



DENTAL

Make your life easier by using our Benefit and Eligibility Fax

We're pleased to share that the **Benefit and Eligibility Fax** is available by calling our toll-free number 800-442-7742.

- There's no waiting on hold with the **Benefit and Eligibility Fax** — You can access it on your own time and on your own terms.
- Dental benefits and eligibility information are available to you immediately — 24 hours a day, 7 days a week.
- Consistent information that you can count on.

Our Benefit and Eligibility Fax will be sent directly to you, providing detailed plan and benefit information. For example, benefit information is broken down by procedure codes for services such as extractions, crowns and major services. Also, eligibility and last date of service for routine procedures are available.

Benefit and Eligibility Fax — It's quick, smart and convenient.

Try it today! Call 800-442-7742.

If you have any questions about this tool, please call
Provider Services at 800-434-2638.



Sample of a Benefit and Eligibility Fax

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Date: 06/13/2018

Member name: JOHN DOE
 Group name: SUN LIFE FINANCIAL US SERVICES
 Group number: AB101010

Payor address: PO Box 2940
 Clinton, IA 52733
 Payor ID: 10000

Coverage: Full Family

Name	Year of Birth	Relation	Original Effective Date	Plan Effective Date
JANE DOE	2010	Child	01/01/2017	01/01/2017
Dependent Age limit: Coverage to age 26				
Age limitation could vary. Please refer to your benefit booklet.				
Persons will be covered under the pediatric plan through the end of the day before their birthday				

The information provided is not a guarantee of coverage. The terms of the applicable policy or plan control. The information provided does not reflect services which may have been performed, but for which a claim has not yet been processed, and is therefore subject to change without notice. In addition, some services are subject to review. Please refer to www.sunlife.com/onlineadvantage for a complete list of procedures and required diagnostics. For the exact amount to be covered, we recommend that a dental treatment plan be submitted to us for review before treatment begins.

If you have any questions concerning dental benefits, please call customer service at 800.442.7742. For more self-service options please visit our website at www.sunlife.com/onlineadvantage.

Plan Maximums and Deductibles for JANE DOE as of 06/13/2018

Benefits year: 01/01/2018 to 12/31/2018

Network: Sun Life Dental Network

Annual Maximum	In Network		Out of Network	
	Maximum	Maximum Remaining	Maximum	Maximum Remaining
JANE DOE	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00
Individual Ortho Lifetime				
JANE DOE	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00

Annual Deductible	In Network		Out of Network	
	Deductible	Deductible Remaining	Deductible	Deductible Remaining
JANE DOE	\$50.00	\$50.00	\$50.00	\$50.00
Family Deductible				
JANE DOE	\$150.00	\$150.00	\$150.00	\$150.00

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	In Network Coinsurance	Out of Network Coinsurance	Waiting Period Satisfied	Frequencies	In Network Deductible	Out of Network Deductible
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Coinsurance, wait periods, and frequencies for JANE DOE as of 06/13/2018

NOTE: Information provided, unless specifically stated, is for the Primary Subscriber listed above only. For complete dependent information, please go to www.sunlife.com/onlineadvantage.

Exams

	In Network	Out of Network	Waiting Period Satisfied	Frequencies	In Network Deductible	Out of Network Deductible
D0120 ¹	100%	100%	01/01/2017	2 per 1 calendar year	Waived	Waived
D0140 ¹	100%	100%	01/01/2017	2 per 1 calendar year	Waived	Waived
D0150 ¹	100%	100%	01/01/2017	2 per 1 calendar year	Waived	Waived

Name	Year of Birth	Date of Last Exam
JANE DOE	2010	05/30/2018

x-Rays

	In Network	Out of Network	Waiting Period Satisfied	Frequencies	In Network Deductible	Out of Network Deductible
D0210 ¹	100%	100%	01/01/2017	1 in a 36 month period	Waived	Waived
D0220	100%	100%	01/01/2017	4 per 1 calendar year	Waived	Waived
D0230	100%	100%	01/01/2017	4 per 1 calendar year	Waived	Waived
D0272 ¹	100%	100%	01/01/2017	2 per 1 calendar year	Waived	Waived
D0274 ¹	100%	100%	01/01/2017	2 per 1 calendar year	Waived	Waived
D0330	100%	100%	01/01/2017	1 in a 36 month period	Waived	Waived

Name	Year of Birth	Date of Full Mouth or Panorex	Date of Last Bitewing
JANE DOE	2010	05/30/2018	05/30/2018

Cleanings

	In Network	Out of Network	Waiting Period Satisfied	Frequencies	In Network Deductible	Out of Network Deductible
D1110 ^{1, 2}	100%	100%	01/01/2017	2 per 1 calendar year	Waived	Waived
D1120 ^{1, 2}	100%	100%	01/01/2017	2 per 1 calendar year	Waived	Waived



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www.sunlife.com/us

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