

Cajun Industries, LLC Dental Plan

Basic Voluntary Incentive Plan

Administered by Benefit Management Services (BMS)

Employees who choose to participate pay 100% of the premium through payroll deduction.

FEATURES

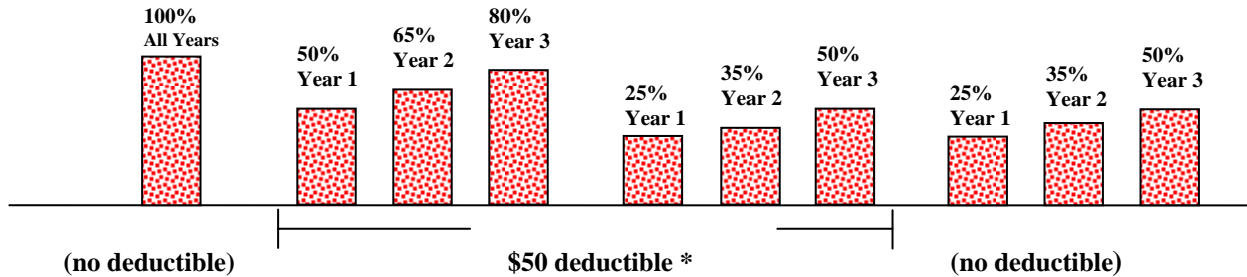
INCLUDE:

- ◆ Voluntary participation
- ◆ Immediate coverage- no benefit waiting periods
- ◆ No deductible for Preventive and Orthodontia services
- ◆ \$50 deductible for Basic and Major services
- ◆ Annual maximum-Yr 1-\$500, Yr 2-\$750, Yr 3+-\$1000
- ◆ \$1,000 lifetime Orthodontia maximum, \$375 annual maximum
- ◆ Single and family coverage
- ◆ Benefits enhance in the second and third year of participation

This is not a certificate of insurance. It is a brief description only. The Group Policy alone determines all rights and benefits. Cajun Industries, LLC reserves the right to withdraw this offer at any time.

Covered Services

Pays up to Year 1-\$500, Year 2-\$750 and Year 3+-\$1000 Annual Benefit for Certain Procedures. Percentage payable is based on Usual & Customary charges for covered procedures.



TYPE I PREVENTIVE SERVICES

Including
Routine Exams (1 per 6 months)
Bitewing X-rays (1 per 6 months. Max of 12 films per 36 months)
Routine Cleaning (1 per 6 months)
 Sealants (to age 14)
Fluoride Treatments (to age 19. 1 per 12 months)
Space Maintainers (to age 12)
Emergency Palliative Treatment

TYPE II BASIC SERVICES

Including
Restorative Basic Fillings
Denture and Crown Repair (1 per quadrant per 12 months)

**Deductible is per person per calendar year; (3) per family maximum*

TYPE III MAJOR SERVICES

Including
Restorative (inlays & crowns)
Prosthetics (dentures & bridges)
Oral Surgery (extractions & impacted teeth)
Endodontics (root canal & pulpal therapy)
Periodontics (treatment of gums including surgery – 1 per quadrant per 24 months)

TYPE IV ORTHODONTIA

Including
Orthodontia (orthodontic care of proper alignment of teeth)
Orthodontia is provided only to dependent children who are under age 19 when treatment is received.
\$1,000 Lifetime Maximum
\$375 Annual Maximum

Weekly Rates* for Cajun Employees

\$ 3.74 Employee only

\$10.13 Employee plus family

Mail Form to:
 ATTN: Benefits Dept.
 P.O. Box 104
 Baton Rouge, LA 70821

Group Dental Insurance Enrollment Card

Name of Employer Cajun Industries, LLC			Group No. CC1006D
Employee Name: First Middle Last		<input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number
Complete Home Address		Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Date of Employment	Occupation	If COBRA continues please give: Qualifying Event _____ Date of Event _____	Work at least 30 hrs per week? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check One: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee and Family			
List Dependents to Insure: (if more than three, write "see attachment" in third blank and attach information.)			
Name	Sex (M or F) & Relationship	Date of Birth	Social Security #
1.			
2.			
3.			
Spouse's Dental Carrier: <input type="checkbox"/> None		<input type="checkbox"/> I authorize my employer to deduct from my earnings the amount to cover my share of the contribution for coverage indicated above.	
Signature of Employee		Date	