

California State Law Requires Distribution to Employees at Enrollment and Renewal

Majco LLC DBA Big Brand Tire & Service

Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC)

Part I: GENERAL INFORMATION

Insurer Name: Sun Life Assurance Company of Canada
Policy Type: PPO
Effective Date: Beginning on or after 01/01/2025

Plan Name: Group Dental
Insurer Phone #: 800-442-7742
Insurer Website: www.Sunlife.com/us

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND WHAT YOU WILL PAY FOR COVERED SERVICES. THIS IS A SUMMARY ONLY AND DOES NOT INCLUDE THE PREMIUM COSTS OF THIS DENTAL BENEFITS PACKAGE. PLEASE CONSULT YOUR EVIDENCE OF COVERAGE AND DENTAL CONTRACT FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. FOR MORE INFORMATION ABOUT YOUR COVERAGE, VISIT THE INSURER WEBSITE AT www.Sunlife.com/account OR CALL 800-442-7742.

THIS MATRIX IS NOT A GUARANTEE OF EXPENSES OR PAYMENT.

Part II: DEDUCTIBLES

Deductible	In-Network	Out-of-Network
Dental	\$50 individual / \$150 family per calendar year	\$50 individual / \$150 family per calendar year
Orthodontia	None	None

- **The deductible applies to all services except Type I Preventive Services and Type IV Ortho Services.**
- A **deductible** is the amount you are required to pay for covered dental services each policy year before the insurer begins to pay for the cost of covered dental treatment.
- **In-network services** are dental care services provided by dentists or other licensed dental care providers that contract with your insurer for alternative rates of payment for dental services.

- **Out-of-network services** are dental care services provided by dentists or other licensed dental care providers that have not contracted with your insurer for alternative rates of payment.

Part III: MAXIMUMS POLICY WILL PAY

Maximums	In-Network	Out-of-Network
Annual Maximum	\$2,000 per person per calendar year	\$2,000 per person per calendar year
Lifetime or Annual Maximum for Orthodontia	\$2,000 lifetime - for Adult and Children	\$2,000 lifetime - for Adult and Children

- **Annual maximum** is the maximum dollar amount your policy will pay toward the cost of dental care within a specific period of time, usually a consecutive 12-month or calendar year period.
- **Lifetime maximum** means the maximum dollar amount your policy providing dental benefits will pay for the life of the enrollee. Lifetime maximums usually apply to specific services, such as orthodontic treatment.

Part IV: WAITING PERIODS

Waiting Periods: A waiting period is the amount of time that must pass before you are eligible to receive benefits for all or certain dental treatments.

- **No waiting period for Type I Preventive, Type II Basic, or Type III Major Services**
- **No waiting period for Type IV Ortho Services**

Part V: WHAT YOU WILL PAY

All copayments and coinsurance costs shown in this chart apply after your deductible has been met, if a deductible applies. The Common Dental Procedures fit into one of the following applicable categories: Preventive & Diagnostic, Basic or Major. The Benefit Limitations and Exclusions column includes common limitations and exclusions only. For a full list, see the full disclosure document referenced in the Benefit Limitations and Exclusions column.

Common Dental Procedures	Category	In-Network Any applicable deductible is shown above in Part II	Out-of-Network Any applicable deductible is shown above in Part II	Benefit Limitations and Exclusions For a full listing, refer to the Certificate of Insurance, Sections: “Covered Dental Benefits” and/or “Exclusions” Any applicable waiting periods are shown above in Part IV
<i>Oral Exam - Comprehensive</i>	Preventive & Diagnostic	0%	0%	2 in any 12 consecutive months
<i>Bitewing X-ray - single</i>	Preventive & Diagnostic	0%	0%	1 in 12 consecutive months
<i>Cleaning – adult prophylaxis</i>	Preventive & Diagnostic	0%	0%	2 per 12 consecutive months - frequency combined with Periodontal Maintenance
<i>Filling – resin-based composite, one surface, anterior</i>	Basic	20%	20%	
<i>Extraction, Erupted Tooth or Exposed Root – simple</i>	Basic	20%	20%	
<i>Root Canal – molar (excluding final restoration)</i>	Basic	20%	20%	
<i>Scaling and Root Planing – 4 or more teeth per quadrant</i>	Basic	20%	20%	Once per 24 consecutive months per area of the mouth It is not payable in addition to Dental Prophylaxis or Periodontal Maintenance performed on the same day
<i>Ceramic Crown</i>	Major	50%	50%	Crowns are covered only if the tooth has extensive decay or fracture and cannot be restored by an amalgam or composite filling Once per tooth in any 5 year period

