

Premier Health - Dental & Vision

SCHEDULE OF BENEFITS: FULL - Effective 1st March, 2013

Dental and Vision Insurance are optional extra benefits. Please check with your employer to confirm coverage.

If Dental and/or Vision benefits are covered under your Group's Plan, Coralisle Medical Insurance Company Ltd. will pay the benefits set forth in the relevant Schedule of Benefits shown here at the Reasonable and Customary (R&C) levels. All charges are subject to the R&C fee for the area in which the services are rendered.

Please note this Schedule of Benefits is a guide only. Please refer to the policy contract with your Employer for full Terms and Conditions. All funds stated are in US Dollars.

THE DENTAL PLAN

Calendar Year Maximum (CYM) Per Insured: \$2,000

Dental Benefits	% Payable
Level I - Preventative Oral Exam, Prophy/Cleanings, Bitewing X-rays - 2 per calendar year Full Mouth X-rays - once every 5 years Fluoride Treatments - 2 per calendar year for dependent children under the age of 16 Sealants for dependent children under the age of 14 Perio Maintenance - 4 per calendar year	100%
Level II - Minor/Restorative Fillings, complex surgical, periodontal, endodontics services	80%
Level III - Major/Restorative Crowns (1 per 5 years on same tooth), Implants, Dentures, Orthodontic for dependent children up to age 19 Adult Orthodontic Lifetime Max: \$2,000 (this is in addition to the \$2,000 CYM but this benefit is not available with the \$1,000 CYM option)	50%

Limitations & Exclusions:

- 3 month waiting period for present employees in the Group and 6 month waiting period for all new hires for Level III treatments.
- No Cover for the first 12 months for employees in the Group for missing teeth.
- Orthodontics is paid monthly.
- Cosmetic treatment, TMJ Treatment, Appliances and Guards are excluded.
- We recommend that for any services exceeding \$400, your service provider submits a pre-service plan.

THE VISION PLAN

Calendar Year Maximum (CYM) Per Insured: \$400

Vision Benefits	% Payable
Eye Examinations; Lenses (Single Vision/Bifocal/Trifocal/Lenticular); Frames; Contact Lenses	100%

Limitations & Exclusions:

- For Frames and all Lenses, members must pay the service provider at time of service and submit a claim to BritCay for reimbursement.
- 10 month waiting period for late enrollees



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Health Insurance and Employee Benefits

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British Caymanian Insurance Agencies Limited. acts solely as an agent on behalf of Coralisle Medical Insurance Company Ltd.; it does not act as an insurance broker on behalf of its customers.

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