



# Dental Cents<sup>®</sup>

**A COMMON SENSE  
DENTAL PLAN  
FOR GROUPS OF  
2 THROUGH 9  
EMPLOYEES**

# Dental Cents Benefits

Dental “Cents” is fully insured by Companion Life Insurance Company and offers groups with two to nine employees the choice of four plans. No other coverage is required and [you and your employees have your choice of Dentists](#).

Covered Services	Dental Cents Plans			
	Plan A	Plan B	Plan C	Plan D
<b>Class I Preventive Services</b>				
Routine Exams and cleanings (two per 12 months)				
Fluoride treatment for children under age 16 (one per 12 months)				
Bitewing X-Rays (one per 12 months)	100%	100%	100%	100%
X-rays (full mouth or panorex, one per 60 months)				
X-rays of the roots of teeth				
<b>Class II Basic Services</b>				
Simple restorative services (fillings)				
Simple tooth removal	80%	80%	N/A	80%
Emergency treatment for dental pain (minor procedures)				
Sealants for children ages 6 through 15 (one per tooth per 36 months)				
Space Maintainers for children under age 16				
<b>Class III Major Services</b>				
Endodontics (includes root canals)				
Periodontics				
Major restorative services (crowns and inlays)				
Prosthodontics (bridges and dentures)	50%	50%	N/A	50%
Surgical tooth removal and other oral surgery				
Medically appropriate anesthesia related to a covered surgery				
Denture relines (if over six months after installation)				
Recementation and repair of crowns, inlays, bridges and dentures				
<b>Class IV Orthodontia Services (Optional)</b>				
No deductible, children under age 19 only	50%	50%	N/A	50%
Separate Lifetime Maximum	\$1,000	\$1,000	N/A	\$1,000
Waiting Period	12 Months	12 Months	N/A	12 months
<b>Coinsurance/Plan Provisions</b>				
Contract Year Maximum per person	\$1,000	\$1,000	\$1,000	\$1,000
Lifetime Deductible per person, applies to all covered services except orthodontia	\$100	N/A	N/A	N/A
Preventive services deductible per person per contract year	N/A	\$25 Preventive	N/A	N/A
Basic and major services deductible per person per contract year	N/A	\$50 Basic and Major	N/A	\$50 Basic and Major
Three deductibles per family limit	N/A	N/A	N/A	Yes
Copay per visit	N/A	N/A	\$15	N/A
Waiting Period on major services	12 months	12 months	N/A	12 months

## Takeover Benefits (If requirements below are met)

Takeover means that we give employees credit for waiting periods they have accumulated for similar coverages under your current group dental plan. For Takeover consideration the following are required:

- Evidence that your current carrier’s coverage has been in force for at least 12 months prior to the effective date of your Companion Life Dental plan.
- A copy of your most recent bill that includes a listing of all covered employees with their effective dates noted.
- A copy of the inforce dental plan (contract, certificate or booklet).

## Dental Eligibility Guidelines

**Firms:** Sole proprietorships, partnerships or corporations with at least two full-time employees, including active, full-time owners or partners, are eligible.

**Employees:** All active, full-time employees working at least 30 hours per week, including active, full-time owners or partners are eligible. Those employed on the date the firm becomes insured with Companion Life are eligible on that date. New employees hired after that date are eligible upon completion of the waiting period selected by the employer.

**Dependents:** Eligible dependents include the insured employee's spouse and unmarried children prior to their 25th birthday who do not work for the firm.

**Non-standard and Ineligible Industries:** Some industries are not eligible under this program, and others require special rating consideration. Refer to the rate information insert to this brochure for details, or contact Companion Life directly for more information.

Companion Life reserves the right to reject any business or industry which does not, in our opinion, represent a sound underwriting risk.

## Participation Requirements

**Employee Participation:** The Dental "Cents" insurance plans are designed for businesses with 2-9 employees, and must be offered to all eligible employees of the business (see definition of "eligible employees" under Dental Eligibility Guidelines above). It is not acceptable to "carve out" or split off a specific class of employee to be insured. **For employer groups of 2-5 employees, all employees must be insured under the program. For employer groups of 6-9 employees, all employees less one must be insured under the program.**

Firms that fall below minimum employee participation will have **90 days** to bring the participation to the required level. If less than the required number of employees are insured after 90 days, the firm's coverage will be terminated.

