

DENTAL

Companion Life Voluntary DENTAL PLANS



*Benefits for Employees
That Benefit Employers*



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.

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 care, and one for more limited services. **You select the one plan to be offered to your employees.** Low rates. Easy payment through payroll deduction. A lifetime deductible of only \$100. Employees may 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.

Deductibles and Maximums

Both the Companion Premier Plan and the Basic 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 Basic Plan has a combined contract year maximum benefit for all covered services of \$1,000 per person. The Companion Premier Plan has a combined contract year benefit maximum of \$1,200 per person excluding orthodontia services when selected.

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 Basic and Premier plans for employee choice. Orthodontia must have three enrollees.

Takeover Benefits

Takeover means that we give employees credit for waiting periods for similar coverage they accumulated under your existing **group** dental plan.

1. Your current group dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan.
2. All employees insured on the effective date with continuous coverage from the prior group dental contract are eligible for takeover benefits. Waiting periods will be reduced by the amount of time the employee had coverage under the prior plan.
3. Takeover benefits are subject to our approval.

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.

About Companion Life

Companion Life Insurance Company has specialized in group benefits for more than 30 years. It has earned an A.M. Best rating of A+ (Superior) and a Weiss Rating, Inc. rating of A-. 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.



P.O. Box 100102
Columbia, SC 29202-3102

1-800-753-0404 • Fax: 800-836-5433

E-mail: c.life@companiongroup.com

www.CompanionLife.com

Rated A+ (Superior) by A.M. Best

The Companion Premier Plan

The Premier Dental Plan covers allowable charges for dental services at 100% coverage for preventive services, at 80% 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 every 12 months)
- Fluoride treatment for children under age 19 (one per 12 months)
- Bitewing X-rays, (two 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 of the roots of teeth
- X-rays (full mouth or panorex, one per 36 months)

Major services: (12-month waiting period)

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

Orthodontia Services (optional):

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

The Basic Plan

This plan pays 100% coverage of allowable charges for preventive services, 80% coverage for basic services, and 50% coverage for certain specified major services after a combined \$100 lifetime deductible (all covered services).

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: (Six-month waiting period)

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

Major services: (12-month waiting period)

- Endodontics (includes root canals)
- Periodontics
- Space maintainers
- 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)

Major services which are not covered:

- Dentures, bridges, inlays, onlays, and all associated charges
- Crowns, except associated with a root canal procedure performed while covered under this plan

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. Under the Basic Plan, for prosthodontics (including, but not limited to, dentures or bridges); crowns (except associated with a root canal procedure performed while covered under the Basic Plan), inlays, onlays, or other precious or semiprecious metal restorations.
7. Harmful-habit appliance therapy.
8. Orthodontics or any services associated with orthodontic therapy under the Basic Plan or under the Premier Plan 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 have not 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 Basic 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 Basic Plan which are not specifically listed 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. 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 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 implants, 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.

SOME PRODUCTS NOT AVAILABLE IN ALL STATES

MONTHLY RATES

Companion Life **Premier**sm DENTAL PLAN

	Monthly Base Rate	Area Rates									
		Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K
Employee	24.82	26.28	27.73	29.19	30.66	32.41	34.16	36.20	37.94	40.30	42.34
Employee plus 1	47.17	49.95	52.72	55.50	58.28	61.60	64.93	68.83	72.14	76.60	80.48
Employee plus 2	57.85	61.26	64.67	68.07	71.45	75.54	79.63	84.41	88.48	93.94	98.70
Employee plus 3 or more	77.14	81.67	86.21	90.75	95.30	100.73	106.17	112.52	117.98	125.24	131.60

Orthodontia (optional – available only with Premier plan) – Monthly Base Rate \$4.65 (all areas)
Add to all dependent rates – Employee + 1, Employee + 2, Employee + 3 or more.

Companion Life **Basic**sm DENTAL PLAN

	Monthly Base Rate	Area Rates									
		Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K
Employee	15.96	16.91	17.84	18.78	19.73	20.85	21.97	23.28	24.42	25.92	27.24
Employee plus 1	30.64	32.45	34.26	36.05	37.85	40.01	42.18	44.71	46.87	49.76	52.27
Employee plus 2	39.07	41.37	43.67	45.97	48.26	51.03	53.78	56.99	59.76	63.44	66.65
Employee plus 3 or more	52.63	55.72	58.83	61.92	65.01	68.73	72.44	76.77	80.49	85.45	89.78

Quarterly Adjustment Factor (Applicable to Both Plans)

April 2005 – June 2005	1.02	July 2005 – September 2005	1.04	October 2005 – December 2005	1.06
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Once sold, rates are guaranteed for 12 months. Effective January 1, 2005

SEE REVERSE FOR AREA FACTORS AND APPLICABLE INDUSTRY FACTORS

*NOTE: A monthly administrative fee of \$10 will be included for the employer group.
These rates replace all prior published rates.*

Contact Companion Life Group Underwriting for approval on groups with potentially more than 100 enrollees.
Companion Life reserves the right to accept or reject any group based upon the information submitted.
Voluntary Dental not available in SD.



