Secure Choice Dental from UDC Dental California, Inc.

Benefits Include Cosmetic Dentistry and Orthodontics | For use in California

Secure Choice Plan

The Secure Choice plan provides dental benefits with prepayment fees. To receive the benefits of the Secure Choice plan you will need to select a Plan Dentist for you and your family members from the list of Plan Dentists. Please note that you may choose a different dentist for each family member.

Features:

- No deductibles
- No claim forms
- No annual maximum
- Fixed copayment schedule for Plan Dentists and Plan Specialists
- Copayments for Orthodontic procedures for children and adults
- No referral required for Plan Specialist benefits
- Benefits are payable for pre-existing dental conditions within the copyament schedule.

Prepayment Fee Options	
Annual Prepayment Fees	
Individual	$149.76
Individual + One dependent	$254.64
Family	$407.76
Or Automatic monthly bank draft	
Accounts are drafted on the 15th of each month prior to the month of benefits. A monthly administration charge is included in the fees below.	
Individual	$13.73
Individual + One dependent	$22.47
Family	$35.23
$35.00 Enrollment Fee	

Sun Life®

continued

What are copayments?
Copayments are reduced fees that you pay directly to the dentist for some dental treatments. A partial list of some frequently used dental treatments is included on the back of this brochure. This list shows you the potential savings with UDC Dental California, Inc. versus what you may pay without this Plan.

Cosmetic dentistry
UDC Dental California, Inc. understands the importance of your appearance. That's why we have included cosmetic services, such as bleaching and bonding procedures, in your plan benefits.

Orthodontic benefits
The Secure Choice Plan includes copayments for Orthodontic procedures for children and adults. Orthodontic services are available only in areas where UDC Dental California, Inc. has Plan Orthodontists who provide those services.

Specialty benefits
Should the services of a specialist be necessary you may seek treatment from any Plan Specialist listed in our printed or online directory. Please see the Evidence of Coverage and Disclosure Form (EOC) for a complete listing of covered Plan Specialist services. Plan Specialist services are available only in areas where UDC Dental California, Inc. has Plan Specialists. Please note that payment for a service performed by a Non-Plan Specialist is your responsibility.

When will I receive a membership card?
Once your application has been processed, we will provide you with a membership card, the Individual Dental Service Agreement, the EOC and a complete list of copayments. Your effective date will be provided with your membership materials.

What if I need to change my dentist?
You may change dentists by simply calling the Customer Service Department at 800-380-6347.

How do I receive care?
After your effective date, phone the dentist you selected, and tell the office that you have UDC Dental California, Inc. coverage. They will schedule your appointment to see the dentist.

Who is eligible?
You, your spouse and dependent children as defined by state law.

When do I renew my dental plan?
If you select the annual prepayment method, a renewal notification and billing statement will be provided to you in advance of your anniversary date. If you select the monthly bank draft method for payment, no action is required to renew your dental plan.

Renewal/Cancellation/Termination
This Plan renews at each yearly anniversary of the effective date. Company and Subscriber each have the right to terminate the Plan with prior written notice. Please consult the Individual Dental Service Agreement and EOC for details concerning renewability, cancellation and termination.

Patient Protection and Affordable Care Act
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").

Sample Copayments for the Secure Choice Plan

The following is a sample of some frequently used dental procedures. When you enroll for the plan, you will pay reduced fees called copayments. These reduced fees are only available from providers who participate in our network. After you enroll, a complete list of copayments will be provided to you along with your Individual Dental Service Agreement and EOC. The sample below demonstrates potential savings with the Secure Choice plan and may not reflect your actual results. Please see the EOC for a complete list of services covered by the plan.

The Plan Dentist you select may not perform all procedures listed. The copayments shown apply to those Plan Dentists who perform those services. Therefore, you are encouraged to discuss availability of the scheduled services with your Plan Dentist. Charges for procedures not listed on the Copayment Schedule that are performed by your Plan Dentist are not covered under the Secure Choice plan.

Should you require dental services that your selected Plan Dentist is unable to provide, you may obtain those services from a Plan Specialist. No referral is needed from your Plan Dentist in order for you to obtain services from a Plan Specialist. Please see the EOC for a complete list of covered Plan Specialist services.

Payment for each service of a Non-Plan Dentist or Non-Plan Specialist (at that provider's normal retail charge) is your responsibility, except for limited Plan Benefits for covered dental Emergency Services as stated in the Individual Dental Service Agreement and EOC.

