

MONTHLY RATES

COMPANION LIFE Premier DENTAL PLAN

Voluntary – Premier Plan – January 2010 - March 2010

	Monthly Base Rate	Area Rates											
		Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L
Employee	23.28	24.50	25.71	27.22	28.72	30.24	31.76	33.57	35.39	37.50	39.30	41.75	43.86
Employee plus 1	44.27	46.57	48.86	51.74	54.62	57.49	60.37	63.81	67.26	71.29	74.72	79.34	83.37
Employee plus 2	54.30	57.12	59.93	63.46	66.99	70.52	74.02	78.25	82.49	87.44	91.66	97.31	102.24
Employee plus 3 or more	72.38	76.15	79.91	84.60	89.30	94.01	98.71	104.34	109.98	116.55	122.21	129.73	136.32

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 Advantage DENTAL PLAN

Voluntary – Advantage Plan – January 2010 - March 2010

	Monthly Base Rate	Area Rates											
		Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L
Employee	15.32	16.12	16.91	17.91	18.90	19.90	20.90	22.09	23.28	24.67	25.87	27.46	28.86
Employee plus 1	29.41	30.93	32.46	34.38	36.29	38.19	40.10	42.39	44.68	47.36	49.65	52.71	55.38
Employee plus 2	37.49	39.45	41.39	43.83	46.26	48.70	51.13	54.06	56.97	60.38	63.31	67.20	70.61
Employee plus 3 or more	50.50	53.13	55.75	59.03	62.32	65.59	68.87	72.81	76.74	81.33	85.27	90.52	95.11

Quarterly Adjustment Factor (Applicable to Both Plans)

April 2010 - June 2010 1.02 July 2010 - September 2010 1.03 October 2010 - December 2010 1.04

Once sold, rates are guaranteed for 12 months. Effective January 1, 2010

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.



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Companion Life VOLUNTARY DENTAL PLANS

VOLUNTARY DENTAL AREA FACTORS

Alabama	C	Kansas		Mississippi		Pennsylvania	
Arkansas	C	661-662	D	392	D	190-192	I
Delaware		660, 672	C	All Others	C	189, 193-194	H
197, 198	I	664-668	B	Missouri		180-181	F
All Others	D	All Others	A	640-641, 649	E	150-152, 176, 179	E
District of Columbia	M	Kentucky		631	D	182-183, 186-188	E
Florida		402, 405-406, 410	D	630, 633	C	195-196	E
330-332, 340	L	All Others	C	658	B	153-157, 159	D
333-335, 337	J	Louisiana		All Others	A	164-166, 168	D
341	I	701	G	Montana		170-175, 184-185	D
329, 336, 339	H	700, 704, 707-708	E	591, 598	E	All Others	C
342, 346, 349	H	All Others	D	All Others	D	Rhode Island	H
320, 322, 326-328	G	Maine		Nebraska	A	South Carolina	
338, 344, 347	G	040-041	H	Nevada	F	292, 294-295	B
All Others	F	042, 044-046, 048	G	New Hampshire		298, 299	B
Georgia		All Others	F	030-031, 033	I	All Others	A
303, 311, 399	G	Maryland		All Others	H	South Dakota	C
300	F	208, 209	L	North Carolina		Texas	
301, 302	E	207	K	276, 282	F	752-753, 770-772	G
305-306, 308-309	C	206	I	271, 277	E	750-751	F
307, 310, 312-314	B	212	H	270, 272-275	D	733, 760-761, 786-787	E
316-319, 398	B	210-211, 214, 219	G	280-281, 286-289	D	762-763, 773-775	D
All Others	A	215, 217	F	All Others	C	790-792	C
Idaho		All Others	E	North Dakota	C	All Others	B
833, 835-838	D	Massachusetts		Ohio		Vermont	G
All Others	C	021-022	K	441-443, 452	F	Virginia	
Illinois		016-018, 024-026, 055	J	430-432, 436, 440	E	201, 220-223	J
600, 602, 606-608	J	013-015, 019-020	I	434-435, 444-445, 447	D	224-225, 233-237	G
601, 603	I	023, 027	I	450-451, 454, 456	D	226-232, 238, 244	F
604-605	H	010-011	H	All Others	C	240-241	D
610-611, 627	E	All Others	G	Oklahoma		All Others	C
609, 613-618, 623	D	Michigan		730-731, 740-741	E	Washington	
All Others	C	480	J	All Others	D	980-981	L
Indiana		481-483	I	Oregon		985-986, 990-992	K
462	F	484-485	G	972	J	All Others	J
463-466	E	488-489	F	970-971	I	West Virginia	C
460-461, 467-469	D	486-487, 490-492	E	974-979	H	Wisconsin	
473, 479	D	All Others	D	All Others	G	532, 534, 537, 543	G
All Others	C	Minnesota		Washington		549	F
Iowa		550, 551, 553-555	G	980-981	L	530-531, 539, 547	E
500-503, 509	D	556-564	F	All Others	D	All Others	D
All Others	C	All Others	D	Wyoming	C		

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%
			9000-9999	Public Administration	+15%
			8200-8299	Education	+25%

DENTISTS AND DENTAL LABS (SIC CODE 8021, 8072) INELIGIBLE FOR VOLUNTARY DENTAL COVERAGE.

