



Dental Choice Plan

Region: 902
 State: Ohio
 Effective Date: 03/01/06

OHIGRO, Inc.
 Group Number 902-14-06371-000

Program Deductible Per Individual Family Unit Waived for Type I Services	\$100 Lifetime No Limit No
Type I Preventive Services	100% oral exams, cleanings (two per 12 months), bitewing X-rays (two per 12 months), space maintainers, pain treatment, sealants
Type II Basic Services Benefit Waiting Period	80% full mouth X-rays, fillings, simple extractions, endodontics None
Type III Major Services Benefit Waiting Period	50% anesthesia, surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants 12 months
Contract Year Maximum	\$2,000
Type IV Orthodontia	<i>Not Selected</i>

Disclaimer: This is a summary of benefits only. Please refer to the policy for comprehensive 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.



P.O. Box 100102 ♦ Columbia, SC 29202-3102 ♦ 800-753-0404 ♦ 800-836-5433 Fax ♦ CompanionLife.com