No individual who is eligible for coverage as an employee can be insured as a dependent. If two eligible employees are married, both must be covered as employees, with only one insuring eligible children.

**Dependent Participation:** There is no participation requirement for dependents.

**Employer Contribution:** The employer must contribute a minimum of 25% of the cost of employee dental insurance for all covered employees.

## My Insurance Companion

**What is My Insurance Companion?** An innovative Web-based technology designed especially for Companion Life Dental Providers and Members. It's free. It's secure.

**Members may use My Insurance Companion** to check claims status, verify eligibility, request an ID card, view Explanation of Benefits (EOB), receive pre-treatment estimate status and ask customer service.

**Dental Professionals may use My Insurance Companion** to enter claims online, verify patient eligibility, check claims status, check the status of services rendered using the graphical tooth display and view dental pre-estimate and orthodontic letters.



## Miscellaneous Benefits

### **Predetermination of Benefits:**

As a service to protect the insured, Companion Life 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 Life for review and predetermination of benefits before the service begins.

### **Coordination of Benefits:**

Employees and their dependents should not make a profit from being insured under more than one group insurance policy. To prevent this from happening, most group insurance policies include a coordination of benefits provision. The coordination of benefits provision under this plan allows for coordination of benefits with any other group payments. When all benefits are added together, no more than 100 percent of the covered expenses will be paid.

### **Companion Life Dental Plan**

**Changes:** Should an employer switch from one Companion Life plan to another, employees will be given credit for waiting periods accumulated.

### **RATES ARE GUARANTEED FOR 12 MONTHS.**

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

# 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 Plans A, B and D 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. Any Basic and Major services under Plan C.
7. Harmful-habit appliance therapy.
8. Orthodontics or any services associated with orthodontic therapy under Plan C or under Plans A, B and D 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. Major services under Plans A, B and D in the first 12 months that you or your dependents are covered, except as may be provided in the takeover benefits provision.
19. Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge under Plans A, B and D 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.
20. Initial placement of any prosthetic appliance or fixed bridge, under Plans A, B and D 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.
21. Addition of teeth to an existing prosthetic appliance or fixed bridge under Plans A, B and D 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.
22. Duplication of appliances or replacement of lost or stolen appliances.
23. 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 temporo- mandibular joint.
24. 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.
25. Any services related to equilibration, bite registration or bite analysis.
26. Crowns for the purpose of periodontal splinting.
27. 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.
28. Charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.

Some Products Not Available In All States

COMPANION®



**P.O. Box 100102**

**Columbia, SC 29202-3102**

**800-753-0404**

**E-mail: [c.life@companiongroup.com](mailto:c.life@companiongroup.com)**

**[www.CompanionLife.com](http://www.CompanionLife.com)**



**Rate  
Information**

# Dental Cents<sup>®</sup>

**A COMMON SENSE  
DENTAL PLAN  
FOR GROUPS OF  
2 THROUGH 9  
EMPLOYEES**

# Standard Industry Code (SIC) Factors

**FACTOR IS 1.00 IF SIC CODE IS NOT SHOWN BELOW**

## Industry Discount

	<b>SIC Code</b>	<b>Discount</b>	<b>SIC Factor</b>
Agriculture	0100-0999	-15%	.85
Mining	1000-1499	-15%	.85
Construction	1500-1999	-15%	.85
Manufacturing	2000-3999	-10%	.90
Transportation	4000-4299	-10%	.90
	4400-4499	-10%	.90
Pipeline	4600-4699	-10%	.90
Transport Services	4700-4799	-10%	.90
Utilities	4900-4999	-10%	.90

## Industry Surcharge

	<b>SIC Code</b>	<b>Surcharge</b>	<b>SIC Factor</b>
Banking, Investments	6000-6299	+10%	1.10
Insurance	6300-6499	+10%	1.10
Real Estate	6500-6699	+10%	1.10
Holding Companies	6700-6999	+10%	1.10
Amusement Companies	7800-7999	+10%	1.10
Health Services	8000-8049	+15%	1.15
	8070-8099	+15%	1.15
Legal Services	8100-8199	+15%	1.15
Miscellaneous Services/Organizations	8300-8999	+15%	1.15
Public Administration	9000-9999	+15%	1.15
Education	8200-8299	+25%	1.25

Dentists and Dental Labs (SIC 8021, 8072) Ineligible For Dental Coverage

Companion Life reserves the right to decline to propose benefits for any business or industry which does not, in our opinion, represent a sound underwriting risk.

