

How do I find a network PPO dentist?

It's easy to locate participating general dentists and specialists in your area.

Visit www.sunlife.com/STofFL or use our mobile app – **Sun Life Dental (U.S.)**.

- Choose PPO dental under Provider search.
- Enter in your search criteria and a listing of participating dentists will be provided.

If your dentist is not a participating provider, you may nominate them at www.sunlife.com/findadentist.

Plan rates (People First Plan Code: 4074)

Payroll Deduction	Bi-Weekly (24)	Monthly
Employee	\$21.78	\$43.55
Employee/Spouse	\$41.81	\$83.61
Employee/Child(ren)	\$49.42	\$98.83
Employee/Family	\$65.18	\$130.35

How do I find a Prepaid Plan Dentist?

Visit www.sunlife.com/STofFL or use our mobile app – **Sun Life Dental (U.S.)**. You will be able to customize the provider search based on your input.

- Choose Prepaid Dental under Provider search.
- Enter in your search criteria and a listing of participating dentists will be provided.

When you enroll, you can select a plan provider. You must select a plan provider before you can make an appointment to receive your dental care.

Plan prepayment fees (People First Plan Code: 4025)

Payroll Deduction	Bi-Weekly (24)	Monthly
Employee	\$7.47	\$14.93
Employee/Spouse	\$12.59	\$25.17
Employee/Child(ren)	\$16.63	\$33.26
Employee/Family	\$21.77	\$43.54

We make it simple to enroll.

Visit <https://peoplefirst.myflorida.com>. Learn more by visiting www.sunlife.com/STofFL or call our agent, State Securities Corp. with Enrollment questions at **800-277-2300**.

1. Zelis Network Analytics data as of January 2024 and based on unique dentist count.

2. Dental prophylaxis cleaning is limited to 1 time in any 6 month period and periodontal maintenance procedure is limited to 1 in any 3 month period. Total number of combined dental prophylaxis cleanings and periodontal maintenance procedures cannot exceed 4 in a 12 month period.

This summary represents a general overview and is not a complete description of your plan. All of our dental plans include exclusions, limitations, and frequency requirements. The actual provisions of your contract of Evidence of Coverage will be used to determine coverage for any claims submitted to us.

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").

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. Prepaid dental products are provided by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA), under Form Series BDC-GDSA.

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STATE OF FLORIDA

Dental 2025 Benefit Options

Two dental plans to choose from—
No premium change (again) for 2025!

Indemnity PPO Plan

(People First Plan Code: 4074)

- Freedom to choose any dentist or specialist.
- In- and out-of-network coinsurance is the same; no penalty for using out-of-network dentist.
- Access to nearly **10,000 unique dentists in Florida** (and more than 130,000 nationwide¹)
- offering up to 30% off their usual fees.
- Coverage for up to 4 cleanings per year.²
- Coverage for composite resins (white fillings) on back teeth.
- \$2,000 calendar year maximum when seeing an in-network provider; \$1,500 calendar year maximum when seeing an out-of-network provider.

The following scenarios were developed to help you decide whether an Indemnity PPO or Prepaid plan is the best choice for you and your family.

If the following situation is true for you...	Consider choosing Indemnity PPO Plan	Consider choosing Prepaid Plan
I need a lot of dental work that might cause me to exceed the PPO maximum.		✓
I am willing to go to an in-network orthodontist for myself or my dependents and need to know exact amount.		✓
I need an orthodontic benefit for my child (to age 19) with a provider that I choose.	✓	
There is an in-network dentist that I would be satisfied selecting.		✓
My family is in multiple locations and needs the flexibility of being able to go to any dentist.	✓	
I expect to only need Preventive services (exams, cleanings, etc.) this year.		✓



Prepaid Plan

(People First Plan Code: 4025)

- No additional charge for 35 procedures including oral exams, x-rays, routine cleanings, fluoride treatments, and sealants; 250+ procedures covered by set copayments.
- No deductibles, claim forms, annual benefit maximum, or waiting periods.
- Pre-existing dental conditions are covered.
- Each family member may choose their own Plan Dentist from the list of participating general dentists.
- Set copayments for child and adult orthodontic treatments.



