

Ingram and Company



SUN LIFE EMPLOYEE BENEFITS

Protect what you love about your life



It's time to enroll in your benefits!

We are pleased to offer you coverage made available through Sun Life as part of your employee benefits program. With benefits from Sun Life, you can stay confident knowing that no matter what unexpected events lie ahead, you have made a plan to help protect your future and your finances.

There are two dental options for you to choose from:

Dental PPO
Dental HMO/Prepaid

These coverages may be available to your spouse and dependent children as well. Please take the time to review the benefits, your choices, how much coverage costs, and select the ones that best fit your needs.

Enrolling is easy! Simply fill out your enrollment form and return it to your benefits administrator.

If you have questions about the benefits being offered to you, please reach out to your benefits administrator.

Get to know Sun Life

The coverages offered to you are made available through Sun Life. We are a leading provider of employee benefits in the U.S., and our mission is to help people protect what they love about their lives. You can count on our financial strength and strong global presence. Founded in 1865, Sun Life has operations in 26 countries and serves millions of people around the world.

Notes

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Prepaid Dental



Benefit Highlights

For all eligible employees of Ingram and Company, Policy #903161

All Eligible Employees

Effective date: January 1, 2018

This dental plan can help lower your out-of-pocket expenses so you and your family can maintain healthy smiles—and better overall health, too.

- You will have access to a range of dental services from in-network providers at fixed copayment amounts.
- Cover your spouse¹ and your dependent children so you can help your whole family stay healthy.
 - An eligible child is defined as a child to age 26.²
- Benefit from group rates that may be more affordable than buying dental on your own.

Additional plan features

- No claims to file for Plan Dentists and Plan Specialists
- No annual dollar maximums for Plan Dentists and Plan Specialists
- No deductibles
- No waiting period
- Benefits are payable for pre-existing dental conditions within the copayment schedule
- Each family member may choose a different Plan Dentist
- Extensive Provider Network that is updated regularly
- Copayments and discounts for specialty care

How Sun Life's Dental plan can help

- Encourages routine cleanings and checkups at the dentist
- Cover your family's dental bills and reduce dental care costs for you and your family.
- Maintain oral health to prevent infections and tooth loss

1. If permitted by the Employer's employee 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.

2. Please see your employer for more specific information.

Sample Copayment Schedule

Procedure Type	Your Copayment General Dental	Your Copayment Specialist	Average Retail Cost
Office Visit ³	\$10	N/A	\$69
Periodic Oral Evaluation ³	No Charge	N/A	\$49
Bitewings x-rays – 4 films ³	No Charge	N/A	\$60
Routine Cleaning – Adult ³	\$10	N/A	\$89
Routing Cleaning – Child ³	\$10	N/A	\$67
Resin-Based Composite (tooth-colored fillings) ³			
1 surface – Posterior	\$85	N/A	\$165
2 surfaces – Posterior	\$100	N/A	\$210
3 surfaces – Posterior	\$105	N/A	\$255
Crowns and Pontics ³			
Crown – Porcelain fused to high noble metal*	\$295	N/A	\$1,065
Crown – Full cast high noble metal*	\$295	N/A	\$1,088
Crown – (Bridge abutment) Porcelain fused to high noble metal	\$340	N/A	\$1,042
Pontic – Porcelain fused to high noble metal*	\$340	N/A	\$1,031
Root Canals ³			
Anterior	\$145	N/A	\$738
Bicuspid	\$225	\$280	\$851
Molar	\$295	\$395	\$1,078

This is just a sampling of the services available. To see a complete list of services and copayments, please ask to see the Evidence of Coverage (EOC).

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

This 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).

Please read the Important Plan Provisions section located at the end of this document for Limitations and Exclusions.

Your employer is offering you a choice of two plans. Please review the information in this section as well as the Dental Insurance section and choose the one plan that best fits your needs.

3. Average Retail Costs were determined by our national claims analysis for the year (2015). The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.

4. Average Retail Costs were determined by the National Dental Advisory Service®, Comprehensive Fee Report, (2014). Averages reflect 90th percentile.

*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.

Dental Q&A

How does a Prepaid plan work?