Availability and participation of Plan Dentists and Plan Specialists are subject to change.

continued

Dental treatment	Your cost with Secure Choice Plan	Your cost for Average Retail Charges[1]
Appointments		
Periodic Oral Evaluation	**No charge**	**$68**
Limited Oral Exam	**$20**	**$97**
Diagnostic Dentistry		
Complete X-Ray Series, Including Bitewings	**$10**	**$163**
Preventive Dentistry		
Routine Cleaning - Adult/Child^	**$10/$10**	**$113/$93**
Restorations		
Silver Fillings - 2 Surfaces	**$25**	**$193**
White Fillings - 2 Surfaces (posterior)	**$90**	**$264**
Crowns - Porcelain to High Noble Metal (cost of precious & semi-precious metal is additional)	**$280****	**$1,193**
Endodontics and Periodontics		
Root Canal - Molar	**$325**	**$1,268**
Scaling and Root Planing (per quadrant)	**$90**	**$271**
Dentures		
Partial Upper	**$450****	**$1,325**
Partial Lower	**$450****	**$1,327**
Oral Surgery		
Single Tooth Extraction	**$20**	**$205**
Removal of Impacted Tooth (partial bony)	**$100**	**$459**
Orthodontics		
See the EOC for a complete listing of covered orthodontic procedures		

^Once every six months.

**Members are responsible for additional lab fees for these services.

1.The Average Retail Charges were determined by "Company" claims analysis for the year 2021 for the state of California. The Retail Charges represent a mean average rounded to the nearest dollar representing what you may pay without the plan services.

For further information contact: 800-380-6347

UDC Dental California, Inc.
Attn: Individual Dental Team
P.O. Box 419596
Kansas City, MO 64141-6596

www.slfdental.com

continued

How do I join?

Three easy steps to enrolling in the Secure Choice Plan:

1. **Select** a general dentist from the Plan Dentist Directory or online at www.slfdental.com. Each family member may choose a different Plan Dentist.
2. **Complete** the attached application form. Be sure to include the Dental Facility Number of each dentist you have selected in the space provided and detach the application form from the brochure.
3. **Choose** your payment option. If you choose the **annual prepayment fee method** include the appropriate pre-payment fee, the $35 enrollment fee, and the completed application form and mail to UDC Dental California, Inc. The annual prepayment fee may be paid by credit card for your convenience.

   If you choose the **automatic monthly bank draft** method complete the Authorization Agreement on the reverse side of the application form, include a voided check, the first month's prepayment fee, the $35 enrollment fee and mail to UDC Dental California, Inc. Monthly prepayment fees will thereafter be drawn automatically from your bank account. While we accept automatic bank drafts from checking or savings accounts, **we cannot accept personal checks on a monthly basis.**

Limitations of Benefits

1. Replacement of bridgework, dentures or other fixed or removable appliances are not covered unless (a) at least five (5) years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five (5) year period, appliance becomes unusable and cannot be made usable due to Member's illness or an accident involving damage to the other appliance while it is in use.

2. Orthodontic treatment is limited as follows:

   a) Limited orthodontic treatment of tooth guidance orthodontia is limited to eighteen (18) consecutive months of continuous treatment.

   b) Active orthodontic treatment (from placement of banding/bracketing) is limited to twenty-four (24) consecutive months of continuous treatment and is allowed once per lifetime.

   c) Retention treatment is limited to twelve (12) consecutive months. Ongoing retention treatment past twelve (12) consecutive months may be subject to additional fees as determined by Plan Specialist. Additional fees will be the sole responsibility of the Member.

Exclusions of Benefits

Plan Benefits are not available for:

1. Any service not specifically described in the Copayment Schedule(including but not limited to any hospital or outpatient care facility cost associated with any dental service).

2. Any dental service started and completed prior to Effective Date. Any dental service listed in the Copayment Schedule, started, but not completed prior to the Effective Date, will be considered a Plan Benefit only if completion of the dental service is provided by a Plan Provider, unless the Member requests the Plan to arrange for treatment to continue with the Non-Plan Provider. For dental services other than orthodontics, Member will be responsible for the full Copayment amount plus any applicable alloy or precious metals fees, for the dental service completed under the Plan. For orthodontic services, Member will be responsible for the full orthodontic Copayment, which will be prorated according to the Plan Provider's plan of treatment and normal billing procedures based on the percentage of orthodontic work completed prior to the Effective Date. Any dental service started after Member's termination is not covered.

3. Any dental service started after Member's termination.

4. Except for Emergency Dental or Urgent Services outside the Service Area, services provided by Non-Plan Providers are not covered.

5. Replacement of dentures, appliances or bridgework due to (a) damage while not in use or (b) loss or theft.

6. Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six (6) or more teeth(whether those teeth are missing before treatment begins or are extracted as part of the overall treatment).

7. Implants, or any related implant appliances, or surgery for the insertion of implants, or any related implant appliances, whether fixed or removable.

