dental by design®

This is a Dental Insurance Policy underwritten by Companion Life Insurance Company

Modified Dental Select Plan

Region: 904
Renewal Effective: 06/01/20

Crystal Industries, Inc.
Group Number 904-14-02876

Program Deductible Per Individual Family Limit Waived for Type I Services	 $50 Contract Year 3 Yes
Type I **Preventive Services**	**100%** oral exams, cleanings (two per 12 months), bitewing X-rays (one per 12 months), space maintainers, pain treatment, sealants, full-mouth X-rays
Type II **Basic Services** **Benefit Waiting Period**	**80%** fillings, anesthesia, endodontics, simple and surgical extractions, oral surgery, periodontics None
Type III **Major Services** **Benefit Waiting Period**	**50%** crowns, inlays, onlays, dentures, bridges, implants 12 months
Contract Year Maximum	$1,500
Type IV Orthodontia	***Not Available***

Disclaimer: This is a summary of benefits only. Please refer to the policy for benefit details. Payment is based upon allowable charges in the area in which service is rendered. Any dentist charge above the allowable charge is not a covered expense.

Companion Life

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