dental by design
A COMPLETE DENTAL INSURANCE PORTFOLIO FROM COMPANION LIFE.

Companion Life
We all know everyone has different needs. But when you need dental solutions, look no further than Companion Life. We created Dental by Design™ plans with maximum flexibility. These are practical and affordable group dental insurance plans for employee groups of 10 or more.

Our dental plan programs provide many advantages. It’s not only recruiting and retaining a talented employee pool, but keeping them happy as well. And while seeing the dentist isn’t something most people look forward to, regular checkups are important for good health. We now know that poor dental hygiene can lead to far more serious health issues. With regular dental checkups, tooth decay, gum disease and oral cancer can be spotted early. That’s what enhanced employee benefit programs are really all about.

TAILOR OUR PLAN TO YOUR NEEDS

Realize the power of distinct design with unique and exceptional plan flexibility from Companion Life.

We’re confident that you’ll find a plan that suits your needs! How can we be so sure? You may customize any of our standard Dental by Design benefit plans — Dental Essentials, Dental Choice or Dental Select — to include the options that are just right for your group.

Many options are available to modify these program features. Options like deductible, number of deductibles per family, incentive plan, waiting periods, contract year maximum, increasing maximum, orthodontia benefits (adult available), exams and X-rays, frequency of cleanings, rate structure (standard is four), and retiree dental benefits.

Custom programs from Companion Life … it’s easy to create a unique plan with the Companion Life Dental by Design portfolio. Select the benefit design that works for you, then choose your option(s) on our convenient Request for Proposal (RFP) form.
Your group has selected the Dental Choice plan, but would prefer to have cleanings covered only once a year with coinsurance options of 80/80/50. Simply check the appropriate benefit options on your RFP form. Our Underwriting staff will provide a proposal for your custom-made Dental by Design plan.

**EXAMPLE**

**INNOVATIVE DENTAL INSURANCE SOLUTIONS**

Take a look at our plans! First select the standard benefit plan that best meets your needs. Dental Essentials, Dental Choice and Dental Select provide a choice of effective benefit solutions to fit any budget.

### STANDARD BENEFIT DESIGNS

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>DENTAL ESSENTIALS</th>
<th>DENTAL CHOICE</th>
<th>DENTAL SELECT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Individual Program</td>
<td>$100 Lifetime</td>
<td>$100 Lifetime</td>
<td>$100 Lifetime</td>
</tr>
<tr>
<td>Family Limit</td>
<td>No limit</td>
<td>No limit</td>
<td>No limit</td>
</tr>
<tr>
<td>Waived for Type I Services?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Type I</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Oral exams, cleanings (two per 12 months), bitewing X-rays (one per 12 months)</td>
<td>Oral exams, cleanings (two per 12 months), bitewing X-rays (one per 12 months), space maintainers, pain treatment, sealants</td>
<td>Oral exams, cleanings (two per 12 months), bitewing, X-rays (one per 12 months), space maintainers, pain treatment, sealants, full mouth X-rays</td>
<td></td>
</tr>
<tr>
<td><strong>Type II</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Space maintainers, fillings, pain treatment, sealants, full mouth X-rays</td>
<td>Full mouth X-rays, fillings, simple extractions, endodontics</td>
<td>Fillings, anesthesia, endodontics, simple and surgical extractions, oral surgery, periodontics</td>
<td></td>
</tr>
<tr>
<td>Benefit Waiting Period</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>Type III</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Anesthesia, endodontics, simple and surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants, perio trays</td>
<td>Anesthesia, surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants, perio trays</td>
<td>Crowns, inlays, onlays, dentures, bridges, implants, perio trays</td>
<td></td>
</tr>
<tr>
<td>Benefit Waiting Period</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
<tr>
<td><strong>Contract Year Maximum</strong></td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Type IV Orthodontia (Optional)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Benefit Waiting Period</td>
<td>12 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
</tbody>
</table>

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

Companion Life Insurance Company has specialized in group benefits for more than 40 years. We have earned A.M. Best’s rating of A+ (Superior)† due to our fiscal strength, investment practices and sound operational and management structure. At Companion Life we are committed to financial strength, effective corporate management and the highest level of service and responsiveness to our clients and sales associates.