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.

How do I find a dentist?

Simply visit www.sunlife.com/findadentist. Follow the prompts to find a dentist in your area who participates in the Heritage Secure network. You can also call customer service at 800-443-2995.

Do I have to choose a dentist in the network?

Yes. To receive the fixed copayment amounts you must visit a dentist in the network and you must select the dentist in advance.

How will the plan dentist know I am a patient?

The plan dentist receives a patient listing, called a roster, from Sun Life each month that includes all members who have chosen those individuals as their dentist. Please confirm at the time of making your appointment with the plan dentist that you are on the provider's roster.

Can I change my plan dentist?

Yes. To change your plan dentist contact customer service at 800-443-2995.

Where do I find my dental ID card?

Your personalized electronic dental ID card is available through Online Advantage. You can register at www.sunlife.com/onlineadvantage. Please present this card to your dentist at your next visit to show that you are covered by a Sun Life Dental plan.

Do I have to file the claim?

No. You will not need to file a claim for plan dentist or plan specialist services.

If I have a dental emergency, do I need to see my plan dentist?

First, contact your plan dentist to make an appointment. If your plan dentist is unable to see you, you may seek treatment from any licensed dentist in the United States. Please be informed that the emergency benefit of your plan is limited to the temporary relief of pain and has limited benefits.

If I need to see a specialist, how do I find a plan specialist in my area?

You will find a list of plan specialists by looking in the plan network directory, visiting www.sunlife.com/findadentist or calling 800-443-2995 for assistance. No referrals are necessary from your plan dentist to seek treatment from a plan specialist.

How can I get more information about my coverage?

After the effective date of your coverage, you can visit www.sunlife.com/onlineadvantage to create an account with Online Advantage. Once you're logged in, you'll be able to see your plan details, personalized dental ID card, and more. Or you can call Sun Life's Dental Customer Service at 800-443-2995. You can also call any time, day or night, to access our automated system and get answers to common questions when it's convenient for you.

What is the vision discount plan?

This plan offered by Vision Services Plan® (VSP) provides you discounts on exams, as well as on the purchase of eyeglasses, sunglasses and other prescription eyewear from VSP doctors. These discounts are available to you and

everyone covered on your dental plan. To locate a VSP doctor near you, visit www.vsp.com or call 800-877-7195. **This plan is not insurance.**

Get benefits information on the go!

Download our Benefit Tools app for quick access to:

- An overview of your coverage details⁵
- Your electronic dental ID card⁵
- Find a dentist near you



Apple download



Android download

Important Plan Provisions

Prepaid Dental

Pre-existing Conditions

Limitations and exclusions apply with respect to the Member's oral conditions without regard to whether or not such conditions existed before the effective date of the Member's enrollment for Plan Benefits.

Limitations and Exclusions

Plan Benefits are not available for:

- Any services not specifically described in the Copayment Schedule (including but not limited to any hospital or outpatient care facility cost associated with any dental service).
- Any dental service initiated (a) before the effective date of the Member's enrollment for Plan Benefits or (b) after the Member's enrollment for Plan Benefits ends.
- Services provided by Non-Plan Providers unless (a) for services of Non-Plan Specialty Dentists as specifically provided in the SPECIALTY DENTIST SERVICES section of the Copayment Schedule or (b) for Emergency Services as specifically provided in the EMERGENCY SERVICES Article of the Evidence of Coverage.
- Replacement of bridgework, dentures or other fixed or removable appliances unless (a) at least five years have elapsed since such appliance was provided as a Plan Benefit, or (b) during that five-year period, appliance becomes unusable and cannot be made usable due to the Member's illness or an accident involving damage to the appliance while it is in use.
- Replacement of dentures or other removable appliances due to (a) damage while not in use or (b) loss or theft.
- Oral reconstruction using fixed bridgework or other fixed appliances if the overall treatment plan to achieve complete oral reconstruction involves the replacement of six or more teeth (whether those teeth are missing before treatment begins or are extracted as part of the overall treatment plan).
- Implants or any related implant appliances, or surgery for the insertion of implants or any related implant appliances, whether fixed or removable.
- 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.
- Restorations or splints used to increase vertical dimension, restore occlusion, or replace or stabilize tooth structure lost by attrition.
- Orthodontic treatment involving therapy for myofunctional problems, TMJ (temporomandibular joint) dysfunctions, micrognathia, macroglossia, cleft palate or other growth and developmental abnormalities.

