



BRITCAY

PremierHealth  
Dental & Vision Benefits  
Effective March 1, 2013

**Dental Insurance and Vision Insurance are optional extra benefits - please check with your employer to confirm coverage.**

If Dental and/or Vision benefits are covered under your Group's Plan, Colonial Medical Insurance Company Limited will pay the benefits set forth in the relevant Schedule of Benefits shown here at the Reasonable and Customary (R&C) levels. All charges are subject to the R&C fee for the area in which the services are rendered.

**Please note this Schedule of Benefits is a guide only. Please refer to the policy contract with your Employer for full Terms and Conditions. All funds stated are in US Dollars.**

### THE DENTAL PLAN

**Calendar Year Maximum (CYM) Per Insured: \$1,000 or \$2,000 (whichever is applicable to your Plan)**

Dental Benefits	% Payable
<b>Level I - Preventative</b> Oral Exam, Prophy/Cleanings, Bitewing X-rays - 2 per calendar year Full Mouth X-rays - once every 5 years Fluoride Treatments - 2 per calendar year for dependent children under the age of 16 Sealants for dependent children under the age of 14 Perio Maintenance - 4 per calendar year	100%
<b>Level II - Minor/Restorative</b> Fillings, complex surgical, periodontal, endodontics services	80%
<b>Level III - Major/Restorative</b> Crowns (1 per 5 years on same tooth), Implants, Dentures, Orthodontic for dependent children up to age 19 Adult Orthodontic Lifetime Max: \$2,000 (this is in addition to the \$2,000 CYM but this benefit is not available with the \$1,000 CYM option)	50%

#### Limitations & Exclusions:

- 3 month waiting period for present employees in the Group and 6 month waiting period for all new hires for Level III treatments.
- No Cover for the first 12 months for employees in the Group for missing teeth.
- Orthodontics is paid monthly.
- Cosmetic treatment, TMJ Treatment, Appliances and Guards are excluded.
- We recommend that for any services exceeding \$400, your service provider submits a pre-service plan.

### THE VISION PLAN

**Calendar Year Maximum Per Insured: \$200 or \$400 (whichever is applicable to your Plan)**

Vision Benefits	% Payable
Eye Examinations; Lenses (Single Vision/Bifocal/Trifocal/Lenticular); Frames; Contact Lenses	100%

#### Limitations & Exclusions:

- For Frames and all Lenses, members must pay the service provider at time of service and submit a claim to BritCay for reimbursement.
- 10 month waiting period for late enrollees

BRITISH CAYMANIAN INSURANCE AGENCIES LIMITED  
 BritCay House, 236 Eastern Avenue P.O. Box 74, Grand Cayman KY1-1102  
 tel. (345) 949 8699 fax. (345) 945 0658 [medical@britcay.ky](mailto:medical@britcay.ky) [www.cgigroup.com](http://www.cgigroup.com)

British Caymanian Insurance Agencies Limited acts solely as an agent on behalf of various insurers; it does not act as an insurance broker on behalf of its customers.