COMPANION LIFE VOLUNTARY DENTAL PLANS

Voluntary Dental Area Factors

Alabama 352 B 354, 361, 365 D 366, 368, 369 D All Others Base	Iowa 500-503, 509 B All Others Base	Montana E	South Carolina 290, 291, 296 B 298, 299 C 292, 294 D All Others Base
Arizona 850, 852, 853 G 856, 857 H 860, 864, 865 H All Others F	Kansas 660, 664-666, 672 D 661-662 E All Others B	Nevada 894, 895, 897 K All Others J	Tennessee 370, 371, 381 B 372 D All Others Base
Arkansas 716-719, 723-724 B 720-722, 727, 729 C All Others Base	Kentucky 402, 405-406 B 411, 420-424 B 410 C All Others Base	New Hampshire 031, 033, 034 H 032, 036, 037 I All Others F	Texas 764-766, 768 B 769, 778, 795, 796 B 751, 757, 758 E 767, 790-793 E 760, 761, 773, 774 F 775, 780, 782, 794 F 797-799 F
Colorado NQ	Louisiana 700 C 704 D 701, 708, 711, 712 E All Others B	New Mexico 870, 871, 875 F All Others D	Utah 750 G 787 H 752, 753, 770-772 I All Others D
Delaware 197 F 198 G All Others B	Maine 039, 043, 045, 048 E 040-042 F All Others D	North Carolina 270, 272, 273, 275 C 280, 281, 286-289 C 271, 276, 277 D 274, 282 E All Others B	Vermont 841, 845, 847 F All Others D
District of Columbia 200, 202-205 K	Maryland 210, 211, 214, 219 F 212 G 206, 209 H 207 I 208 J 217 D All Others B	North Dakota 270, 272, 273, 275 C 280, 281, 286-289 C 271, 276, 277 D 274, 282 E All Others B	Virginia 240, 241 B 230-231 C 224-226, 229 E 232-238 E 201, 220, 221 H 222, 223 J All Others Base
Florida 322, 327, 328 F 329, 336, 349 G 335, 337, 339 H 341, 342, 346 H 334 I 330-333 K All Others E	Massachusetts 012-015, 019, 020 G 017, 018, 023-027 H 016, 021, 022 J All Others F	Oklahoma 734, 735 B 731, 740, 745, 746 D All Others C	Washington 983, 985, 986 I 982, 984 J 980-981 K All Others H
Georgia 312-314, 318, 319 B 305, 306, 308, 309 C 301, 302 D 300 F 303, 311 H All Others Base	Michigan 490-492, 495 C 486-488, 496-499 D 484, 489 E 481-483, 485 F 480 G All Others Base	Oregon 970, 971, 973, 974 H 972 I All Others G	West Virginia 253, 257 B All Others Base
Idaho 837, 838 F All Others C	Minnesota 540, 559 B 557, 558, 563, 564 C 550, 553, 555 D 551, 554 F All Others Base	Pennsylvania 153, 154, 156 B 164, 165, 170, 174 B 176, 177, 186, 188 B 150-151, 166, 168 C 171, 196 C 182-185, 187 C 152, 180, 181 D 189, 193, 194 F 190 G 191 H All Others Base	Wisconsin 530, 531 C 549 D 532, 543 E 534, 537 F 539-542, 544-548 B All Others Base
Illinois 620, 622 B 609-613 C 616-618, 627 C 604-605 F 600, 601, 603 G 602, 606-608 J All Others Base	Mississippi 391, 393-395, 397 D 392 E All Others C	Rhode Island 029 H All Others G	Wyoming B
Indiana 460, 469, 477 B 465, 466, 468 C 462, 463, 464 D All Others Base	Missouri 630, 633, 640, 648 C 652, 658 C 631, 641 E All Others Base		

NQ = Voluntary Dental not available in this zip code area.

Special Industry Factors

Apply to area rates if industry is shown below.

SIC Code	Industry	Discount	SIC Code	Industry	Surcharge
0100-0999	Agriculture	-15%	6000-6299	Banking, Investments	+10%
1000-1499	Mining	-15%	6300-6499	Insurance	+10%
1500-1999	Construction	-15%	6500-6699	Real Estate	+10%
2000-3999	Manufacturing	-10%	6700-6999	Holding Companies	+10%
4000-4299 & 4400-4499	Transportation	-10%	7800-7999	Amusement Companies	+10%
4600-4699	Pipeline	-10%	8000-8049 & 8070-8099	Health Services	+15%
4700-4799	Transport Services	-10%	8100-8199	Legal Services	+15%
4900-4999	Utilities	-10%	8300-8999	Misc Services/Organizations	+15%
DENTISTS AND DENTAL LABS (SIC CODE 8021, 8072) INELIGIBLE FOR VOLUNTARY DENTAL COVERAGE.			9000-9999	Public Administration	+15%
			8200-8299	Education	+25%

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