FREEDOM OF CHOICE

What does freedom of choice mean to you? You can use your own dentist! There are no network restrictions of any kind with Companion Life Dental Insurance plans.

Can I use my own dentist? Yes! With all Companion Life dental plans you have freedom of choice to visit any dentist.

How can I, or my dentist, check my claim’s status? Use our secure online tool, My Insurance Companion. Go to CompanionLife.com and click on Members from the home page. Dentists can click on Providers. Check claim status, request an ID card, ask Customer Service, and more! Or, use our voice activated response system. These services are available seven days a week. Or, simply call 800-765-9603.

How are claims filed? Your dentist’s office can file your claim for you. Companion Life will accept your dentist’s claim form by mail or fax. Your dentist can file claims online at www.CompanionLife.com with My Insurance Companion.

PARTICIPATION REQUIREMENTS

Employer Contribution Plans There must be a minimum of 10 eligible employees with a minimum 25 percent employer contribution and at least 50 percent employee participation required.

Employee Paid (Voluntary) Plans For 100 percent employee paid plans, there must be 10 eligible employees and either 20 percent employee participation or three employees must participate, whichever is greater.

TAKEOVER BENEFITS

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

Standard Takeover – An employee’s waiting period will be reduced by the amount of time he or she was 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 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.

Incentive Plan Takeover – If this group dental policy replaced the employer’s prior group incentive dental insurance policy, and takeover benefits have been approved by Companion Life, all employees insured under the prior plan are eligible for appropriate credit for time served under the prior dental policy. 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.

Here’s what you need for a Companion Life Dental by Design proposal:

Group Name
State and ZIP Code
Nature of Business or SIC Code
Proposed Effective Date
Current and Renewal Rates for Inforce Dental Coverage (if any)
Selected Benefit Design
Dental Essentials,
Dental Choice or
Dental Select
Benefit Options Requested (if any) for a Custom-Designed Plan
Premium and Claim Experience for Employer Groups of 100 or More

Or, you can complete the convenient Companion Life Request for Proposal (RFP) form, which details the available options.

Companion Life’s Dental Insurance Portfolio also includes:

Dental “Cents” for groups of 2–9 employees
Voluntary dental plans for groups with as few as three employees

For more information or a proposal please contact:

Companion Life
Insurance Company
P.O. Box 100102
Columbia, SC 29202-3102

CompanionLife.com

Or call Group Marketing at 800-753-0404
800-836-5433 (fax)

‡ Rating as of Dec. 21, 2016. For the latest rating, access www.ambest.com. The rating represents an independent opinion from the leading provider of insurer ratings of a company’s financial strength and ability to meet its obligations to policyholders.
DESIGNED TO SAVE INSURED’S MONEY by paying a higher percentage when they visit a network provider. No balance billing when using network providers!

Considerable savings from network discounts!
Help your clients stretch their annual dental benefit maximums!

MORE DENTAL PLAN OPTIONS!
It’s the plan you’ve been asking for – a true dental PPO plan offering significant savings.

Employers may choose an Incentive or Disincentive option. With Companion Life, it’s all about the options.

A substantial number of network dentists wherever the plan is offered! Our network has over 155,000 dental access points nationwide.

SELL MORE when you offer Companion Life’s affordable and appealing Dental Incentive PPO Plan!

INTRODUCING
THE COMPANION LIFE DENTAL INCENTIVE PPO PLAN
Option Heavy. Built for Savings.

For details, call Group Marketing at 800.753.0404.
For a proposal, email us at proposals@companiongroup.com
Thank you for reviewing this information about the dental by design portfolio from Companion Life. This program of employer-funded Dental plans offers real flexibility and great sales potential and we want to make sure that we clearly communicate how this unique portfolio works.

