



# Making care and benefits easier

Proposal for: Hemphill Isd

# Renewal Rates Section

Renewal Effective Date: September 1, 2026

<b>Group Sponsor Name:</b>	Hemphill Isd
<b>Group Policy Number:</b>	960307

Sun Life will continue this coverage at the referenced renewal rates provided that premium owed is paid to date.

## Group Dental

### Current Rates

	<b>Total Employees</b>	<b>Dental and Orthodontia monthly rate</b>	<b>Total monthly premium</b>
Employee only	43	\$41.04	\$1,764.72
Employee + spouse	10	\$77.96	\$779.60
Employee + child(ren)	4	\$94.46	\$377.84
Employee + Family	21	\$141.29	\$2,967.09
<b>Total</b>	<b>78</b>		<b>\$5,889.25</b>

### Renewal Rates

	<b>Total Employees</b>	<b>Dental and Orthodontia monthly rate</b>	<b>Total monthly premium</b>
Employee only	43	\$48.06	\$2,066.58
Employee + spouse	10	\$91.29	\$912.90
Employee + child(ren)	4	\$110.61	\$442.44
Employee + Family	21	\$165.45	\$3,474.45
<b>Total</b>	<b>78</b>		<b>\$6,896.37</b>

Group Dental coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01.

# Dental PPO

## Renewal Rate Rationale

The rate change shown above reflects projected costs for the coming year.

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# Group Dental

## Class

All Eligible Employees

## Plan design and rates

### Plan design summary

Dental plan overview	
<b>Eligible Employees:</b>	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 15 hours per week
<b>Effective Date:</b>	September 1, 2026
<b>Plan type</b>	PPO
<b>Dental PPO Network</b>	Sun Life Dental Network <sup>SM</sup>
<b>In-Network Reimbursement</b>	Sun Life Dental Network <sup>SM</sup>
<b>Out-of-Network Reimbursement</b>	90th Percentile of the Usual and Customary Charge
<b>Orthodontic coverage (Type IV)</b>	This plan includes Child Only Orthodontic coverage.  A person must be covered under a Dental Plan to be eligible for Orthodontic coverage
<b>Dependent Coverage Children</b>	Children to age 26
<b>Open enrollment at Issue and each Annual Enrollment</b>	Yes
<b>Employee coverage contributions</b>	Employee pays for a portion or all of the cost of Employee coverage
<b>Dependent coverage contributions</b>	Employee pays for a portion or all of the cost of Dependent coverage

The listed coinsurance percentages shown below represent the portion of Sun Life's allowable charge for which the plan will be responsible. Network providers agree to accept the network's allowable charge for covered services as payment in full. If covered employees or their eligible dependents receive services from a non-network provider, Sun Life will apply the coinsurance percentages shown below to 90th Percentile of the usual and customary charge for covered services and they will be responsible for the difference up to the provider's charge.

## Calendar Year Deductible

Procedure Type	In-Network Deductible	Out-of-Network Deductible
Type I Preventive Services	Not applicable	
Type II Basic Services	\$50 individual / \$150 family	\$50 individual / \$150 family
Type III Major Services		
Type IV Ortho Services	Not applicable	

Deductible values are combined between In-Network and Out-of-Network.

## Coinsurance

	In-Network	Out-of-Network
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

## Benefit Waiting Periods

- A Late Entrant Benefit Waiting Period of 6 months for Type II Basic Restorations, 12 months for all other Type II Basic Services, and 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.
- A Late Entrant Benefit Waiting Period of 12 months for Type IV Orthodontic Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.

## Calendar Year Maximum Benefit

	In-Network	Out-of-Network
Types I, II and III (Preventive, Basic and Major) Services	\$5,000 per person	\$5,000 per person
Type IV Ortho Services	\$1,500 lifetime per child under age 26	\$1,500 lifetime per child under age 26

