



benefits for employees that benefit employers

Dental Plans VOLUNTARY



Almost everyone experiences dental problems, yet only half see their dentists for regular visits — 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 Plans are so valuable. Two plans — one for comprehensive dental services, and also a lower-option alternative plan. **You select the one plan to be offered to your employees.** Low rates. Easy payment through payroll deduction. A lifetime deductible of only \$100. No network limitations — employees visit the dentists of their choice!

So when it comes to good dental health, forget the tooth fairy. Get the coverage you and your employees can really believe in. Choose one of the Voluntary Dental Plans from Companion Life.

When we were kids, losing a tooth was a profit-making venture — thanks to the tooth fairy. Nowadays, it's not as simple. Without a good dental plan, you'll be the one who pays when employees miss work because of preventable dental problems.

THE COMPANION PREMIER PLAN This 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)
- Bitewing X-rays (one per 12 months)
- Fluoride treatment for children under age 19 (one per 12 months)
- Emergency treatment for dental pain (minor procedures)

Basic services:

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

Major services:

- 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

There is a 12-month waiting period for major services.

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.

THE COMPANION ADVANTAGE PLAN This plan pays 100% coverage of allowable charges for preventive services, 80% coverage for basic services and 50% coverage for certain major services after a combined \$100 lifetime deductible (all covered services). It features:

Preventive services:

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

Basic services:

- Simple restorative services (fillings)
- Sealants for children ages 6 through 15 (one per tooth per 36 months)

Major services:

- Endodontics (includes root canals)
- Periodontics
- Teeth removal and other oral surgery
- Medically appropriate anesthesia related to covered surgery
- X-rays of the roots of teeth
- X-rays (full mouth or panorex, one per 36 months)
- Space maintainers

There is a six-month waiting period for Basic Services and a 12-month waiting period for covered Major services. Major services not covered are dentures, bridges, inlays, onlays and all associated charges; and crowns, except associated with a root canal procedure performed while covered under this plan.

DEDUCTIBLES AND MAXIMUMS Both the Companion Premier Plan and the Advantage Plan have 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. The Advantage Plan has a combined contract year maximum benefit for all covered services of \$1,000 per person.

ELIGIBILITY To qualify for either of these benefit plans, 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. Employers with 100 or more eligible employees may elect to offer both the Premier and Advantage plans for employee choice. Orthodontia must have three enrollees.

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).

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 we will cover and at what amount. Employees should submit the treatment plan to Companion Life for review and predetermination of benefits *before* receiving the service.

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.

ABOUT COMPANION LIFE

Companion Life Insurance Company has specialized in group benefits for more than 35 years. It has earned an A.M. Best rating of A+ (Superior) and a Weiss Rating, Inc. rating of A- (Excellent). 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. See for yourself how the Companion Life Voluntary Dental Plans are benefit plans that benefit you.

CONTACT US

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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. Under the Advantage Plan, for prosthodontics (including, but not limited to, dentures or bridges); crowns (except associated with a root canal procedure performed while covered under the Advantage Plan), inlays, onlays, implants or other precious or semiprecious metal restorations.
7. Harmful-habit appliance therapy.
8. 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.
9. 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.
10. Any injury arising out of, or in the course of, work for wage or profit.
11. Any injury or condition for which you are eligible for benefits under any Workers' Compensation act or similar laws.
12. Charges for which you are not liable or which would not have been made had no insurance been in force.
13. Services not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
14. 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.
15. Payment to you if payment is not legal where you are living when you incur the expenses.
16. Procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
17. Services or supplies a family member or a member of your household provides.
18. Basic services under the Advantage Plan incurred during the first six months that you or your dependents are covered, except as may be provided in the takeover benefits provision.
19. Major services in the first 12 months that you or your dependents are covered, except as may be provided in the takeover benefits provision.
20. Major services under the Advantage Plan which are not specifically listed as covered in the group policy and certificate of coverage.
21. 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.
22. Initial placement of any prosthetic appliance, implants or fixed bridge under the Premier Plan 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.
23. Addition of teeth to an existing prosthetic appliance or fixed bridge under the Premier Plan 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.
24. Duplication of appliances or replacement of lost or stolen appliances.
25. 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.
26. 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.
27. Any services related to equilibration, bite registration or bite analysis.
28. Crowns for the purpose of periodontal splinting.
29. For charges for any overdentures and associated precision or semi-precision attachments and any related endodontic treatment associated with it; or other customized attachments.
30. Charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.



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SOME PRODUCTS NOT AVAILABLE IN ALL STATES