

YOU MUST ENROLL IN BOTH DENTAL VISION PLANS

Best life & Health Insurance Company
Workbench Dental-Plan choice plan

Choose Any Dentist
A voluntary plan for groups with 5-200 Employees

Dental Benefits

- * Freedom to choose your own dentist
- * 12-month initial rate guarantee or optional 6-month rate guarantee
- * No waiting period for preventative services

Preventative Services

- * Exam (1per 6-months) 100 % Coverage of eligible expenses
- * Prophylaxis (1per 12-months) No calendar year maximum applies after deductible
- * Topical fluoride (children: 1 per 12-month) No waiting period

Basis Services

- * Simple Restorative *80% of eligible expenses
(Amalgam, synthetic or plastic fillings) No waiting period
- * Bite wing x-rays (1 per 6-months) Calendar year maximum applies after deductible
- * Full-mouth x-rays (1 per 36-months)

Major Services

- * Edodontics (root canal therapy) 50% of eligible expenses
- * Oral Surgery (extractions only) *12 months waiting period
- * Periodontics (includes cleaning and scalping)
Calendar year maximum applies after deductible

Orthodontia

- * For dependent children through 50% of eligible expenses \$500 calendar year
Age 19 only 12-month waiting period
\$100 lifetime maximum per child while covered on this plan

Calendar Year Deductible \$75 (3 per family Maximum)

Calendar year Maximum * \$1,200

Rates per month:

Employee Only \$23.10
Employee & Spouse \$46.20
Employees & Child \$41.58

Dental & Vision Rates per month:

Employee Only: \$30.09
Employee & Spouse \$60.17
Employee & Child \$55.34
Emp./Spouse & Child \$82.79

FOR ADDITIONAL RATES PLEASE ASK LINDA Williams, COO

Stand Alone Vision
Best Life & Health Insurance Company

Employer: Northern Hills Training Center
Agent: Alan C. Bernhagen
Plan: Plan B once Every 12/12/24/12, **\$25 deductible** lenses, frames or contacts
Effective Date: 5/1/2009

<u>Indemnity Vision Benefit Plan</u>	<u>Once every</u>	<u>Max Benefit</u>
Exam	12months	\$60.00
Single Lens**	12months	\$35.00
Bifocal Lens**	12months	\$55.00
Trifocal Lens**	12months	\$65.00
Lenticular Lens**	12months	\$150.00
Frames	12months	\$80.00
Contact Lenses	12months	\$100.00

(In Lieu of Frames and Lenses)

Deductible

See your choice of any licensed ophthalmologist

No waiting period

Vision is available on a stand alone basis for groups with 5 or more enrolling employees. When written with dental, vision is available with 2 employees enrolling.

*Maximum reimbursement amounts described above are payable once during every 12-24 month period, depending on the actual plan option purchased by the employer

** Only one type of lens benefit is payable during the benefit period

VISION RATES

	<u>Voluntary</u>
4-Teir Rates:	<u>Vision Rates</u>
Employee Only	\$6.99
Employee & Spouse	\$13.97
Employee & Child	\$13.76
Family	\$18.11