# Base Rates

Rates Are Guaranteed For 12 Months.

Effective January 1, 2010

PLAN A Monthly Base Rate													
Dental Cents - Plan A - Jan 2010 - Mar 2010													
\$100 Lifetime Deductible, 100/80/50, 12 month waiting period on Class III Procedures, \$1,000 Max													
	Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L	Area M
Employee	\$25.31	\$26.64	\$27.98	\$29.61	\$31.26	\$32.90	\$34.55	\$36.51	\$38.50	\$40.80	\$42.78	\$45.41	\$47.70
Employee + 1	\$48.11	\$50.62	\$53.17	\$56.28	\$59.38	\$62.50	\$65.66	\$69.39	\$73.14	\$77.52	\$81.28	\$86.29	\$90.62
Employee + 2+	\$75.69	\$79.65	\$83.66	\$88.56	\$93.45	\$98.34	\$103.32	\$109.18	\$115.10	\$121.99	\$127.90	\$135.78	\$142.60
PLAN B Monthly Base Rate													
Dental Cents - Plan B - Jan 2010 - Mar 2010													
\$25 Preventive and \$50 Basic & Major Contract Year Deductibles, 100/80/50, 12 month waiting period on Class III Procedures, \$1,000 Max													
	Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L	Area M
Employee	\$24.82	\$26.11	\$27.43	\$29.03	\$30.63	\$32.23	\$33.87	\$35.78	\$37.73	\$39.98	\$41.92	\$44.50	\$46.75
Employee + 1	\$47.15	\$49.61	\$52.11	\$55.15	\$58.20	\$61.24	\$64.35	\$67.99	\$71.67	\$75.96	\$79.66	\$84.56	\$88.81
Employee + 2+	\$74.18	\$78.06	\$81.99	\$86.78	\$91.58	\$96.37	\$101.25	\$107.00	\$112.80	\$119.54	\$125.34	\$133.06	\$139.75
PLAN C Monthly Base Rate													
Dental Cents - Plan C - Jan 2010 - Mar 2010													
\$15 Copay per Visit, 100/0/0, \$1,000 Max													
	Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L	Area M
Employee	\$11.22	\$11.81	\$12.40	\$13.12	\$13.85	\$14.57	\$15.31	\$16.18	\$17.06	\$18.07	\$18.96	\$20.12	\$21.14
Employee + 1	\$21.31	\$22.43	\$23.56	\$24.94	\$26.31	\$27.69	\$29.09	\$30.74	\$32.41	\$34.34	\$36.01	\$38.22	\$40.15
Employee + 2+	\$40.18	\$42.28	\$44.40	\$47.00	\$49.59	\$52.19	\$54.83	\$57.95	\$61.09	\$64.74	\$67.88	\$72.07	\$75.69
PLAN D Monthly Base Rate													
Dental Cents - Plan D - Jan 2010 - Mar 2010													
\$50 Contract Year Deductible, 100/80/50, 12 month waiting period on Class III Procedures, \$1,000 Max													
	Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L	Area M
Employee	\$28.30	\$29.77	\$31.27	\$33.10	\$34.93	\$36.75	\$38.62	\$40.81	\$43.02	\$45.60	\$47.81	\$50.75	\$53.30
Employee + 1	\$53.76	\$56.56	\$59.42	\$62.89	\$66.37	\$69.84	\$73.38	\$77.53	\$81.73	\$86.63	\$90.83	\$96.42	\$101.28
Employee + 2+	\$84.59	\$89.01	\$93.49	\$98.96	\$104.43	\$109.89	\$115.47	\$122.01	\$128.62	\$136.31	\$142.93	\$151.73	\$159.36

See Dental "Cents" brochure (95067) for information on policy benefits and limitations.

Orthodontia (optional – available only with Plans A, B and D) – Monthly Base Rate \$4.65 (All Areas)

Add to all dependent rates – Employee plus 1, Employee plus 2 plus

## Quarterly Adjustment Factor

April 2010 - June 2010 1.02    July 2010 - September 2010 1.03    October 2010 - December 2010 1.04  
Applied to Base Rates Above

