



COLONIAL

PremierHealth

Dental & Vision Schedule of Benefits

Colonial's Dental and Vision Plans are optional extra benefits. Please check with your Employer to confirm coverage and at which level.

THE DENTAL PLAN

Dental Benefits are paid in accordance with the Ontario Dental Association Fee Schedule. Any amounts charged above and beyond these rates are the responsibility of the Insured. There are two levels of coverage available - Basic and Comprehensive.

Calendar Year Maximum: \$3,000 or \$4,000 or \$5,000 (whichever is applicable to your plan)

Dental Benefits	% Payable
Basic Dental (Includes Preventative Treatment) Routine Examinations, Cleaning & Scaling, Bitewings, Fluoride Treatment (under 16 years) - 2 per calendar year; Periodontal Treatment of Gums - 4 per calendar year; Full mouth X-ray - 1 per 2 calendar years; Fillings; Extractions; Oral Surgery; Sealants (under 14 years); Space Maintainers (under 14 years); Retainers; Rebasing & Relining of Dentures; Root Canals	100%
Comprehensive Dental (Includes Preventative, Restorative and Orthodontic Treatment) Preventative: see above Restorative: Inlays, Onlays, Crowns, Bridges, Bridge Repair; Dentures, Denture Repair; Implants Orthodontic: Braces for Teeth Alignment (Lifetime Maximum: \$3,000 in addition to Annual Maximum)	as above 80% 50%

Limitations & Exclusions: TMJ Treatment, Cosmetic Dentistry (other than repairs of accidental injury within 90 days of accident)

THE VISION PLAN

Calendar Year Maximum: \$420

Vision Benefits	% Payable
Prescription Eyeglasses (frames and lenses), Prescription Contact Lenses (soft, hard, disposable)	100%

Limitations & Exclusions: Medical eye examination not included (covered under the Medical Plan. Please refer to the relevant Schedule of Benefits.). The Vision Plan Annual Maximum can be applied towards Lasik Eye Surgery after a 12 month waiting period.

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