Common Dental Procedures	Category	In-Network Any applicable deductible is shown above in Part II	Out-of-Network Any applicable deductible is shown above in Part II	Benefit Limitations and Exclusions For a full listing, refer to the Certificate of Insurance, Sections: “Covered Dental Benefits” and/or “Exclusions” Any applicable waiting periods are shown above in Part IV
<i>Removable Partial Denture – maxillary-cast metal framework</i>	Major	50%	50%	Benefits for Removable Partial Dentures include all temporary restorations, clasps, rests, teeth, and follow-up care within 12 months of insertion Once per arch in any 5 year period and only if the Denture cannot be made serviceable
<i>Extraction, Erupted Tooth with Bone Removal – surgical</i>	Basic	20%	20%	
<i>Orthodontia – comprehensive treatment of adolescent</i>	Orthodontia	50%	50%	

Part VI: COVERAGE EXAMPLES

THESE EXAMPLES DO NOT REPRESENT A COST ESTIMATOR OR GUARANTEE OF PAYMENT. The examples provided represent commonly used services in the categories of Diagnostic and Preventive, Basic and Major Services for illustrative purposes and to compare this product to other dental products you may be considering. Your actual costs will likely be different from those shown in the chart below depending on the actual care you receive, the prices your providers charge and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and the summary of excluded services under the plan.

Dana Has a Dental Appointment with a New Dentist	Sam Needs a Tooth Filled	Maria Needs a Crown
New patient exam, x-rays (FMX) and	Resin-based composite – one surface,	Crown – porcelain/ceramic substrate

cleaning	posterior	
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Dana's Visit	Dana's Cost	Sam's Visit	Sam's Cost	Maria's Visit	Maria's Cost
Total Cost of Care	In-network: \$400 Out-of-network: \$550	Total Cost of Care	In-network: \$150 Out-of-network: \$200	Total Cost of Care	In-network: \$1,300 Out-of-network: \$1,750
Deductible	In-network: \$0 Out-of-network: \$0	Deductible	In-network: \$50 Out-of-network: \$50	Deductible	In-Network: \$50 Out-of-Network: \$50
Annual Maximum (Plan Will Pay)	In-Network: \$2000 Out-of-Network: \$2000	Annual Maximum (Plan Will Pay)	In-network: \$2000 Out-of-network: \$2000	Annual Maximum (Plan Will Pay)	In-Network: \$2000 Out-of-Network: \$2000
Patient Cost (copayment or coinsurance)	In-network: 0% Out-of-network: 0%	Patient Cost (copayment or coinsurance)	In-network: 20% Out-of-network: 20%	Patient Cost (copayment or coinsurance)	In-Network: 50% Out-of-Network: 50%
In this example, Dana would pay (includes copays/coinsurance and deductible, if applicable):	In-network: \$0 Out-of-network: \$0	In this example, Sam would pay (includes copays/coinsurance and deductible, if applicable):	In-network: \$70 Out-of-network: \$80	In this example, Maria would pay (includes copays/coinsurance and deductible, if applicable):	In-Network: \$675 Out-of-Network: \$900

Dana's Visit	Dana's Cost	Sam's Visit	Sam's Cost	Maria's Visit	Maria's Cost
Summary of what is not covered or subject to a limitation	Exam - 2 in any 12 consecutive months (FMX) - 1 in 60 consecutive months Cleaning - 2 time per 12 consecutive months - frequency combined with Periodontal Maintenance	Summary of what is not covered or subject to a limitation	Reimbursed as an amalgam	Summary of what is not covered or subject to a limitation	Crowns are covered only if the tooth has extensive decay or fracture and cannot be restored by an amalgam or composite filling Once per tooth in any 5 year period

Notice

Communications Notice

Free services are available to help you communicate with us. Upon request, Sun Life will provide appropriate aids and services leading to effective communication for qualified persons with disabilities. In addition we can provide other services, such as, letters in other languages, or in other formats like large print. You can also ask for an interpreter at no charge. To ask for help, please call the toll-free number listed on your ID card for assistance with a dental policy, or, for assistance with a vision policy, please call 800-877-7195.