## Rate Formula

Using Rates For    PLAN A     PLAN B     PLAN C     PLAN D

Proposed Effective Date \_\_\_\_\_ Area \_\_\_\_\_

	Monthly Rate	Quarterly Adjustment Factor	SIC Factor	Orthodontia Rate (Optional for Plans A, B and D)	Number Enrolling	Cost
Employee Only	\$ _____	x _____	x _____	N/A	x _____	= \$ _____
Employee +1	\$ _____	x _____	x _____	+ _____	x _____	= \$ _____
Employee +2+	\$ _____	x _____	x _____	+ _____	x _____	= \$ _____
				Monthly Administration Fee	+	\$ 15.00
				Total Cost		\$ _____



P.O. Box 100102, Columbia, SC 29202

DENTAL EMPLOYER PARTICIPATION APPLICATION FOR THE JOINT EMPLOYER GROUP INSURANCE TRUST

EMPLOYER (APPLICANT) INFORMATION (Please Print or Type)

Legal Name of Employer \_\_\_\_\_

Type of Business (Sole Proprietorship, Partnership, Corporation, etc.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Contact \_\_\_\_\_ Title \_\_\_\_\_ (Person to contact concerning coverages)

No. of Eligible Employees : \_\_\_\_\_ No. of Eligible Employees Enrolled: \_\_\_\_\_

Effective Date Requested: \_\_\_\_\_ SIC Code and Nature of Business: \_\_\_\_\_

(The firm's effective date will be the first or the 15th of the month following written acceptance by Companion Life Insurance Company.)

How many years in this business? \_\_\_\_\_ How many years at this location? \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ No. of Family Members in Organization: \_\_\_\_\_

PLAN DESCRIPTION

PLAN REQUESTED:

- Plan A: I - 100% II - 80% III - 50% - \$1,000 Annual Maximum - \$100 Lifetime Deductible
Plan B: I - 100% II - 80% III - 50% - \$1,000 Annual Maximum - \$25/\$50 deductible
Plan C: I - 100% II - N/A III - N/A - \$1,000 Annual Maximum - \$15 copay per visit
Plan D: I - 100% II - 80% III - 50% - \$1,000 Annual Maximum - \$50 Contract Year Deductible

Are Orthodontia Benefits requested? (Plans A, B and D only) [ ] Yes [ ] No

Are Takeover Benefits requested? [ ] Yes [ ] No If yes, please provide the following:

- a. Name of Prior Carrier: \_\_\_\_\_
b. Effective Date of Prior Plan: \_\_\_\_\_ c. Termination Date of Prior Plan: \_\_\_\_\_

Also, submit a copy of your previous insurance carrier's most recent billing statement as well as a certificate or letter of acceptance that shows the effective date of your policy along with a copy of your previous carrier's certificate, booklet or schedule of benefits. If prior carrier's bill does not include the effective date of each employee's coverage, please note this information next to each employee's name so we can give the correct credit for transfer of benefits.

Employment Waiting Period: [ ] 1 Month [ ] Other: \_\_\_\_\_ (No waiting period applies to those employed on the effective date.)

Coverage following the completion of the waiting period selected will be effective on the first or the 15th of the month only.

The employer agrees to contribute the following percentage of the cost of employee dental insurance for all covered employees \_\_\_\_\_% (25% required)

FRAUD WARNING: (Not Applicable in AZ, FL, MD, OR, VA): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits (in TX, may be committing) a fraudulent insurance act, which is a crime and subjects (in KS, which may be determined by a court of law to be a crime which subjects) such person to criminal and civil penalties.

FRAUD WARNING: (FL only): Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Participation Agreement (Administered and underwritten by Companion Life Insurance Company)

The Participant hereby applies for Group Insurance Benefits as set forth in the above "Dental Employer Participation Application for the Joint Employer Group Insurance Trust" and subscribes to the Agreement and Declaration of Trust.

Name of Trust: The Joint Employer Group Insurance Trust

It is understood and agreed by the undersigned that the Trustee is not an insurer, nor does the Trustee have any obligation under any policy of insurance and that all claims for and benefits provided by insurance being applied for herein shall be made to and payable by the Insurance Companies issuing group policy(ies) to the Trustees, but only to the extent and in strict accordance with the provisions of such policy(ies). The Trust agreement and the group policy(ies) held by the Trustee are available for inspection during regular business hours by the Participant at the office of the Administrator, Companion Life Insurance Company, located at 7909 Parklane Road, Suite 200, Columbia, SC 29223-5666.

(Signature of Employer/Applicant)

(Title) (Date)

This is to certify that I, the undersigned agent, have truly and accurately recorded on this application form the information supplied.

