



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

Dental Essentials Plan

Region: 385
Plan Effective: 09/01/14

Enterprise Bank of SC
Group Number 385-14-32962

Program Deductible Per Individual Family Limit 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 (one per 12 months)
Type II Basic Services Benefit Waiting Period	80% space maintainers, fillings, pain treatment, sealants, full mouth X-rays None
Type III Major Services Benefit Waiting Period	50% anesthesia, endodontics, simple and surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants 12 months
Contract Year Maximum	\$1,000
Type IV Orthodontia Child(ren) Only Lifetime Maximum Deductible Benefit Waiting Period	50% Child(ren) Only \$1,000 None 12 Months

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.



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