



GROUP DENTAL
FOR NEW YORK STATE PEF RETIREES DENTAL PROGRAM

Take care of your teeth with affordable dental care!

Dental insurance can help lower your out-of-pocket expenses so you and your family can maintain healthy smiles—and better overall health, too. Here are some frequently asked questions about dental insurance from Sun Life.



What are the eligibility requirements?

You must be a current dues-paying member of the PEF Retirees at the time of your enrollment to be eligible for the New York State PEF Retirees Dental Program.

Here are a few things to consider once you are ready to sign up:

- Coverage for dependent children will end on the last of day of the month in which they turn 19, or age 25 if a full-time student.
- If you apply within 120 days of a Qualified Status Change (e.g., you get married), you can change your coverage to PEF Retiree only, PEF Retiree and a dependent, or PEF Retiree and family.
- If you terminate your dental coverage, you will
 not be allowed to re-enroll in coverage at a later
 date. However, if you previously terminated your
 coverage and have a Qualified Status Change, you
 may re-enroll if you do so within 120 days of the
 date of your Qualified Status Change.

Benefit from a dental plan that pays some or all of your dental expenses for covered services when you visit an in-network dentist after you satisfy your annual deductible—\$25 for you, \$50 for you and a dependent, or \$75 for you and your family.

Note: Maximum coverage per calendar year is \$1,500.

Services	Plan
Preventive services (Type I) Cleanings X-rays Fluoride treatments* Oral examinations	100% coverage
Restorative services (Type II)** Fillings Root canals Simple extractions Periodontal treatments	80% coverage
Major restorative services (Type III)** Dentures Crowns Bridges	50% coverage

^{*}Fluoride treatment is available for covered dependents who are less than age 19

Can my Spouse or Domestic Partner continue the plan?

Spouses and Domestic Partners can continue in the plan upon death of the PEF Retiree member subject to maintaining Spousal Membership in the PEF Retirees and paying dental premiums.

^{**}Subject to plan limitations

Once I send in my application, how quickly will my coverage take effect?

As soon as Sun Life receives your request for enrollment, we will confirm with the PEF Membership Benefits
Program that: you are a current dues-paying member of the PEF Retirees, and you have not previously been enrolled in the PEF Retirees Dental Plan.

If you are eligible, Sun Life will complete the enrollment.***

When will I receive my dental Identification Card?

Once Sun Life receives your completed enrollment form, it will take approximately eight to ten business days for Identification Cards to be printed and mailed.

How can I pay for my dental premiums?

All payment arrangements are set up and managed through PEF Membership Benefits Program.

How much does the plan cost?

	Retiree	Retiree plus	Family
	only	1 dependent	coverage
Plan	\$49.82	\$84.72	\$129.31
	per month	per month	per month

How can I receive a replacement dental Identification Card?

In the future, should you need a replacement card, please call the Sun Life Financial/PEF Retirees Customer Service Center at 844-738-8118.

You can also go to the benefits website, sunlife.com/account, to:

- · print Identification Cards,
- · find a network dentist,
- · get claim forms, and
- · browse through education materials.

How are dentists reimbursed?

Dentists are reimbursed in two ways:

- In-network providers are reimbursed based on an established network fee schedule.
- Out-of-network providers are reimbursed based on the Maximum Allowable Charge.

What is a fee schedule?

A reimbursement fee schedule is established by the network to pay in-network providers for covered services. It is based on the provider's zip code. Multiple zip codes may have the same reimbursement fee schedule. The in-network dentist signs a contract agreeing to accept the fee schedule as full payment for the service. Reimbursement is subject to the coinsurance established by the plan for the service being performed. The in-network provider may only bill you for the difference between the fee schedule amount and the amount paid by the insurance company.

What is Maximum Allowable Charge (MAC)?

A MAC is a reimbursement fee equal to the fee schedule established by the network, based on the location (zip code) of the provider. This is the reimbursement allowance paid to out-of-network providers for covered services. Reimbursement is subject to the coinsurance established by the plan for the service being performed. The out-of-network provider may bill you up to the full fee, and you are responsible for any difference between the MAC reimbursement and the full fee plus any deductible, coinsurance and maximum that may apply.

How can I submit my enrollment?

Sign up for the PEF Retirees Dental plan (Group Number 935636) by calling 844-738-8118, Monday through Friday, 8:00 a.m. to 8:00 p.m. E.T., to speak with a live Customer Service Representative.

You may also sign up for the PEF Retirees Dental plan by submitting your application via: Email to: PEFenrollment@sunlife.com, Fax to: 519-342-6858, or Toll Free Fax to: 1-844-295-7779.

To learn more, call the Sun Life Financial/PEF Retirees Customer Service Center at 844-738-8118.

If permitted by the PEF Retiree's 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.

***Any enrollment forms that are received by the 15th of the month will be processed with the enrollment effective date of the 1st of the following month.

Sun Life dental insurance 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).

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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