Companion Life

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

Dental Insurance Benefit Summary

Standard Option	YOU PAY	
	IN-NETWORK	OUT-OF-NETWORK
Class I: Diagnostic/Preventive Services • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%	10% 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%	40% MAC*
Class III: Major Services • Crowns • Bridges • Dentures • Inlays • Other Prosthetic Services • Implants	50%	60% MAC*
Class IV: Orthodontia Services No Waiting Period	N/A	N/A
Covered Expenses	Percentage of coverage is paid at the pre-negotiated fees.	*Maximum Allowable Charge (MAC)
Maximum Benefit per contract year for all Class I, III and III expenses.	$1,500 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	

Monthly Premium

4 Tier

Employee	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
$ 26.18	$ 56.44	$ 54.59	$ 82.90

Rates effective 01/01/27

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

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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 – http:/www.companionlife.com/non-discrimination-statement