Every time you request a dental by design proposal, you will receive rates for the three Standard Benefit Designs — Dental Essentials, Dental Choice and Dental Select — based on your prospect’s demographics. Your Request For Proposal (RFP) form shows the numerous Design Options available for each of these standard plans. If you don’t select any Design Options, your proposal will show rates and benefits for only the three standard plans. If you do select some of the Design Options available for one of the standard plans, your requested plan design will appear as the “Requested Design” on the proposal.

The proposal also includes complete information about our new Takeover Provisions and clear definitions for dental services and procedures.

We hope you’ll agree that your dental by design portfolio is tailor made to meet your marketing needs. Please call for more information — or a proposal — today!

Group Marketing
800-753-0404
800-836-5433 (Fax)
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. 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 is 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 PROVISIONS FOR DENTAL BENEFITS

Standard Takeover – An employee’s waiting period will be reduced by the amount of time he or she was 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.

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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.

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.

X-rays – One full mouth or Panorex X-ray will be allowed in any 36-month period. One series of bitewing X-rays will be allowed in a twelve-month period under the standard plan designs.

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.

Dependents – Eligible dependents include the insured employee’s spouse and children prior to their 26th birthday who do not work for the firm.
Please complete all sections applicable to the coverages for which you are requesting a proposal. Complete the other side, or attach census data to this RFP.

Producer’s Name as to Appear on Proposal

Agency Name __________________________

Address _________________________________

City _______________ State ____________ ZIP__________________

Phone Number: (________________________ Attn: __________________________

Fax Rates to: (________________________ Attn: __________________________

Email Address: __________________________

Comments or Special Requests: __________________________

VOLUNTARY?

LIFE AD&D

☑ FLAT AMOUNT $________/week on all Full-time Employees

☑ MULTIPLE OF EARNINGS % of Earnings to a max benefit of $________/week

☑ CLASS PLAN (List benefits below.)

STD

☑ FLAT AMOUNT $________/week on all Full-time Employees

☑ PERCENT OF EARNINGS % of Earnings to a max benefit of $________/week

☑ CLASS PLAN (List benefits below.)

LTD

☑ PERCENT OF EARNINGS % of Earnings to $________

☑ CLASS PLAN (List benefits below.)

VISION

☑ Yes ☐ No

BASIC COMMISSION: ☐ STANDARD ☐ % FLAT ☐

OVERRIDE: ☐ STANDARD ☐ % FLAT ☐

CLASS DESCRIPTION – employees in the classes below are to be quoted for the benefits listed at right.

DENTAL

☐ DENTAL “CENTS” (2 to 9)

Percent of Premium Paid By Employer:

☐ Single/Employee Only __________% (25% required)

☐ Family/Employee & Dependents __________%

☐ PLAN A (100/80/50) $1,000 Max, $100 lifetime deductible

☐ PLAN B (100/80/50) $1,000 Max, $25 and $50 contract year deductibles

☐ PLAN C (100) $1,000, $15 Copay Plan

☐ PLAN D (100/80/50) $1,000 Max, $50 contract year deductible

☐ TAKEOVER – PRIOR PLAN

☐ ORTHODONTIA (available for Plan A, Plan B and Plan D only)

ORTHODONTIA TAKEOVER ☐ Yes ☐ No

☐ DENTAL BY DESIGN (10+)

(SEE REVERSE FOR PLAN DESIGN AVAILABILITY AND TO REQUEST A DENTAL PLAN.)

CURRENT RATES

RENEWAL RATES

Employee $ ________ Employee $ ________

E + Sp $ ________ E + Sp $ ________

E + Ch $ ________ E + Ch $ ________

Family $ ________ Family $ ________

Percent of Premium Paid By Employer:

☐ Single/Employee Only __________%

☐ Family/Employee & Dependents __________%

Is this Takeover Coverage? ☐ Yes ☐ No

If Yes, total years with Current Carrier __________

☑ Claims Experience Attached (Required for Groups of 100+)

☑ STD Claims Experience Attached (Groups of 100+)

☑ LTD Claims Experience Attached (Groups of 200+)

CLASS DESCRIPTION – employees in the classes below are to be quoted for the benefits listed at right.
**DENTAL BY DESIGN STANDARD BENEFIT DESIGNS**

For Groups of 10 or More. PPO Option Not Available in All States.

