

Companion Life's Voluntary Dental Premier Plan

ABC Sample Group

The Companion Premier Plan This plan covers allowable charges for dental services at 100% coverage for preventive services, 80% coverage for basic services and 50% coverage for major services. The combined lifetime deductible is only \$100 per person which applies to all covered dental services.

Class I - Preventive Services - There is no waiting period with 100% allowable charges, after deductible.

- 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)

Class II - Basic Services - There is no waiting period with 80% allowable charges, after deductible.

- 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)

Class III - Major Services - There is a 12 month waiting period with 50% allowable charges, after deductible.

- Endodontics (includes root canals)
- Periodontics
- Surgical teeth removal and other oral surgery
- Medically appropriate anesthesia related to covered surgery
- Space maintainers
- Dental Implants (age 17 and up)
- Major restorative services (crowns and inlays)
- 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.

Deductibles and Maximums:

The Companion Life Premier Dental Plan has a lifetime deductible of \$100 per person, which applies to all covered dental services except orthodontic services when selected. There is a combined contract year benefit maximum of \$1,000 per person excluding orthodontic services.

Class IV - Orthodontics Services

Takeover benefits apply with a 12-month waiting period with 50% allowable charges, no deductible.

- \$1,000 Lifetime maximum
- Children under age 19 only

Disclaimer: This is a summary of benefits only. Please refer to the policy for comprehensive benefit details. Payment is based upon allowable charges in the area in which the service is rendered. Any dentist charge above the allowable charge is not a covered expense.

Monthly Cost

Employee **\$ 27.90**

Employee Plus 1 **\$ 57.67**

Employee Plus 2 **\$ 69.68**

Employee Plus 3 or more **\$ 91.34**



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*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 expenses 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 coverage 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 provision 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 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 expense.
16. Procedures for which benefits are payable under the employers 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 that 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 in 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 planting (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