Nondiscrimination Notice

Sun Life Assurance Company of Canada does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to us at complaints.mailbox@sunlife.com or One Sun Life Executive Park, SC 3093, Wellesley Hills, MA 02481-5699. You can also call 800-432-1102, extension 3557937.

Complaint Notice

You can file a complaint with the California Department of Insurance. Contact the Department of Insurance at 800-927-4357 or 213-897-8921, by writing to the California Department of Insurance, Consumer Services Division, 300 Spring St., Los Angeles, CA 90013, or by visiting www.insurance.ca.gov.

In addition, you can submit a complaint to U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)
Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Language Services

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-442-7742. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-442-7742. Para obtener más ayuda llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼， 或撥打 1-800-442-7742 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-442-7742. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese.

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 ID 카드에 나와있는 안내 전화 1-800-442-7742 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아주 보험국에 안내 전화 1-800-927-4357 번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipapabasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-442-7742. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم و قراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-332-0366 للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357 Arabic

Անվճար լեզվական ծառայություններ: Դուք կարող եք ստանալ թարգմանիչ: Փաստաթղթերը կարող են ընթերցել ձեզ համար և դրանցից որոշելերն ուղարկել ձեզ հայերեն լեզվով: Օգնության համար զազահարեք ձեր ինքնության (ID) քարտի վրա նշված համարով կամ 1-800-442-7742 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության բաժանմունք 1-800-927-4357 հեռախոսահամարով: Armenian

Tsis Xam Nqi Rau Cov Kev Pab Cuam Txhais Lus. Koj thov tau ib tus kws txhais lus. Koj tuaj yeem txais cov ntaub ntwaw kom muab nyeem rau koj mloog los sis xa rau koj ua koj hom lus. Rau kev pab, hu rau peb tus nab npawb xov tooj tau teev tseg nyob rau ntwaw koj daim npav ID los sis 1-800-442-7742. Rau kev paub ntxiv hu rau xeev California Chav Hauj Lwm ntsig txog Kev Tuav Pov Hwm (CA Dept. of Insurance) ntawm 1-800-927-4357. Hmong

無料の言語サービス日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-442-7742 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

សេវាកម្មភាសាភាគីភីភីខ្មែរ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និង អាសង្កកសារជូនអ្នកដាក់សារខ្មែរ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងឬតាមលេខតេឡេម៉ាកស្កាតនៃស្ថាប័នសម្រាប់ជំនួយបស់អ្នក ឬលេខ 1-800-442-7742។ សម្រាប់ជំនួយបន្ថែម សូមទូរស័ព្ទទៅគ្រូបង្វាន់រាស់បង្កើនការល្អិត្យូកាមលេខ 1-800-927-4357។ ភាសាខ្មែរ Khmer

خدمات مجاني مربوط به زبان: می‌توانید از خدمات یک مترجم شفاهی استفاده کنید و بگویند مدارک به زبان فارسی برایتان خوانده شود. برای دریافت کمک با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا این شماره 1-800-442-7742 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

मुद्दत भासा सेवाएं। दुर्मीं दुबाभीऐ दीआं सेदाएं रासल कर सकदे वें अडे दसडादेजां ठुं पंजाबी दिंच मुऴ सकदे वें। वुऴ दसडादेज दुराठुं पंजाबी दिंच उेजे जां सकदे रन। मसद लयी, दुराडे आयीडी (ID) वाचडाडे दिंचे ठुं ळर उे जां 1-800-442-7742 'उे साठुं डेन करे। दयेरे मसद लयी कैलीडेवरनीआ डिपारटमेंट आड्ड इिनमेंरैस ठुं 1-800-927-4357 'उे डेन करे। Punjabi

