

BenefitSource, Inc.
Standard Option Benefit Summary



This is an outline of Dental Insurance Coverage underwritten by Companion Life Insurance Company and administered by BenefitSource on behalf of Presbyterian Insurance Company, Inc.

Dental Plan 530-2021	You Pay:	
	In-Network	Out-of-Network
Class I: (Diagnostic/Preventive) • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%*	10% (MAC)*
Class II: (Basic) • Oral Surgery • Extractions • Restorations (Composite white and silver fillings) • Anesthesia (in conjunction with oral surgery)	20%*	40% (MAC)*
Class III: (Major)** • Crowns • Bridges • Dentures • Inlays • Other prosthetic services • Endodontic Services • Periodontal Services • TMJ Temporomandibular Joint	50%*	60% (MAC)*
Covered Expenses Maximum Allowable Charge (MAC) *Percentage of coverage is based on pre-negotiated fees.		
Maximum Benefit per contract year for all Class I, II and III expenses \$1,500 Per Person		
Deductible applicable to Class II and III covered expenses..... \$50 Per Person Deductible is based on contract year with a maximum of three (3) deductibles per family (\$150)		
2023 Monthly Premium		
Employee	\$26.18	
Employee + Spouse	\$56.44	
Employee + Child(ren)	\$54.59	
Employee + Family	\$82.90	
Limitations and Exclusions		
<ul style="list-style-type: none"> • Treatment for cosmetic purposes other than medically necessary procedures are not covered benefits. • Education, counseling, or training including supplies for nutrition, dental hygiene, or harmful habits are not covered benefits. • Major services have a five-year replacement period. • Please refer to your certificate of coverage for a complete list of limitations and exclusions. 		

This policy has additional exclusions and limitations. For costs and complete details of the coverage, call or write, your insurance agent or the company. The above provides only a brief description of your dental plan. Please refer to the policy for complete details including limitations and exclusions. For more information, please contact BenefitSource toll free at 1-888-862-8659. For information on Presbyterian Insurance Company's Nondiscrimination Notice, go to <https://www.phs.org/Pages/nondiscrimination.aspx>.

Please visit our website at www.benefitsource.org for a current list of PPO providers in your area.
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