

## Dental Plan — [www.companionlife.com](http://www.companionlife.com), 800-753-0404

Your dental plan is provided by Companion Life. While there is a network associated with this plan, there is no penalty for not using the network. Whether your dentist is in or out of network, the benefits will be paid the same regardless. Dentists who are in-network cannot balance bill you for amounts over the allowed charges; however, non-network dentists may bill you for amounts over the allowed charges.

Low Option Dental Plan		
Level of Coverage	In-Network	Out-of-Network
Benefit Period		Contract Year
Deductible		Single: \$100 Lifetime Family: No Limit
Contract Year		\$1,000
Benefit Max		
Type I Services:		100% after deductible
Preventive Care		
Type II Services:		80% after deductible
Basic Services		
Type III Services:		50% after deductible
Major Services		12 month waiting period

High Option Dental Plan		
Level of Coverage	In-Network	Out-of-Network
Benefit Period		Contract Year
Deductible		Single: \$100 Lifetime Family: No Limit
Contract Year		\$2,000
Benefit Max		
Type I:		100% after deductible
Preventive Care		
Type II:		80% after deductible
Basic Services		
Type III:		50% after deductible
Major Services		12 month waiting period
Type IV:		50%
Orthodontia		\$1,000 Lifetime Max Child(ren) Only 12 month waiting period

*Please Note: All waiting periods apply to future new employees*

