## **THE GROUP DENTAL PLAN\***

Key Group dental plans cover allowable charges for dental services at 100% coverage for preventive services, 80% coverage for basic services and 50% coverage for major services. The combined annual deductible is only \$50 per person, which applies to all covered dental services.

## **PREVENTIVE SERVICES INCLUDE:**

Routine exams and cleanings, emergency treatment for dental pain (minor), bitewing x-rays and fluoride, fluoride treatment for children under age 19.

## **BASIC SERVICES INCLUDE:**

Simple restorative services, simple teeth removal, sealants for children ages 6-15 (one per 36 months), x-rays (full mouth or panorex, one per 36 months), x-rays of the roots of teeth.

## MAJOR SERVICES INCLUDE:

Space maintainers, endodontics (includes root canals), periodontics, surgical teeth removal and other oral surgery, medically appropriate anesthesia related to covered surgery, major restorative services (crowns and inlays), dental implants (age 17 and up), denture relines (if over six months of installation), recementation and repair of crowns, inlays, bridges and dentures.

	HIGH OPTION	LOW OPTION
PREVENTIVE		
Deductible Waiting Period Coinsurance Exams Bitewing and Fluoride	\$50 N/A 100% 2 per Calendar Year 1 per Calendar Year	\$50 N/A 100% 2 per Calendar Year 1 per Calendar Year
BASIC		
Deductible Waiting Period Coinsurance	\$50 N/A 80%	\$50 N/A 80%
MAJOR		
Deductible Waiting Period Coinsurance	\$50 12 month 50%	\$50 12 month 50%
ORTHO CHILD ONLY**		
Coinsurance Deductible Lifetime Max Waiting Period	N/A N/A N/A N/A	N/A N/A N/A
CALENDAR YEAR MAX	\$1,000	\$750

\*\*Only Plan 1 includes orthodontics

\*\*\*Plan 4 options covers anesthesia, endodontics, simple and surgical extractions, oral surgery and periodontics under the basic services

\*Policy form 514

Payment is based upon allowable charges in the area in which service is rendered. This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. Please see your certificate for details.





KEY BENEFIT ADMINISTRATORS (KBA) is one of the largest, privately held third party administrators (TPA) organizations in the country. KBA is licensed as a TPA, where required.

POLICY BENEFITS, FEATURES AND RATES MAY VARY BY STATE. Plan offerings are subject to state limitation. Not all benefits are available in all states. Please consult your Key Benefit Administrator representative with questions regarding plan offerings.

Companion Life Insurance Company is the insurance company underwriting the life insurance plan. The company is located in Columbia, SC, and has been rated A+ (Superior), an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders, based on an analysis of the financial position and operating performance as of December 21, 2016, by A.M. Best Company, an independent analyst in the insurance industry. For the latest rating, access www.ambest.com.

This document represents a summary of services offered under the above mentioned insurance policy. Particulars of this plan may differ depending upon group size, plan category and other underwriting considerations which are subject to state insurance laws and the benefits and provisions as described may vary due to said statues. All products described, herein are subject to the terms, conditions, exceptions and limitations of the specific policy. Please see the specific policy and certificate for details. Policies may not be available in all states.

Benefits provided under this plan are a supplement, and not a substitute for medical coverage. This plan, or its benefits, do not meet minimum essential coverage standards as outlined in the Affordable Care Act.



# Dental Plan

MONTHLY RATE	HIGH OPTION	LOW OPTION
Employee Only	\$36.96	\$29.27
Employee + Spouse	\$73.92	\$58.53
Employee + Children	\$79.71	\$65.07
Family Coverage	\$118.38	\$95.77

KG\_DNT\_EE\_022818