<table>
<thead>
<tr>
<th>Services</th>
<th>$100 Essentials</th>
<th>$100 Choice</th>
<th>$100 Select</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Deductible</td>
<td>$25</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Per Individual</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Family Limit</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Waive for Type I Service?</td>
<td>No Limit</td>
<td>No Limit</td>
<td>No Limit</td>
</tr>
<tr>
<td>Type I – Preventive Services</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>oral exams, cleanings (2 per 12 months), bitewing X-rays (1 per 12 months)</td>
<td>oral exams, cleanings (2 per 12 months), bitewing X-rays (1 per 12 months), space maintainers, pain treatment, sealants</td>
<td>oral exams, cleanings (2 per 12 months), bitewing X-rays (1 per 12 months), space maintainers, pain treatment, sealants</td>
<td></td>
</tr>
<tr>
<td>Type II – Basic Services</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>space maintainers, fillings, pain treatment, sealants, full mouth X-rays</td>
<td>fillings, anesthesia, simple &amp; surgical extractions, endodontics, oral surgery, periodontics</td>
<td>fillings, anesthesia, simple &amp; surgical extractions, endodontics, oral surgery, periodontics</td>
<td></td>
</tr>
<tr>
<td>Type III – Major Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>anesthesia, endodontics, simple &amp; surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants, perio trays</td>
<td>anesthesia, surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants, perio trays</td>
<td>crowns, inlays, onlays, dentures, bridges, implants, perio trays</td>
<td></td>
</tr>
<tr>
<td>Contract Year Deductible</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Limit Per Family</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Waive Deductible for Type I Services?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>(N/A for Lifetime Deductible)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of Cleanings / Exams</td>
<td>1 per 12 months</td>
<td>1 per 12 months</td>
<td>1 per 12 months</td>
</tr>
<tr>
<td>Frequency of Bitewing X-Rays</td>
<td>2 per 12 months</td>
<td>2 per 12 months</td>
<td>2 per 12 months</td>
</tr>
<tr>
<td>Change the Contract Year Maximum</td>
<td>$1,200</td>
<td>$1,200</td>
<td>$1,200</td>
</tr>
<tr>
<td>$500</td>
<td>$500</td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
<td></td>
</tr>
<tr>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
<td></td>
</tr>
<tr>
<td>Add Retiree Dental Benefit</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Change the Premium Rate Structure (Standard is Four Tiers)</td>
<td>Two Tiers</td>
<td>Two Tiers</td>
<td>Two Tiers</td>
</tr>
<tr>
<td>(N/A for Lifetime Deductible)</td>
<td>Three Tiers</td>
<td>Three Tiers</td>
<td>Three Tiers</td>
</tr>
<tr>
<td>Incentive Plan - Percentage Increases in 2nd and 3rd years; No Waiting Periods Apply; Incentive Plan Takeover Only; If Selected, Child Orthodontia Max is $375 annually and $1,000 Lifetime.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>1st yr./2nd yr./3rd yr. Type I-80%/100%/100%</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Type II-50%/65%/80%</td>
<td>Type III-25%/35%/50%</td>
<td>Type IV-25%/35%/50%</td>
<td></td>
</tr>
<tr>
<td>Type IV-Orthodontia 50%</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Waived for Type I Service?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maximum Cap after Increases $2,500/yr.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Change the Orthodontia Option</td>
<td>$750</td>
<td>$750</td>
<td>$750</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Orthodontia Waiting Period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Orthodontia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**THE FOLLOWING DESIGN OPTIONS ARE NOT AVAILABLE WITH THE INCENTIVE PLAN**

