



Companion Dental Insurance
May 1, 2009 through April 30, 2010

Services	Plan Design
Program Deductible Per Individual Family Limit Waived for Type I service?	\$100 Lifetime No Limits No
Type I Preventive Services	100% oral exams, cleanings bitewing x-ray (2 per 12 months) space maintainers pain treatment, sealants full mouth x-ray
Type II Basic Services Benefit Waiting Period	80% fillings, anesthesia simple & surgical extractions endodontics, oral surgery periodontics None
Type III Major Services Benefit Waiting Period	50% crowns, inlays, onlays dentures, bridges None
Contract Year Maximum	\$1,500.00
Type IV Orthodontia Lifetime Maximum Deductible Benefit Waiting Period	50% \$1,000.00 None None

Regular Rates

Employee: \$30.88
 Employee + 1: \$59.52
 Family: \$106.70

Employee is eligible at the beginning of the month following 90 days of employment. If the employee does not elect coverage at this time, the employee cannot enroll until open enrollment in May. The premium deductions begin one month in advance of the coverage effective date.