## Group Benefits for the CMAAC

### Customizing your Coverage

Sample Plan A: Dental Only

#### 1. Dental Care

Basic: 80%

Examinations, Extractions, Fillings, Scaling, Prophylaxis, Fluoride treatment, X-rays, Oral surgery, Endodontic (root canal therapy), Periodontics (treatment of the gums), Denture Relines, rebases and repairs, Pit and Fissure sealants, Recall examinations

Major: 50%

Crowns and bridges, Partial or complete dentures

Accidental Dental: 100%

Basic and Major Combined Max: \$1,500/year\*.

Scaling Units: 10

\*Above is a standard plan design. You can elect a higher or lower maximum per year or select unlimited coverage. You can also change the coinsurance to suit your needs.

### 2. Life Insurance

Pays a tax free lump sum benefit upon death. The minimum amount is a \$10,000 benefit and is mandatory on all group plans. You may elect to increase your Life Insurance coverage up to specified amounts based on the size of your group. If you would like more than the minimum Life Insurance on your plan please indicate your request on the application form.

### 3. Accidental Death and Dismemberment

Pays a tax free lump sum benefit if you become deceased or dismembered due to a unforeseeable accident. The minimum amount is a \$10,000 benefit and is mandatory on all group plans. Much like Life Insurance you may elect to increase you coverage up to specified amounts based on the size of your group. If you would like more than the minimum on your plan please indicate your request on the application form.

The following is an estimated price for the plan above. Prices are based on the average age and gender of your clinic so rates will vary. The prices below use the minimums for Life and AD/D and <u>are</u> before any association discount.



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Benefit:	Single:	Family:
Life	\$2.95	\$2.95
AD/D	\$0.62	\$0.62
Dental	\$59.13	\$155.87
Cost Per Month:	\$62.70	\$159.44

Investors Group Financial Services Inc.