- Add a Type II Waiting Period
  - Six Month Wait for Fillings Only
    - Yes
    - No
  - 6 months
  - 12 months

- Change the Type III Waiting Period
  - No Waiting Period
  - Yes
  - No
  - 6 months
  - 24 months

- Increase the Contract Maximum by $250 per Year
  - Maximum Cap after Increases $2,500/yr.
    - Yes
    - No
    - 2 Increases
    - 3 Increases

Your proposal will always include rates for the three Standard Benefit Designs. If no options are requested, please check the box “Propose Standard Benefit Designs – No Options.” To request a Custom Benefit Plan, select one of the three Standard plans and select any changes to the Standard Benefit Design from the “Available Design Options” for that Plan.

95113-PPO
Rev. 1/17
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, implant 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.
what is companion life’s hearing services plan?
It’s a hearing care program combining unlimited choice with quality and value. And it is provided at no additional cost to all employees enrolled in any Companion Life dental plan. The Hearing Services Plan (HSP) may be extended to any family member!

Hearing allows us to experience our world. Music, radio, television, movies and theater are less accessible and enjoyable without it. And the loss of sounds like sirens and alarms can actually endanger our lives.

why have a hearing services plan?
Ten percent of the U.S. population have some form of hearing impairment. And hearing loss is the number three chronic health problem in the country. It is usually treatable, but fewer than 25 percent of people who can benefit are treated, often because of concerns about cost, difficulty in finding a hearing health specialist or confusion about the wide range of options in hearing aid technology.

With the Companion Life Hearing Services Plan, you can get assistance, protection and treatment for your hearing. Brought to you by Companion Life and EPIC Hearing Health Care, this plan gives you easy access to a national network of thousands of hearing health professionals — primarily physicians and audiologists — who can help you achieve your maximum hearing potential throughout your life.

The plan is a negotiated benefit. You pay nothing to join and get reduced rates for most fees and costs associated with your hearing healthcare under the plan.

what does the plan do for you?
The Companion Life Hearing Services Plan identifies and screens qualified experts — physicians and audiologists in your neighborhood. We also research and evaluate hearing aid technology to assure that the latest and most effective options are available to you.

We negotiate the best prices for all treatments, including hearing aids. Prices you get from EPIC may be as much as 50 percent below manufacturers’ suggested retail price and up to 35 percent lower than most discount offers. And we also coordinate the coverage with your existing healthcare plans.
how does someone know when to call?

Hearing loss usually occurs gradually, without pain, discomfort or deformity, but indicators like these should prompt an evaluation:

- Difficulty understanding voices and words (especially those of women and children)
- Occasional ringing in one or both ears
- Itching in the ear canals
- Difficulty understanding in noisy situations
- Turning the TV volume up to understand the dialogue

In addition, more serious symptoms merit immediate attention of a physician:

- Sudden hearing loss
- Spinning or dizziness with vomiting
- Persistent ringing in one ear
- Blood or fluid draining from one or both ears
- Persistent pain in one or both ears

Then you will follow through with an appointment, examination and treatment. All payments should be made to EPIC HSP. No other billing or payments should occur. And you can contact EPIC at any time for assistance, advice and information.

summary of benefits and savings

The Companion Life Hearing Services Plan benefits and savings are:

- Hearing tests
- Hearing aids
- Hearing aid batteries
- Ear protection
- Swim plugs
- Musician earplugs
- Hearing aid cleaning supplies and accessories
- Assistive listening devices
- TV ears (amplifies and clarifies television)
- Alerting and signaling devices

To receive more information about the Companion Life Hearing Services Plan, visit epichearing.com, email epic-admin@epichearing.com or call Customer Service at 866-956-5400.

about the epic organization

EPIC (Ear Professionals International Corporation) is the nation’s largest coalition of hearing healthcare physicians and audiologists. EPIC physicians pioneered and developed many of the current treatments and are recognized nationally as leaders in professional education, hearing diagnostics and interventions.
COMPANION LIFE’S VISION DISCOUNT PLAN