Introducing your State of Florida Indemnity PPO Plan

Schedule of Benefits

CALENDAR YEAR DEDUCTIBLE:
In- or Out-of-Network - \$50 per person; \$100 per family (waived for Type I - Diagnostic and Preventive Services)

CALENDAR YEAR MAXIMUM:
In-Network - **\$2,000** per person,
Out-of-Network - **\$1,500** per person

LIFETIME ORTHODONTIA MAXIMUM:
\$1,500 (Orthodontia covered only for dependent children under age 19)

Type I - Diagnostic & Preventive Services

In-or Out-of-Network - 100%

- Routine Oral Examinations - once every 6 months in a row
- Routine Dental Cleanings - once every 6 months (Frequencies combined with Periodontal Maintenance)
- Fluoride Treatment - once every 6 months in a row Only for children under age 14
- Sealants - once per tooth per 36 month period, only for permanent molar teeth Only for children under age 16
- Space maintainers - one per tooth in any 3 year period Only for children under age 19
- Bitewing X-Rays - once every 12 months

- Scaling and Root Planing - once every 24 months per area
- Periodontal Maintenance - once every 6 months (Frequencies combined with Routine Dental Cleanings)
- Major Gum Disease Treatment: (Major Periodontics)
 - Gingivectomy, Osseous Surgery, other major periodontic procedures - once every 36 months per area
- Crowns, Initial Placement, Replacement and Maintenance of Inlays, Onlays, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

Type II - Basic Services

In-or Out-of-Network - 80%

- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- X-Rays:
 - Complete Series - once every 60 months
 - Panoramic - once every 60 months (may also be payable in connection with the removal of impacted teeth)
 - Other X-Rays (See Certificate of Insurance)
- New Fillings, Replacement Fillings - once every 24 months per Filling
- Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Type III - Major Services

In-or Out-of-Network - 50%

- Complex Oral Surgery: General Anesthesia and IV Sedation when medically required for such Surgery
- Minor Gum Disease Treatment: (Minor Periodontics)
 - Provisional Splinting, Occlusal Adjustments - once every 12 months

Type IV - Orthodontic Services

Only for dependent children under age 19; no waiting period

In-or Out-of-Network - 50%

- Limited Orthodontic Treatment
- Interceptive Orthodontic Treatment
- Comprehensive Orthodontic Treatment
- Minor Treatment to control harmful habits

Lifetime of Smiles®

This plan includes Lifetime of Smiles®, our oral health program dedicated to improving the smiles of our members for a lifetime with the following features!

- **Four cleanings per year** to help prevent gum disease!
- **Posterior tooth-colored fillings** preferred by many dentists and their patients
- **Genetic testing** to help identify individuals who are at genetic risk for gum disease
- **Periochips** to control bacteria and reduce the size of periodontal pockets
- **Online Dental Health Center** a trusted resource that offers members the most up-to-date information available on preventive dental care

Other Policy Provisions

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. If the cost of a proposed Dental Treatment Plan exceeds \$500, it should be submitted for an estimate of benefits payable.

Introducing your State of Florida Prepaid Plan

This plan gives you and your family access to a range of dental services from in-network providers at fixed copayment amounts. A copayment is the set fee that you pay to the plan dentist at the time of treatment for covered services that are being performed. **To receive services at these fixed rates, you must use a network provider.**



Here is a sample Copayment Schedule

Procedure Type	Member Copayment
Office Visit	\$10
Periodic Oral Evaluation	No charge
Bitewing x-rays - 4 films	No charge
Routine Cleaning - Adult	No charge
Routine Cleaning - Child	No charge
Resin-Based Composite (tooth-colored fillings)	
1 surface - Posterior	\$60
2 surfaces - Posterior	\$70
3 surfaces - Posterior	\$80
Crowns	
Crown - Porcelain fused to high noble metal*	\$225
Crown - Full cast high noble metal*	\$225
Root Canals	
Anterior	\$110
Bicuspid	\$225
Molar	\$250
Periodontics	
Periodontal maintenance	\$45
Orthodontics	
Comprehensive treatment for child under 19 years	\$2,000
Comprehensive treatment for adult 19 years and older	\$2,200

This is just a sampling of the services available. To see a complete list of services and copayments, please visit www.sunlife.com/STofFL.

*These services may also require separate payment for the cost of any precious or semi-precious alloy used in their fabrication. The additional precious or semi-precious alloy charges must be paid to the Plan Dentist in addition to any applicable copayment for the service.

The Orthodontic Copayments listed above only apply during the first 24 months of active treatment and are only available once per lifetime. After 24 months of active treatment, the above Orthodontic Copayments are no longer applicable, and the listed services will be provided to Member at a 25% reduction from the Plan Specialty Dentist's normal retail charge. Member is responsible for paying the entire reduced charge either at the time the service is received or in accordance with Plan Specialty Dentist's billing procedures. This is a partial copayment schedule only. It is not an Evidence of Coverage. Please see the Group Dental Service Agreement, Evidence of Coverage, and Copayment Schedule, which determine all rights, benefits, and applicable limitations and exclusions. Listed copayments apply only to Plan Specialty Dentists who perform the corresponding listed services. Plan Specialty Dentists may not perform or offer all services listed. Availability and participation of Specialty Dentists are subject to change