(Signature of Agent/Broker) (Date)

Print Agent/Broker's Name License No.

FOR HOME OFFICE USE

Accepted by Administrator Effective: \_\_\_\_\_

By: \_\_\_\_\_

(Title) (Date)

# Area Table

(By First 3 Digits of ZIP Code)

<b>Alabama</b>	C	<b>Kansas</b>		<b>Mississippi</b>		<b>Pennsylvania</b>	
<b>Arkansas</b>	C	661-662	D	392	D	190-192	I
<b>Delaware</b>		660, 672	C	All Others	C	189, 193-194	H
197, 198	I	664-668	B	<b>Missouri</b>		180-181	F
All Others	D	All Others	A	640-641, 649	E	150-152, 176, 179	E
<b>District of Columbia</b>	M	<b>Kentucky</b>		631	D	182-183, 186-188	E
<b>Florida</b>		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	<b>Louisiana</b>		All Others	A	164-166, 168	D
341	I	701	G	<b>Montana</b>		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	<b>Rhode Island</b>	H
320, 322, 326-328	G	<b>Maine</b>		<b>Nebraska</b>	A	<b>South Dakota</b>	C
338, 344, 347	G	040-041	H	<b>Nevada</b>	F	<b>Tennessee</b>	
All Others	F	042, 044-046, 048	G	All Others		372	D
<b>Georgia</b>		All Others	F	<b>New Hampshire</b>		All Others	C
303, 311, 399	G	<b>Maryland</b>		030-031, 033	I	<b>Texas</b>	
300	F	208-209	L	All Others	H	752-753, 770-772	G
301, 302	E	207	K	<b>North Carolina</b>		750-751	F
305-306, 308-309	C	206	I	276, 282	F	733, 760-761, 786-787	E
307, 310, 312-314	B	212	H	271, 277	E	762-763, 773-775	D
316-319, 398	B	210-211, 214, 219	G	270, 272-275	D	790-792	C
All Others	A	215, 217	F	280-281, 286-289	D	All Others	B
<b>Idaho</b>		All Others	E	All Others	C	<b>Vermont</b>	G
833, 835-838	D	<b>Massachusetts</b>		<b>North Dakota</b>	C	<b>Virginia</b>	
All Others	C	021-022	K	<b>Ohio</b>		201, 220-223	J
<b>Illinois</b>		016-018, 024-026, 055	J	441-443, 452	F	224-225, 233-237	G
600, 602, 606-608	J	013-015, 019-020	I	430-432, 436, 440	E	226-232, 238, 244	F
601, 603	I	023, 027	I	434-435, 444-445, 447	D	240-241	D
604-605	H	010-011	H	450-451, 454, 456	D	All Others	C
610-611, 627	E	All Others	G	All Others	C	<b>Washington</b>	
609, 613-618, 623	D	<b>Michigan</b>		<b>Oklahoma</b>		980-981	L
All Others	C	480	J	730-731, 740-741	E	985-986, 990-992	K
<b>Indiana</b>		481-483	I	All Others	D	All Others	J
462	F	484-485	G	<b>Oregon</b>		<b>West Virginia</b>	C
463-466	E	488-489	F	972	J	<b>Wisconsin</b>	
460-461, 467-469	D	486-487, 490-492	E	970-971	I	532, 534, 537, 543	G
473, 479	D	All Others	D	974-979	H	549	F
All Others	C	<b>Minnesota</b>		All Others	G	530-531, 539, 547	E
<b>Iowa</b>		550, 551, 553-555	G	<b>Wyoming</b>		All Others	D
500-503, 509	D	556-564	F				
All Others	C	All Others	D				

# How To Enroll

- 1 Arrive at final rates for the group by:
  - A. Determining the group's **rate area**, **quarterly adjustment factor** and **SIC factor** using charts included;
  - B. Then, determining the monthly **base rates** for the group's desired plan on the enclosed Rate Sheet and completing the Rate Formula at the bottom of the Rate Sheet.
- 2 Complete the Employer Participation Application. If Takeover from a previous dental carrier, please submit:
  - A. A copy of their previous insurance carrier's most recent billing statement;
  - B. A certificate or letter of acceptance from their previous insurance carrier that shows the effective date of their policy; and
  - C. A copy of their previous insurance carrier's certificate, booklet or schedule of benefits.
- 3 Have an Employee Enrollment Card completed by each full-time employee.
- 4 Have the group's check for one month's premium payable to: **Companion Life Insurance Company**.
- 5 Mail Rate Calculation, Employer Participation Application, Employee Enrollment Cards and the check to:

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

If you have any questions, please call **1-800-753-0404** and ask for **Group Marketing**.



