a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan. For complete plan designs, you may request a copy of the Sun Life Financial Group Dental booklet-certificate from your employer.

This overview is preliminary to the issuance of the policy and booklet certificate. It does not describe the specific benefits under the policy.

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 GP-A. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hills, MA) under Policy Form Series GP-A. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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