NOTE: A monthly administrative fee of \$10 will be included for the employer group.



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MONTHLY RATES-VOLUNTARY MAC PLANS



Voluntary MAC – Premier Plan – January 2010 - March 2010

	Monthly Base Rate	Area Rates											
		Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L
Employee	18.63	19.60	20.57	21.78	22.98	24.19	25.41	26.86	28.31	30.00	31.44	33.40	35.09
Employee plus 1	35.42	37.25	39.09	41.39	43.69	45.99	48.30	51.05	53.80	57.04	59.78	63.48	66.69
Employee plus 2	43.44	45.70	47.94	50.77	53.59	56.41	59.21	62.60	65.99	69.95	73.33	77.85	81.80
Employee plus 3 or more	57.91	60.92	63.93	67.68	71.44	75.21	78.97	83.47	87.99	93.25	97.77	103.79	109.06

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.



Voluntary MAC – Advantage Plan – January 2010 - March 2010

	Monthly Base Rate	Area Rates											
		Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L
Employee	12.26	12.89	13.53	14.33	15.12	15.92	16.72	17.67	18.62	19.73	20.70	21.97	23.08
Employee plus 1	23.53	24.74	25.97	27.50	29.03	30.55	32.08	33.91	35.75	37.89	39.72	42.17	44.30
Employee plus 2	30.00	31.56	33.11	35.06	37.01	38.96	40.91	43.25	45.58	48.30	50.64	53.76	56.49
Employee plus 3 or more	40.41	42.51	44.60	47.22	49.86	52.48	55.10	58.25	61.39	65.07	68.22	72.42	76.09

Quarterly Adjustment Factor (Applicable to Both Plans)

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Companion Life VOLUNTARY MAC DENTAL PLANS

DENTAL PPO – MAXIMUM ALLOWABLE CHARGE (MAC) PLAN

To keep Dental premiums affordable for our customers in areas with high concentrations of network dentists, Companion Life offers the Dental PPO – Maximum Allowable Charge (MAC) Plan. Similar to Companion Life’s standard Dental products, Dental PPO – (MAC) uses DenteMax contracted providers in your area as our Preferred Provider network. The MAC plan’s maximum allowable charge is paid to both in- and out-of-network providers. There is no balance billing if a patient sees an in-network DenteMax dentist and is responsible only for the applicable coinsurance and deductible. If a patient sees a non-DenteMax dentist, Companion Life will reimburse only on the DenteMax/MAC fee and the dentist can charge the patient the difference between his/her own fee and the DenteMax/MAC fee.

DENTAL PPO – (MAC) PLAN AREAS BY FIRST 3 DIGITS OF ZIP CODE

District of Columbia	M	Kansas		Nebraska		Texas	
		661, 662	D	681	A	752, 753, 770, 772	G
Florida						750, 751	F
330-332	L	Kentucky		Ohio		760, 761	E
333-335, 337	J	402, 405, 410	D	441-443, 452	F	773-775	D
341	I			430-432, 436, 440	E	780, 782	B
336, 339, 342, 346, 349	H	Maryland		450, 451, 454	D		
322, 326-328, 338	G	208, 209	L	453, 455	C	Virginia	
344, 347	G	207	K			201, 220-223	J
321, 323-325	F	212	H	Oklahoma		233-235	G
		210, 211, 214	G	731	E	232	F
Georgia		217	F				
303	G	Michigan		Oregon		Wisconsin	
300	F	480	J	972	J	532, 534, 537, 543	G
301, 302	E	481-483	I	971	I	549	F
		484, 485	G			530, 531	E
Illinois		Minnesota		Pennsylvania		535, 544	D
600, 602, 606, 607	J	551, 553, 554	G	190, 191	I		
601, 603	I			189, 193, 194	H		
604, 605	H	Missouri		181	F		
		640, 641	E	150-152	E		
Indiana				187, 188, 195, 196	E		
462	F			156, 159, 185	D		
460, 461	D						

If state and ZIP code do not appear in the area factors, Dental PPO (MAC) Plan is not available.

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%
			9000-9999	Public Administration	+15%
			8200-8299	Education	+25%

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