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

(800) 753-0404    FAX (800) 836-5433

E-mail: [c.life@companiongroup.com](mailto:c.life@companiongroup.com)

[www.CompanionLife.com](http://www.CompanionLife.com)

# companion *global* dental

A MONEY-SAVING ADVANTAGE THAT EVERYONE CAN SMILE ABOUT!

## WHAT IS COMPANION GLOBAL DENTAL?

Companion Global Dental is an affordable choice for dental care. It offers additional dental care options to patients at international medical facilities and works with agents, employers, individuals and third party administrators.

With skyrocketing costs for dental procedures, people are discovering the advantages of traveling outside the U.S. for dental procedures. Patients can enjoy significant savings, and Companion Global Dental makes the process easy and comfortable by providing help with all travel plans — even arranging for tourism opportunities so patients can enjoy their surroundings in between dental appointments.

Companion Life is the first national dental insurer to offer Companion Global Dental as an added-value service to its dental plans at no additional cost.

## WHY TRAVEL FOR DENTAL CARE?

Most of the reasons you need dental care are not emergencies. This includes basic restorative dentistry like crowns, implants, bridges and other procedures. Because they are not emergencies, it means you have time to plan and choose a dentist.

Companion Global Dental now gives you another option to consider — dental tourism in Costa Rica.

You can now take care of your smile without breaking your budget.



Companion Global Dental gives you a money-saving alternative for dental care, and a chance to enjoy a tropical vacation with experts available to guide you every step of the way.

Savings you can smile about with Companion Global Dental.

### HOW DOES THIS PROGRAM WORK WITH AN INDIVIDUAL DENTAL PLAN?

- **Review your dental plan to find out exactly what is covered and what isn't. You'll find the phone number on the back of your insurance ID card.**
- **Ask if you will need any pre-certifications or preauthorizations. Get details on how to get them, if necessary.**
- **When you talk to your dental plan representative, take notes. Write down the person's name and the date in case you need to reference it later. Ask any questions you need to understand your exact benefits.**
- **Make sure you have a current insurance ID card and be sure to pack it with you! Always carry your ID card during your trip.**

### THERE ARE MANY BENEFITS OF DENTAL TOURISM!

**Quality care** You shouldn't have to sacrifice quality for savings. You can enjoy both with the Companion Global Dental network of dental facilities in Costa Rica. All the dental professionals and facilities included in the Companion Global Dental network are thoroughly vetted against strict guidelines, and then carefully selected by Companion Global Healthcare.

And many of the professionals practicing at network hospitals have trained in the U.S. and are members of American dental associations.

**Patient-focused service** Companion Global Dental's network dental facilities cater to international patients and have designed their facilities to center around the patient experience. You'll find each facility has English-speaking staff dedicated to making your visit as comfortable as possible. And transportation to and from the airport, as well as your appointments, will all be provided or arranged with Companion Global Dental.

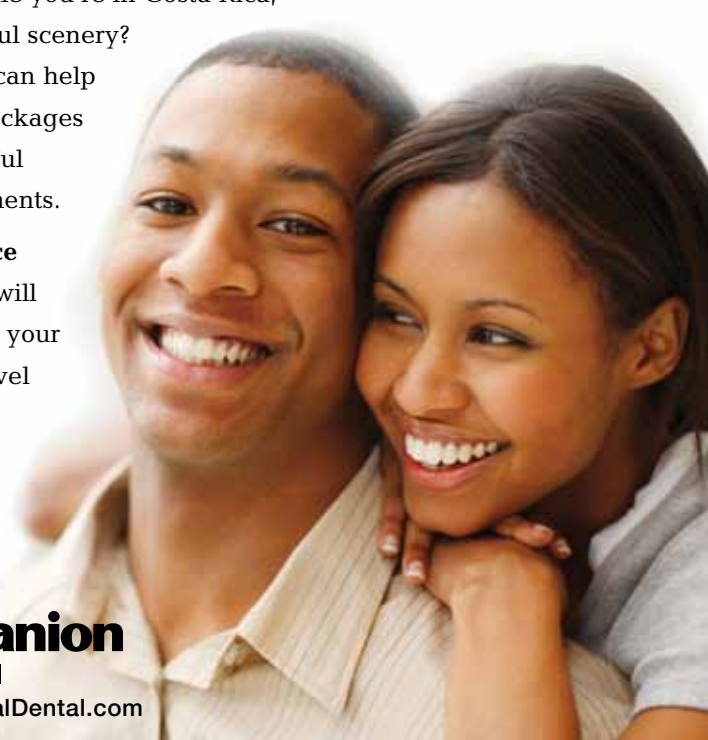
**More choices** Sometimes a benefit plan doesn't cover a dental procedure you may need. Or maybe you have exhausted your benefits and simply can't afford to pay out of pocket. With the money you'll save by traveling abroad, you may not have to put off needed procedures or improving your smile.

