



benefits for employees that benefit employers

Dental Plans VOLUNTARY



Almost everyone experiences dental problems, yet less than half of adults ages 18-64 will see their dentists for regular visits¹ — visits that could keep tooth troubles from happening in the first place. Instead, they wait — because they don't have dental coverage — until the problem gets worse, and they have to take time off for treatment. That's why the Companion Life Voluntary Dental Plan is so valuable. Low rates. Easy payment through payroll deduction. A lifetime deductible of only \$100. No network limitations — employees visit the dentists of their choice!

DEDUCTIBLES AND MAXIMUMS

The Companion Premier Plan has a lifetime deductible of \$100 per person. This deductible applies to all covered dental services (Preventive, Basic and Major combined) except orthodontia services when selected. The Companion Premier Plan has a combined contract year benefit maximum of \$1,000 per person excluding orthodontia services when selected.

TAKEOVER BENEFITS

Takeover means that we give employees credit for waiting periods they have accumulated for similar coverages under your current group dental plan.

For Takeover consideration the following are required:

- ▣ Evidence that your current carrier's coverage has been in force for at least 12 months prior to the effective date of your Companion Life Voluntary Dental plan.
- ▣ A copy of your most recent bill that includes a listing of all covered employees with their effective dates noted.
- ▣ A copy of the in-force dental plan (contract, certificate or booklet).

ELIGIBILITY

To qualify for this benefit plan, either three employees or 20% of your eligible group must participate, whichever amount is greater. You select the plan that's best for your employees.

PREDETERMINATION OF BENEFITS

For your employees' protection, Companion Life will provide predetermination of benefits for recommended treatment plans that exceed \$300. This benefit helps employees better understand their coverage. It explains which recommended procedures will be covered and at what amount. Employees should submit the treatment plan to Companion Life for review and predetermination of benefits before receiving the service.

ABOUT COMPANION LIFE

Companion Life Insurance Company has specialized in group benefits for more than 40 years. It has earned an A.M. Best rating of A+ (Superior)*. We've earned these high marks due to our fiscal strength, investment practices and sound management. Now, we want to earn your trust by giving you the highest level of service and responsiveness possible. Talk with your Companion Life agent today.

¹ Health, United States, 2011, table 98, Centers for Disease Control and Prevention

* Rating as of Jan. 17, 2014. For the latest rating, access ambest.com.

The Companion Premier Plan

The Premier Dental Plan covers allowable charges for dental services at 100% coverage for preventive services, at 80% coverage for basic services and at 50% coverage for major services. The combined lifetime deductible is only \$100 per person, which applies to all covered dental services. This comprehensive plan features:

Preventive services:

- Routine exams and cleanings (two per 12 months)
- Fluoride treatment for children under age 19 (one per 12 months)
- Bitewing X-rays, (one per 12 months)
- Emergency treatment for dental pain (minor procedures)

Basic services:

- Simple restorative services (fillings)
- Simple teeth removal
- Sealants for children ages 6 through 15 (one per tooth per 36 months)
- X-rays (full mouth or panorex, one per 36 months)
- X-rays of the roots of teeth

Major services: (12-month waiting period)

- Endodontics (includes root canals)
- Periodontics
- Surgical teeth removal and other oral surgery
- Medically appropriate anesthesia related to covered surgery
- Space maintainers
- Major restorative services (crowns and inlays)
- Dental implants (age 17 and up)
- Prosthodontics (bridges, dentures)
- Denture relines (if over six months after installation)
- Recementation and repair of crowns, inlays, bridges and dentures

Orthodontia Services (optional):

- No deductible, 50% coverage
- \$1,000 lifetime maximum
- Children under 19 only
- 12-month waiting period



Payment is based upon allowable charges in the area in which service is rendered.

This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. Please see your certificate for details.

LIMITATIONS We will not pay benefits for the following non-covered expenses:

1. Any treatment for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
2. Any expense incurred or procedure begun before your current period of continuous coverage, unless takeover benefits apply.
3. Any expense incurred or procedure begun after your insurance under this section terminates, except under the Companion Premier Plan for a prosthetic appliance, fixed bridge, crown or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance ends.
4. Education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
5. Broken appointments or the completion of claim forms.
6. Harmful-habit appliance therapy.
7. Orthodontics or any services associated with orthodontic therapy when this optional coverage is not elected and the premium is not paid. In any event, orthodontia covered charges will not include charges:
 - a. incurred by employee or spouse;
 - b. incurred by dependent children age 19 or over;
 - c. for any services payable under any other provisions of the policy; or
 - d. for any services in the first 12 months the Insured is covered under this policy.
8. Sealants which are:
 - a. not applied to a permanent molar;
 - b. applied before age 6 or after attaining age 16; or
 - c. reapplied to a molar within three years from the date of a previous sealant application.
9. Any injury arising out of, or in the course of, work for wage or profit.
10. Any injury or condition for which you are eligible for benefits under any Workers' Compensation act or similar laws.
11. Charges for which you are not liable or which would not have been made had no insurance been in force.
12. Services not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
13. Conditions as a result of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
14. Payment to you if payment is not legal where you are living when you incur the expenses.
15. Procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
16. Services or supplies a family member or a member of your household provides.
17. Major services in the first 12 months that you or your dependents are covered, except as may be provided in the takeover benefits provision.
18. Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge under the Premier Plan within five years of the date of the last placement of these items. Replacement of an existing implant supported prosthetic device is covered only once every 10 years from the placement date of such device and only then if it is unserviceable and cannot be made serviceable. This does not include those you may need because of an accidental bodily injury you received while you had this insurance. We will not cover replacement if the item can be repaired.
19. Initial placement of any prosthetic appliance, implants or fixed bridge unless for replacement of natural teeth pulled during the same period of continuous coverage. The removal of a third molar (wisdom tooth), however, does not qualify the appliance or bridge for payment. Any such appliance or fixed bridge must include the replacement of the pulled tooth or teeth. Coverage does not include paying for the replacement of teeth pulled before you had this coverage.
20. Addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth pulled during the same period of continuous coverage. The removal of a third molar (wisdom tooth) does not qualify the appliance or bridge for payment.
21. Duplication of appliances or replacement of lost or stolen appliances.
22. Appliances, restorations or procedures to:
 - a. alter vertical dimension;
 - b. restore or maintain occlusion;
 - c. splint or replace tooth structure lost as a result of abrasions or attrition; or
 - d. treat jaw fractures or disturbances of the temporomandibular joint.
23. Subgingival curettage or root planing (procedure numbers 4220 and 4341), unless the presence of periodontal disease is confirmed by both X-rays and pocket depth summaries of each tooth involved.
24. Any services related to equilibration, bite registration or bite analysis.
25. Crowns for the purpose of periodontal splinting.
26. For charges for any overdentures and associated precision or semi-precision attachments and any related endodontic treatment associated with it; or other customized attachments.
27. Charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.



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SOME PRODUCTS NOT AVAILABLE IN ALL STATES