

AFGE Local 1395 Dental Benefits



CompBenefits
CORPORATION
The dental and vision benefits company of choice!

Voluntary Dental Program

Choice One: C250 – Dental HMO

- See schedule of benefits for member co-payments
 - \$5.00 Office Visit
 - **NO CHARGE** oral exams, bitewing x-rays, and cleanings
 - See schedule of benefits for other co-pays
- Select a Family Dentist from the Network – *You can locate the provider nearest your home or office by visiting our web-site @ www.compbenefits.com and clicking on the provider locator icon.*
- Low co-pays: No annual maximum limitations
- No waiting periods
- No claim forms to file

No yearly maximum for HMO patients

Cost Per Pay period

Employee Only	\$ 6.00
Employee + One	\$10.00
Employee + Family	\$14.00

Choice Two: Elite Choice 75 – Indemnity Plan

- Select any Licensed Dentist
- \$50 annual deductible per person (waived on preventive services)
- \$1000 annual maximum benefit per person
- No waiting periods on Type I, II, and III Services
- Claims Forms to File – Please note the address for claims: *CompBenefits Corporation, P.O. Box 8236, Chicago, IL 60680-8236*

Cost Per Pay Period

Employee Only	\$12.00
Employee + One	\$20.00
Employee + Family	\$28.00

These are benefit plan highlights only.

Please refer to the plan schedules for complete description of benefits.

TO ENROLL CONTACT: Valerie Fletcher at 1-800-793-6009

Offering benefits for over 40 years

Payroll Deductions

www.compbenefits.com

Children covered to 25
No college requirements