Companion Life

This is an outline of Dental Insurance Coverage underwritten by Companion Life Insurance Company.

Dental Insurance Benefit Summary

Dental Insurance Plan **HIGH OPTION**	YOU PAY **IN-NETWORK**	 **OUT-OF-NETWORK**
Class I: Diagnostic/Preventive Services • Oral Examinations • Cleanings • Flouride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	**0%**	**0%** **MAC***
Class II: Basic Services • Oral Surgery • Extractions • Restorations (composite white and silver fillings) • Anesthesia (in conjunction with oral surgery) • Endodontic Services • Periodontal Services	**20%**	**20%** **MAC***
Class III: Major Services • Crowns • Bridges • Dentures • Inlays • Other Prosthetic Services • Implants	**50%**	**50%** **MAC***
Covered Expenses *Percentage of coverage is based on pre-negotiated fees.	**Maximum Allowable Charge (MAC)**	
Maximum Benefit per contract year for all Class I, III and III expenses.	**$2,000 per person**	
Deductible applicable to Class II and III covered expenses. *Deductible is based on contract year with a maximum of three (3) deductibles per family ($150)*	**$50 per person**	

2025 Monthly Premium

Employee	Employee plus Spouse	Employee plus Child(ren	Employee plus Family
$32.73	$73.05	$67.22	$99.88

Rates effective 01/01/25

The above provides only a brief description of your dental insurance plan. Please refer to the policy for complete details including limitations and exclusions. For more information, please contact BenefitSource toll free at 888-862-8659.

Visit our website at **BenefitSource.org** for a current list of PPO providers in your area.

BenefitSource
Dental Vision Life C

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These benefits are provided by Policy Form No. CL-DEN-1100-P-NM

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Learn more about Companion Life's Nondiscrimination Notice and Foreign Language Access - https://www.companionlife.com/non-discrimination-statement
Learn more about Presbyterian's Nondiscrimination Notice and Interpreter Services - https://www.phs.org/nondiscrimination.