**Significant cost savings** Do your research and compare costs. You may be surprised at how much money you can save even when you factor in travel costs. Do you need a few crowns? Implants? Other significant dental work? Or are you interested in cosmetic dentistry? If you are putting it off because of the expense, you now have an option to receive dental care at a fraction of the cost.

You can have nearly any dental procedure done and take advantage of significant savings at one of our network dental clinics in Costa Rica. When you compare the costs, you may be surprised at how much you can save ... enough to add in a tropical vacation!

**Tourism opportunities** While you're in Costa Rica, why not take in the beautiful scenery? Companion Global Dental can help arrange a variety of tour packages so you can enjoy a wonderful vacation between appointments.

**Round-trip customer service** Companion Global Dental will help you with all aspects of your trip, from assisting with travel plans to making sure you choose a network facility.



# vision discount plan

## INTRODUCING 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 **free of charge** to all employees and dependents enrolled in any Companion Life plan. The provider network and customer service is by EyeMed Vision Care.

[www.eyemedvisioncare.com](http://www.eyemedvisioncare.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 LensCrafters®, Target Optical®, Sears Optical®, JCPenney Optical® and Pearle Vision® locations.

- **access to more than 35,000 vision care providers at 18,000 convenient locations nationwide**
- **evening and weekend hours at many locations**
- **choice of thousands of fashionable, designer frames**
- **no appointment necessary, and service in "about an hour" 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 of up to 40% 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. They combine innovative solutions with the most current technology to enhance the administrative experience for both clients and members.



# vision discount plan

## COMPANION LIFE'S VISION DISCOUNT PLAN

The Vision Discount Plan is included **free of charge** on all Companion Life insurance products.

### Vision Care Services

**Exam with Dilation as Necessary**

**Contact Lens Follow-up**

### In Network Only

\$5 off comprehensive exam

Additional \$5 off contact lens exam

**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.

### Standard Plastic Lenses

**Single Vision**

**Bifocal**

**Trifocal**

### Member Pays

\$50

\$70

\$105

### 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**

### Member Pays

\$15

\$15

\$15

\$40

\$45

\$65

20% off retail

### Contact Lens Materials (Discount applied to materials only)

**Conventional**

**Disposable**

15% off retail price

No discount

### Laser Vision Correction\*\*

**LASIK or PRK**

15% off retail price or 5% off promotional price

### Frequency

Examination

Frame

Lenses or Contact Lenses

Unlimited

Unlimited

Unlimited

### THIS IS NOT INSURANCE.

\* Items purchased separately will be discounted 20% off of 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 1-877-5LASER6.

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.eyemedvisioncare.com](http://www.eyemedvisioncare.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 com-

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.

**Contract Term:** Discount valid

for 24 months from your group's

effective date.

# hearing *services* plan

HEAR THE DIFFERENCE

## 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 **free of charge** to all employees enrolled in any Companion Life 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% 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% below manufacturers' suggested retail price and up to 35% lower than most discount offers. And we also coordinate the coverage with your existing healthcare plans.

# hearing *services* plan

HEAR THE DIFFERENCE

## 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**

## getting started is easy!

To activate your **Companion Life Hearing Services Plan** benefits, call EPIC Hearing Health Care at 1-866-956-5400.

EPIC will send you a card with all the information you need to access your benefits, including

referrals to providers near you

and activation forms to access

them. You get a booklet

outlining all the plan

benefits, including

detailed pricing. And

you get a personal EPIC

phone contact who can

answer any questions you may have.

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 [www.epichearing.com](http://www.epichearing.com), e-mail [epic-admin@epichearing.com](mailto:epic-admin@epichearing.com) or call Customer Service at 1-866-956-5400.

## 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.