What is Companion Life’s Vision Discount Plan? It’s a vision care program combining unlimited choice with quality and value. And it is provided at no additional cost to all employees and dependents enrolled in any Companion Life dental plan. The provider network and customer service is by EyeMedSM Vision Care.

www.eyemed.com

EXTENSIVE PROVIDER NETWORK

Unlike other programs that may restrict provider options, Companion Life’s Vision Discount Plan offers a nationwide network of convenient, accessible options for eye care. Companion Life, in association with EyeMed Vision Care, offers easy access to thousands of conveniently located vision care providers including optometrists, ophthalmologists, opticians and many leading optical retailers, such as Private Practitioners®, LensCrafters®, Pearle Vision®, Sears Optical®, Target Optical® and JCPenney Optical® locations.

- access to more than 85,000 vision care providers at almost 27,000 locations nationwide
- evening and weekend hours at many locations
- choice of thousands of fashionable, designer frames
- no appointment necessary at most locations

QUALITY VISION CARE

EyeMed has a firm commitment to quality and patient satisfaction. All EyeMed Vision Care providers must meet NCQA credentialing standards. Providers are monitored through EyeMed’s Quality Assurance Program and recredentialing process.

QUALITY PRODUCTS

Companion Life’s Vision Discount Plan members have unlimited choice of available eyewear products. Our members are free to select from any available frame, including designer frames by Luxottica, such as Vogue®, Brooks Brothers®, Anne Klein® and many more.

SUPERIOR VALUE

Members enjoy savings off retail prices at an unlimited frequency.

SERVICE EXCELLENCE

EyeMed focuses on delivering service excellence throughout all areas of program administration, featuring call center representatives available seven days a week, including evenings. It combines innovative solutions with the most current technology to enhance the administrative experience for both clients and members.
COMPANION LIFE’S VISION DISCOUNT PLAN

The Vision Discount Plan is included at no additional cost on any Companion Life dental plan.

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>In Network Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam with Dilation as Necessary</strong></td>
<td>$5 off comprehensive exam</td>
</tr>
<tr>
<td><strong>Contact Lens Follow-up</strong></td>
<td>Additional $5 off contact lens exam</td>
</tr>
</tbody>
</table>

When a complete pair of glasses is purchased (frame, lenses and lens options purchased in the same transaction), the following discounts apply:*  

**Frames**

Any available frame at provider location
35% off retail price when complete pair of eyeglasses purchased; otherwise, 20% discount.

<table>
<thead>
<tr>
<th>Standard Plastic Lenses</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td>$50</td>
</tr>
<tr>
<td>Bifocal</td>
<td>$70</td>
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<tr>
<td>Trifocal</td>
<td>$105</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lens Options</th>
<th>Member Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>UV Coating</td>
<td>$15</td>
</tr>
<tr>
<td>Tint (Solid and Gradient)</td>
<td>$15</td>
</tr>
<tr>
<td>Standard Scratch Resistant Coating</td>
<td>$15</td>
</tr>
<tr>
<td>Standard Polycarbonate</td>
<td>$40</td>
</tr>
<tr>
<td>Standard Anti-Reflective Coating</td>
<td>$45</td>
</tr>
<tr>
<td>Standard Progressive (Add-on to Bifocal)</td>
<td>$65</td>
</tr>
<tr>
<td>Other Add-Ons and Services</td>
<td>20% off retail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Lens Materials (Discount applied to materials only)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional</td>
<td>15% off retail price</td>
</tr>
<tr>
<td>Disposable</td>
<td>No discount</td>
</tr>
</tbody>
</table>

**Laser Vision Correction**

**LASIK or PRK**
15% off retail price or 5% off promotional price

**Frequency**

<table>
<thead>
<tr>
<th>Examination</th>
<th>Unlimited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Lenses or Contact Lenses</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

**THIS IS NOT INSURANCE.**

* Items purchased separately will be discounted 20% off the retail price.