5. You will need to register for Online Advantage to access these features.

- Orthodontic treatment associated with orthognathic surgery, whether the treatment precedes or follows the surgery.
- Extractions of 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.
- Treatment of malignancies, neoplasms or cysts, including but not limited to biopsies.

Orthodontic Extractions

Extractions by a Plan Provider for solely orthodontic purposes are not subject to the fixed Copayments shown for extractions in the Copayment Schedule. Instead, such extractions are subject to charges reflecting a 25% reduction from that Plan Provider's normal retail charges for such extractions.

Services of Non-Plan Specialists

Plan Benefit payments for services of Non-Plan Specialists, as provided in the SPECIALIST SERVICES Section of the Copayment Schedule, are limited to a total of \$2,000.00 per calendar year.



Subject to state law variations.

Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY.

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SLPC 28041 01/17 (exp. 01/19)

Notes

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Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481



Group Enrollment Form

Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481

United Dental Care of Arizona, Inc.

Employer use (check one): New employee Change COBRA

1. General Information

Employer Name Ingram and Company	Account / Policy Number 903161	Location
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2. Employee Information

Employee's Full Legal Name (First, M.I., Last)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Street Address	City	State	Zip Code
Occupation	Eligibility Class (if applicable)	Social Security Number	Phone Number
Date employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date: _____	<input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire	Date: _____
Current Active Employment Type _____ # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Earnings \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		

3. Dependent Information

Please complete this entire section if you are selecting dependent coverage. No employee can be insured as a dependent when he/she is also insured as an employee for any benefit under the same policy.

If more space is needed, please add additional pages.

Relationship	Full legal name (First, M.I., Last)	Gender	Social Security number	Date of birth	Student Y / N
Spouse					
Children					

4. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and service providers above and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available.

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Dental:
		<input type="checkbox"/> PPO <input type="checkbox"/> Prepaid / DHMO
		<input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse
		<input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family
		Facility ID(s) if electing a Prepaid / DHMO dental plan: _____
		Were you covered under another dental plan within the last 31 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "Yes," provide the termination date: _____
		Reason for termination of coverage? _____

5. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- For Dental Insurance plans, I have the right to select any dental care provider of my choice.
- If I elect a Prepaid/DHMO product, I must select a provider included in my plan's directory.
- The dental plan includes a pre-determination provision that will advise me in advance of the benefits I may be eligible for if the procedure is performed.
- Coverages include benefit waiting periods, limitations and exclusions that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

Employee Signature

Today's Date

To the Employee: Make a copy of this form for your records before submitting it to your employer.

To the Employer: This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

Agent, Broker, and/or Enroller information:

Agent name
Agent / Broker name
Enroller name

Rate Sheet Prepaid Dental

Coverage and **monthly** cost for Prepaid Dental Insurance.

Dental coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Coverage	Monthly Cost
Employee Only	\$12.07
Employee + Spouse	\$19.53
Employee + Children	\$26.40
Employee + Family	\$30.94

Use the following example to estimate your cost per pay period.

Monthly cost	X 12 months =	Annual Cost	# of pay periods per year (12, 24, 26, 52)	Your estimated cost per pay period*
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$$\$ \underline{\hspace{2cm}} \times 12 \text{ months} = \$ \underline{\hspace{2cm}} \quad / \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

*The cost is in effect for **01/01/2018**. Contact your employer to confirm the portion of the cost for which you will be responsible.

Notes

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You've built a great life. Protect it.

No matter what stage of life you're in, insurance helps protect what you love about your life, giving you the freedom to focus on what matters most.

Talk to your benefits administrator today to learn more about your choices, or visit [SunLifeKnowsBenefits.com](https://www.sunlife.com/US/en/benefits).





One Sun Life Executive Park • Wellesley Hills, MA 02481

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