8. Surgical removal of implants or implant appliances, or any surgical or non-surgical services to adjust, repair, replace, or treat any problem related to an existing implant, or implant appliance, whether fixed or removable.

9. Restorations and splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure loss by attrition.

10. Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.

11. Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.

12. Extractions for third molars (wisdom teeth) that are not symptomatic, whether or not the extractions follow the completion of orthodontic treatment. Examples of symptomatic conditions include decay, odontogenic cysts, chronic pericoronitis and infection.

13. Treatment for malignancies, neoplasms or cysts, including but not limited to biopsy.

UDC Dental California, Inc. Application Form

Please retain a copy of this application for your records

Your Social Security Number	Last name	First name	Middle initial	M ☐ F ☐

Agent number:

Your date of birth / /	Address
Home phone ( )	City State Zip Email address

IMPORTANT

Write the Dental facility Number of the dentist(s) you choose from the directory in this space(s) below.

☐ Check this box if you have a disability affecting your ability to communicate or read.
Please include your primary written/spoken language preference. ☐ English ☐ Spanish ☐ other _____

LIst dependents to be enrolled First name / Middle initial / Last name (if different)	Relationship	Date of birth	Sex
Spouse Written/spoken language preference ☐ English ☐ Spanish ☐ other _____		/ /	M ☐ F ☐
Child Written/spoken language preference ☐ English ☐ Spanish ☐ other _____		/ /	M ☐ F ☐
Child Written/spoken language preference ☐ English ☐ Spanish ☐ other _____ Attach a separate sheet of paper for additional children.		/ /	M ☐ F ☐

Prepayment Fee amount

$_____
Enrollment Fee $ 35.00
Total enclosed $_____

Select payment choice:

☐ **Annual Payment:** make the check payable to Sun Life Assurance Company of Canada
☐ **Charge my annual prepayment fees**
☐ **Automatic Monthly Bank Draft:** complete the Authorization Agreement on the reverse side of this form.

☐ Visa ☐ MasterCard ☐ Discover Exp. Date _____ CVV: _____

California law prohibits an HIV test from being required or used by healthcare service plans as a condition of obtaining coverage. Health Care Service plans will not require or use genetic testing as a condition of obtaining coverage.

By my signature below, I understand that a full description of this Individual Specialized Health Care Service Plan will be provided in the Individual Dental Service Agreement and Combined Evidence of Coverage and Disclosure Form and that the dentist I select may or may not perform all of the procedures listed on the Copayment Schedule. I authorize the dentist who has rendered procedures to me or members of my family to make available to UDC Dental California, Inc., Sun Life Assurance Company of Canada and their affiliated dental companies my dental records, photocopies or information regarding such procedures to the extent permitted by law. It is a crime to knowingly provide false, incomplete or misleading information for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of benefits. This authorization is not governed by HIPAA; however, when necessary, I may be asked to execute a HIPAA authorization form, allowing UDC Dental California, Inc., Sun Life Assurance Company of Canada and their affiliated dental companies to use and disclose protected health information.

Agent's Signature _____ Date _____

Subscriber's Signature _____ Date _____

This is an important document that will become part of your contract. Prepaid dental products are provided by UDC Dental California, Inc., an affiliate of Sun Life Assurance Company of Canada (Wellesley Hills, MA), under Form Series UDC-CA-IDSA.

Authorization Agreement For Automatic Monthly Bank Draft

IMPORTANT: If you selected the Monthly Bank Draft Payment method, enclose a voided check, your first month's prepayment fee with this form and send them to us.

Name(s)	Social Security Number										Checking ☐ Savings ☐

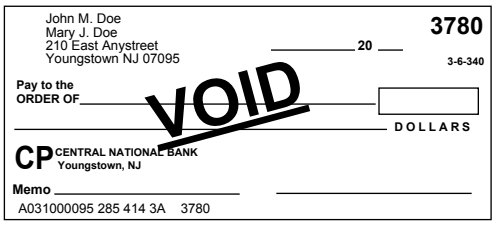
I (we) hereby authorize UDC Dental California, Inc. to initiate debit entries, and to initiate if necessary, credit entries and adjustments for any debit entry corrections to my (our) account indicated below and the Financial Institution named below to debit and/or credit same to such account.

Bank name	City	State

Include your checking or savings account number in the boxes below:

Routing number																
Account number																

Prepayment fees are deducted from your authorized account on the 15th of the month prior to the month of benefits. The Authorization Agreement automatically renews if the Individual Dental Service Agreement renews.



This authorization is to remain in full force and effective until Sun Life Assurance Company of Canada has received WRITTEN notification from me (or either of us) of its termination by the 10th of the month prior to the month when the enrollment is to be terminated.

Signature _____ Date _____

UDC Dental California, Inc.