

Companion Life Insurance Company

Companion Life's *Dental by Design*

Services	Preventive Only	Low Option	High Option
Program Deductible			
Per Individual	\$0 Contract	\$50 Contract	\$50 Contract Year
Family Limit	Year	Year	3
Waived for Type I service?	N/A	3 Yes	Yes
Type I Preventive Services	100% oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months)	100% oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months) space maintainers, fillings pain treatment, sealants full mouth x-rays	100% oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months) space maintainers, fillings pain treatment, sealants full mouth x-rays
Type II Basic Services	0%	80% Fillings, anesthesia, endodontics simple & surgical extractions oral surgery, periodontics	80% Fillings, anesthesia, endodontics simple & surgical extractions oral surgery, periodontics
Benefit Waiting Period	None	None	None
Type III Major Services	0%	60% crowns, inlays, onlays dentures, bridges implants, perio trays	60% crowns, inlays, onlays dentures, bridges implants, perio trays
Benefit Waiting Period	N/A	12 months	12 months
Maximums	\$ 1000 Contract Year	\$ 1000 Contract Year	\$ 5000 Contract Year
Type IV Orthodontia Child(ren) Only		50% Child(ren) Only	50% Child(ren) Only
Lifetime Maximum	Not Selected	\$1,500	\$1,500
Deductible		None	None
Benefit Waiting Period		12 Months	12 Months
Takeover Benefit	N/A	N/A	N/A
Monthly Cost Without Ortho			
Employee	\$15.00	\$34.27	\$39.21
Employee Plus Spouse	\$30.11	\$68.54	\$78.42
Employee Plus Child(ren)	\$43.03	\$73.91	\$84.52
Employee Plus Family	\$58.79	\$109.77	\$125.54
Monthly Cost With Ortho			
Employee Employee Plus	N/A	\$34.27	\$39.21
Spouse Employee Plus	N/A	\$68.54	\$78.42
Child(ren) Employee Plus	N/A	\$82.22	\$90.39
Family		\$118.41	\$131.65

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I .B.C. Preventive Dental and vision

Services	Modified Essent dental	<i>Vision Essentials</i>	(Exam only)
Program Deductible Per Individual Family Limit Waived for Type I service?	\$0 Contract Year N/A N/A	Vision Care Services Exam with Dilation (as necessary): Contact Lens fit and Follow-up: (Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed)	<u>In Network</u> \$10 Copay
Type I Preventive Services	100% oral exams, cleanings (2 per 12 months) bitewing x-rays (1 per 12 months)	Standard Premium*	N/A N/A
Type II Basic Services	0%	Frames: Any available frame at provider location	<u>In Network Only</u> 35% off retail price when complete pair of eyeglasses purchased; otherwise 20% discount.
Benefit Waiting Period	None	Standard Plastic Lenses: Single Bifocal Trifocal	<u>In Network Only</u> Member Pays: \$50 \$70 \$105
Type III Major Services	0%	Lens Options: UV Coating Tint (Solid and Gradient) Standard Scratch Resistant Coating Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (Add-on to Bifocal) Other Add-Ons and Services	<u>In Network Only</u> Member Pays: \$15 \$15 \$15 \$40 \$45 \$65 20% off retail
Benefit Waiting Period	N/A	Contact Lenses: (Material only)	<u>Conventional:</u> 15% off retail price
Maximums	\$ 1000 Contract Year	Medically Necessary	N/A
Type IV Orthodontia Child(ren) Only Lifetime Maximum Deductible Benefit Waiting Period	Not Selected	Frequency: Examination Frames Eyeglass Lenses Contact Lenses	12 months** Unlimited Unlimited Unlimited
Monthly Cost Without Ortho			
Employee	\$15.00		
Employee Plus Spouse	\$30.11		
Employee Plus Child(ren)	\$43.03		
Employee Plus Family	\$58.79		

The above rates **INCLUDE THE ACA HEALTH INDUSTRY FEE (Effective 01/01/2018)**. Please refer to the Group Information page for details.

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IMPORTANT INFORMATION

FREEDOM OF CHOICE

This Dental program from Companion Life provides total access to **any dentist**, giving your employee the freedom to choose a provider and needed services with no network restrictions. Benefit payment allowances vary, depending on the area in which the services are rendered.

PLAN DESIGN

Dental by Design offers three basic benefit design platforms from which to choose. A wide range of program alternatives are available to build a benefit package to meet the individual needs of any employer group. Choose from a large selection of options for deductibles, waiting periods, benefit maximums, coinsurance, takeover benefits, and much more.

TAKEOVER

Standard Takeover - An employee's waiting period will be reduced by the amount of time they were insured under your prior group dental plan. The prior dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan. All waiting periods will apply to future new employees.

Preferred Takeover - The waiting period(s) for existing employees, **including those who weren't on the prior plan** will be waived. The prior group dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan. All waiting periods will apply to future new employees.

DEFINITIONS

Endodontics - The treatment of pathological conditions within the pulp chamber of a tooth or involving the root of a tooth; includes root canal procedures.

Oral Surgery - Operative procedures performed in and about the oral cavity and jaws that are not performed in connection with periodontic and endodontic surgical procedures.

Periodontics - The treatment of diseases of the tissues surrounding and supporting the tooth. It includes the gingiva (gum tissue), cementum, alveolar (supporting) bone, root planing, and periodontal cleaning.