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-442-7742. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

मुफ्त भाषा सेवाएं. आप दस्तावेज़ों को हिन्दी में पढ़वाने के लिए एक इंटरप्रेटर नियुक्त कर सकते हैं. मदद पाने के लिए, अपने आईडी कार्ड पर दिए गए नंबर या 1-800-442-7742 पर कॉल करें. अगर आपको हमसे कोई और मदद चाहिए, तो कैलिफ़ॉर्निया डिपार्टमेंट ऑफ़ इंशोरेंस को1-800-927-4357 पर कॉल करें. Hindi

บริการภาษาไทย ไม่เสียค่าใช้จ่าย คุณสามารถขอรับบริการช่วยเหลือจากเราได้ตามแบบฟอร์มแปลภาษาด้วยคุณหรือหมายเลข 1-800-442-7742 หรือโทรหากรมประกันภัยแคลิฟอร์เนีย (Department of Insurance) ที่เบอร์ 1-800-927-4357 เพื่อขอความช่วยเหลือเพิ่มเติม Thai

GDFM-1332-082021

Notice

Timely Access to Care

You have the right to timely access to care and telephone assistance, including the right to appointments and care within the following timeframes:

- Emergency care is available 24 hours a day, 7 days per week.
- Urgent care is available within 72 hours depending on individual dental needs and as required by professionally recognized standards of dental practice.
- Participating Providers must have an answering machine or answering service during non-business hours which provide instructions concerning how to obtain emergency or urgent care, including how to contact another provider who has agreed to be on-call to screen by phone or deliver emergency or urgent care.
- Non-urgent appointments are available within 36 business days of the request for an appointment.
- Preventive dental care appointments are available within 40 business days of the request for an appointment.
- We will ensure that, during normal business hours, a Customer Service Representative will answer the phone within 10 minutes.
- If it is necessary for you or the Participating Provider to reschedule an appointment, the appointment must be promptly rescheduled in a manner that is appropriate for your health care needs: within 24 hours for emergency care, within 72 hours for urgent care, within 36 business days for initial/routine care, and within 40 business days for preventative care.
- If you need an interpreter, interpretation services are available upon request. A request for interpretation services at the time of your appointment will not delay the scheduling of your appointment. We and provider will coordinate the interpretation services with the scheduled appointment.
- Participating Provider facilities should meet Americans with Disabilities Act (ADA) access guidelines including wheel-chair accessibility.

If medically appropriate care from a qualified provider is not accessible, care may be obtained from an accessible provider outside the network and cost-sharing will be equal to the cost-sharing you would have paid for similar service from an in-network provider. For Dependents who reside and work outside the service area, only coverage for Emergency dental services is available, and it is paid at the non-network rate.

If you have questions about appointment wait times or if you would like to request an interpreter, please contact our Client Service Department at 800-442-7742.

Notice

Confidentiality of Medical Information

This notice describes your right to request that protected health information (“PHI”) is communicated directly to you in an alternative manner or at an alternative location. PHI is information that may identify you as an individual and relates to your past, present, or future physical or mental health or condition. It also includes information related to the past, present, or future payment for your health care.

To request Sun Life* communicate with you about PHI in an alternative manner or at an alternative location, send your written request to:

**Sun Life
SLF US Compliance Department
Attention: HIPAA Privacy Officer
96 Worcester Street, Wellesley Hills, MA 02481**

Your request must clearly state that a disclosure of all or part of your PHI may endanger you. Your request must specify what parts of your PHI that your request covers. It must also specify how and where you wish to be contacted. For example, you can ask that we only contact you at your work address or via your work email.

For further questions about the information described in the notice, you may write to the above address or call 800-247-6875.

OUR HIPAA NOTICE OF PRIVACY PRACTICES CONTAINS ADDITIONAL INFORMATION DESCRIBING OUR PRIVACY PRACTICES, A PAPER COPY OF WHICH WILL BE FURNISHED UPON REQUEST.

*In this notice, “Sun Life,” “we,” “us,” and “our” refer to Sun Life Assurance Company of Canada