**Since LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location nearest you and the discount authorization, please call 877-5LASER6.**

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemed.com. Members will receive a 20% discount on items not included under plan coverage if purchased at participating providers. This 20% discount may not be combined with any other discounts or promotional offers, and does not apply to EyeMed Provider’s professional services or contact lenses. Retail prices may vary by location. Limitations and exclusions apply.
Visiting family in another state? Traveling abroad for work, school or fun? These are all exciting scenarios that are sure to create happy memories for a lifetime. But what happens when someone slips and breaks a bone, becomes ill and has to be hospitalized – or worse?

No one expects to get sick or injured during a trip, but these things happen. In fact, according to the World Health Organization, injuries are the leading cause of preventable death in travelers. While you can’t always prevent every illness or injury, rest assured that Assist America is here to help you deal with them if they do happen.

What is Assist America?

Assist America provides global emergency medical services* for Companion Life dental insureds like you.† If you become ill or injured while traveling more than 100 miles from home, Assist America supports you with an array of 24/7 services including medical referrals, monitoring, evacuation, repatriation and much more.

Assist America does not replace medical insurance during emergencies away from home. It does completely arrange and pay for the associated assistance services it provides — without limits on the cost. This alleviates many of the obstacles and expenses that medical emergencies away from home can cause.

With Assist America in your pocket, you’ll have a team of professionals at your side to help you through medical emergencies while traveling. And best of all, it’s a value-added perk that comes at no additional cost for all Companion Life dental insureds.

One call to the number on your Assist America identification card will connect you to:

**Worldwide response capabilities around the clock**

**Experienced crisis management professionals**

**Air and ground ambulance service providers**

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*Assist America must arrange and provide all services. It will not accept claims for reimbursement. For detailed service descriptions, refer to your company’s service certificate.

† To be eligible for Assist America services, dental coverage must be both insured and administered through Companion Life Insurance Company. This information can be found on the back of your dental benefits card.
Life Savers, Problem Solvers

Assist America has been helping travelers with medical emergencies big and small since 1990. Whether it’s refitting an air ambulance to accommodate a special needs patient, commissioning a toboggan for transport down Mount Kilimanjaro, or something as simple as locating lost luggage, Assist America is committed to resolving the emergencies of its member — no matter what it takes.

Key Services:

- Medical consultation, evaluation and referral
- Hospital admission assistance
- Emergency medical evacuation
- Medical monitoring
- Prescription assistance
- Compassionate visit
- Care of minor children
- Return of mortal remains
- Emergency trauma counseling
- Lost luggage assistance
- Interpreter and legal referrals
- Pre-trip information
- Return of vehicle
- And much more!

To print out your ID card and for a full list of conditions and exclusions, please visit AssistAmerica.com. Companion Life dental insureds should select the Member Login, and enter ID number 01-AA-CLD-08119.

Assist America Mobile App

Download the FREE Assist America Mobile App for iPhone and Android. Then, log in with your reference number. With the Assist America Mobile App you can:

- Call Assist America’s Operation Center from anywhere in the world with the touch of a button
- Access pre-trip information and country guides
- Search for local pharmacies (US only)
- View a list of services
- Download a membership card right to your Smartphone
- Search for the nearest US embassy
- Read Assist Alerts
Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you’re assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance online at contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838。 (Vietnamese)

이 건보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187 로 연락주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. PC 명조 (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839。 (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840。 (Russian)

إن كان لديك أو لدى شخص تساعدته أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة للتحدث مع مترجم اتصل ب 89-1-844-396-0189 (Arabic)
Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu’un que vous êtes en train d’aider, a des questions à propos de ce plan médical, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

واگر شما یا فردی که به او یا کمک‌می کنید سوالاتی در باره‌ی این برنامه‌ی بهداشتی داشته‌اید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره‌ی 6233-844-398-1 نمایید. (Persian-Farsi)