Preventive Services - Oral examinations and cleanings are covered twice in any twelve-month period.

Simple Extraction - Uncomplicated removal of a tooth; not a cutting procedure.

Surgical Extraction - Removal of a tooth by means of surgical methods, usually involving the turning of a gingival flap or removal of bone

Covered Implant Services - Available to adults and dependent children age 17 and older. Implant Services include the accompanying crown and are incurred on final placement of the prosthetic.

CONTRIBUTION REQUIREMENTS:

The employer must contribute at least 25% of the cost of employee coverage for employer contribution plans.

PARTICIPATION REQUIREMENTS:

A minimum of 50% employee participation must be maintained for employer contribution plans. There is no participation requirement for dependents.

A minimum of 20% employee participation must be maintained for 100% employee paid plans.

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COORDINATION OF BENEFITS:

When a person is covered by two or more group plans, benefits available under these plans will be coordinated to avoid duplicate payments. One plan will have primary obligation for benefits while the other(s) will have secondary obligation.

ALLOWABLE CHARGE

The Companion 'Allowable Charge' is based on a database of charges submitted by dental providers to claims administrators throughout the United States. This database is compiled by a third party vendor and is separated by American Dental Association procedure code. The database is updated periodically.

Companion then evaluates the resulting data of dental charges for each American Dental Association procedure code by geographic region (zip code). Companion's 'Allowable Charge' is determined to be that level which is generally equal to or higher than 90% of the actual charges submitted in the geographical region for the incurred procedure as specified in the third party database.

PREDETERMINATION OF BENEFITS:

As a service to protect the insured, Companion will provide predetermination of benefits for recommended treatment plans that exceed \$300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps insureds better understand their coverage. The insured should submit the treatment plan to Companion for review and predetermination of benefits before the service begins.

My Insurance Manager, a Web-based system, is available to Dental Professionals to support Companion Life Dental programs. Accessed through the Companion Life Website, www.CompanionLife.com, the easy-to-use system enables the provider to:

- Enter claims online
- Verify employee eligibility for benefits
- Check claim status

ELIGIBILITY - DENTAL:

FIRMS - Sole proprietorships, partnerships or corporations with 10 or more full-time employees, including actively at work owners or partners, are eligible.

EMPLOYEES - All active, full-time employees working at least 30 hours per week, including owners or partners, are eligible for coverage. Those employed on the effective date of the employer's policy are eligible on that date. New employees hired after that date are eligible on their date of hire and will qualify for the insurance upon completion of the waiting period selected by the employer.

DEPENDENTS - Eligible dependents include the insured employee's spouse and child(ren) prior to their 26th birthday who do not work for the firm.

EFFECTIVE DATE OF INSURANCE

Each employee who is eligible to participate under the plan may be insured without medical examination regardless of age, medical history, physical condition, occupation or sex. The only requirement is that the employee must be a regular, full-time employee who is actively at work with full pay on the date the insurance is to be effective; otherwise the insurance will become effective on the date provided for in the policy.

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LIMITATIONS:

I. COVERED EXPENSES WILL NOT INCLUDE, AND NO BENEFITS WILL BE PAYABLE:

1. For Class III and Class IV Procedures in the first 12 months that a person is insured, except as may be provided in the Takeover Benefits provision. This exclusion does not apply to Incentive Plans.
2. For any treatment which is for cosmetic purposes, or to correct congenital malformations other than medically necessary treatment of congenital cleft in the lip or palate, or both.
3. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge 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 ten (10) years from the placement date of such device and only then if it is unserviceable and cannot be made serviceable. However if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this policy, it will be a covered expense.
4. For initial placement of any prosthetic appliance, implants or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this policy. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
5. For any procedure begun before coverage begins or after the Insured's coverage terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's coverage terminates.
6. To replace lost or stolen appliances.
7. For 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 abrasion or attrition
 - d. treat disturbances of the temporomandibular joint.
8. Charges for a missed appointment, consultations or for completion of claim forms.
9. If applicable, orthodontia covered charges will not include charges for services:
 - a. payable under any other provisions or policy
 - b. rendered in the first 12 months the insured person is covered under the policy
 - c. incurred by employee or spouse, or incurred by dependent children after reaching the age of 19 (unless adult and child(ren) orthodontia option is selected)
10. For sealants which are:
 - a. not applied to a permanent molar
 - b. applied after attaining age 16
 - c. reapplied to a molar within three years from the date of a previous sealant application
11. For application of fluoride after attaining age 19.
12. Because of an injury arising out of, or in the course of, work for wage or profit or eligible for benefits under Worker's Compensation.
13. For services which are not recommended by a dentist or which are not required for necessary care and treatment.
14. For services related to equilibration, bite registration or bite analysis.
15. Crowns for the purpose of periodontal splinting.
16. Charges for any precision or semi-precision attachments, and any endodontic treatment associated with it, or other customized attachments.
17. For procedures not identified on the List of Dental Procedures in the Master Policy.
18. No benefit will be provided for implants or implant services where loss of the tooth was prior to the Insured's effective date of coverage under this dental plan.

II. PAYMENT FOR SERVICES SHALL BE LIMITED AS FOLLOWS:

If this plan replaces another plan of similar benefits and as a result offers takeover benefits, we limit what we pay to the lesser of;

- a. what the prior plan would have paid, or
- b. what this plan would usually pay.

We will deduct any benefits actually paid by the prior plan under any extension provision.