## Covered expenses

Type I Preventive covered dental expenses	Coverage limitations
Oral Evaluations	1 in any 6 consecutive months
Dental Prophylaxis (Cleanings)	1 per 6 months - frequency combined with Periodontal Maintenance and is limited to 4 in any 12 month consecutive period
Fluoride Treatments	Covered Persons under age 14 1 in any 6 consecutive months
Sealants	Covered Persons under age 14 Once per tooth per 36 consecutive months on permanent first and second molars
Full Mouth X-Rays	1 in 60 consecutive months
Bite-Wing X-Rays	1 in 12 consecutive months
Intraoral X-Rays	4 Films in any 12 month period
Type II Basic covered dental expenses	Coverage limitations
Palliative Treatment	Paid as a separate benefit only if no treatment, except x-rays, was rendered during the visit
Simple Extractions	No Limitation
Amalgam Restorations	Once per tooth surface in any 24 consecutive months
Composite and Silicate Restorations	Once per tooth surface in any 24 consecutive months (Anterior and Posterior teeth)
Space Maintainers	Covered Persons under age 19 Once per tooth in any 3 year period
Oral Surgery: Surgical Extraction of Erupted and Impacted Teeth	Multiple surgical services on 1 area of the mouth will be based on the most inclusive procedure
General Anesthesia	Benefits payable as a separate expense only when required for the surgical extraction of an impacted tooth
Type III Major covered dental expenses	Coverage limitations
Inlays and Onlays	Covered if tooth cannot be restored by fillings Once per tooth in any 10 years period
Crowns	Covered if tooth cannot be restored by filling or other means Once per tooth in any 10 years period
Crown Buildup	Once per 10 years
Full or Partial Dentures	Once in any 10 years
Fixed Bridges	Once in any 10 years
Periodontal Maintenance	Periodontal Maintenance following active Periodontal Therapy - 1 time in 3 consecutive months. The number of Dental Prophylaxis and Periodontal Maintenance is combined and is limited to 4 in any 12 consecutive month period.
Periodontics (Non-Surgical): Scaling and Root Planing	Once per 36 consecutive months per area of the mouth
Surgical Periodontics	Once per 36 consecutive months per area of the mouth
Endodontics: Root Canal Therapy	Root Canal Therapy is limited to 1 time per tooth in any consecutive 24 months period
Surgical Implants	Once per 10 years

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01 and 16-DEN-C-01.

Type IV Orthodontic covered expenses	Coverage limitations
Orthodontic Treatment	Orthodontic treatment is limited to the Dependent Children or student age listed above

## Dental rates and premium

	Total Employees	Dental and Orthodontia monthly rate	Total monthly premium
Employee only	43	\$48.06	\$2,066.58
Employee + spouse	10	\$91.29	\$912.90
Employee + child(ren)	4	\$110.61	\$442.44
Employee + Family	21	\$165.45	\$3,474.45
Total	78		\$6,896.37

For illustration purposes, the total employees shown for each plan is based on data provided to us. Actual employee count will vary at final enrollment.

Sequence Number: 2

### Included in this plan:

- A Flat 10% broker commission
- 12-month rate guarantee from the Effective Date
- Rates assume 163 eligible employees, with 78 participating or 47.9% participation. Upon sale, quoted rates and benefits may be adjusted based on achieved participation levels
- Sun Life reserves the right to adjust rates if final participation is more than 10% different than the participation shown here
- Rates assume this is the only dental plan being offered to employees in this class.

## Assumptions

- Prior dental plan certificates are required.
- Rates available with a minimum participation of 20% of eligible employees (10 life minimum).
- A minimum of 5 children units are required for orthodontia coverage.
- Rates are based on the assumption that dental has been in force for 24+ months. We reserve the right to re-rate if coverage has been in force for less than 24 months.
- Assumes direct employer-employee relationship.
- Sun Life is assumed to be the sole provider of dental insurance to the employer named in this proposal.
- Notification of any employer-completed merger or acquisition.
- Standard Sun Life policy language, as filed in the policyholder's situs state, is offered. No special language or state filings are included unless approved in advance and policy provisions are subject to state requirements and availability.
- An employee must be Actively at Work on his/her Effective Date for coverage to become effective. If an employee is not Actively at Work on his or her Effective Date, coverage will not become effective until the employee is again Actively at Work. Continuity of coverage may apply for takeover plans.
- Common ownership of the business units.
- If post-enrollment review shows that the group did not meet all of the underwriting requirements, we reserve the right to re-rate retroactive to the Effective Date or terminate the contract.

**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”).**