

dental by design

A COMPLETE DENTAL INSURANCE PORTFOLIO

FROM COMPANION LIFE.



dental by design

Considering dental insurance for groups with 10 or more employees?

What features and benefits are important to you?

flexible options.

versatile plan designs.

reasonable premiums.

Have it all with Companion Life!

Companion Life recognizes that dental insurance needs can vary by group, industry and region. Employers are looking for benefit programs that are unique and flexible. We took a close look at these dental insurance needs and went “to the drawing board” to create exceptional and practical Group Dental Insurance plans for employer groups of 10 or more.

You asked for affordable, progressive dental insurance solutions. We listened. Your objectives and your needs are our inspiration. **Dental by Design**SM plans are developed with maximum flexibility in mind — for you and your employee groups!

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.

A wide choice of options is 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

| SERVICES | DENTAL ESSENTIALS | DENTAL CHOICE | DENTAL SELECT |
|---------------------------------------|--|---|---|
| Program Deductible | | | |
| Per Individual | \$100 Lifetime | \$100 Lifetime | \$100 Lifetime |
| Family Limit | No Limit | No Limit | No Limit |
| Waived for Type I Services? | No | No | No |
| Type I | 100% | 100% | 100% |
| Preventive Services | oral exams, cleanings (two per 12 months), bitewing X-rays (one per 12 months) | oral exams, cleanings (two per 12 months), bitewing X-rays (one per 12 months), space maintainers, pain treatment, sealants | oral exams, cleanings (two per 12 months), bitewing, X-rays (one per 12 months), space maintainers, pain treatment, sealants, full mouth X-rays |
| Type II | 80% | 80% | 80% |
| Basic Services | space maintainers, fillings, pain treatment, sealants, full mouth X-rays | full mouth X-rays, fillings, simple extractions, endodontics | fillings, anesthesia, endodontics, simple and surgical extractions, oral surgery, periodontics |
| Benefit Waiting Period | None | None | None |
| Type III | 50% | 50% | 50% |
| Major Services | anesthesia, endodontics, simple and surgical extractions, oral surgery, periodontics, crowns, inlays onlays, dentures, bridges, implants | anesthesia, surgical extractions, oral surgery, periodontics, crowns, inlays onlays, dentures, bridges, implants | crowns, inlays, onlays, dentures, bridges, implants |
| Benefit Waiting Period | 12 months | 12 months | 12 months |
| Contract Year Maximum | \$1,000 | \$1,200 | \$1,500 |
| Type IV Orthodontia (Optional) | 50% | 50% | 50% |
| Lifetime Maximum | \$1,000 | \$1,000 | \$1,000 |
| Deductible | None | None | None |
| Benefit Waiting Period | 12 months | 12 months | 12 months |

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

Companion Life Insurance Company has specialized in group benefits for more than 30 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.

COMPANION LIFE

**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

www.CompanionLife.com

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

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.

What are the advantages of having a dental program? An enhanced employee benefit program; Improved employee health and attendance; A boost in employee morale; A competitive edge when recruiting and retaining talented employees. Furthermore, the Surgeon General's 2002 report on *Our Health for America* notes that cost is the major impediment to obtaining adequate dental care. Fifty-six percent of employees without dental insurance rank it, after medical coverage, as the most-desired employee benefit.

What are the employer contribution and employee participation requirements? For employer contribution plans, a minimum of 25 percent employer contribution and 50 percent employee participation is required. There is no dependent participation requirement. For 100 percent employee paid plans, either 20 percent employee participation or three employees must participate, whichever is greater.

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 CompanionSM! Go to www.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 1-800-765-9603.

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.

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 her 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 dental insurance policy that was in effect the day before this policy became effective and takeover benefits have been approved by Companion Life, all employees insured under the prior plan on the date the prior plan terminated are eligible for appropriate credit for time served under the prior dental policy.



Your *dental by design* Proposal

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)

dental by design

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 they were 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 dental insurance policy that was in effect the day before this Policy became effective and Takeover Benefits have been approved by Companion Life, all employees insured under the prior plan on the date the prior plan terminated are eligible for appropriate credit for time served under the prior dental policy.

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.



Companion Life Insurance Company • P.O. Box 100102 • Columbia, South Carolina 29202-3102

1-800-753-0404

FAX (803)735-0736

REQUEST FOR PROPOSAL (RFP)

SHADED AREAS MUST BE COMPLETED

| | |
|------------|-------------------|
| Date _____ | Date Needed _____ |
|------------|-------------------|

Group Name _____

City _____ ST _____ Zip _____

Nature of Business or SIC Code _____
of Employees _____

Requested Effective Date: ____ / ____ / ____

Current Carrier(s) _____

Comments or Special Requests: _____

STANDARD % FLAT

STANDARD % FLAT

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

Employer Contribution → _____ %

Current Rate → _____ Per \$1,000

Renewal Rate → _____ Per \$1,000

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+)

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: () _____

Fax Rates to: () _____ Attn: _____

E-mail Address: _____

LIFE AD&D

FLAT AMOUNT

\$ _____ on all Full-time Employees

MULTIPLE OF EARNINGS

_____ x Earnings on all Employees to max of \$ _____

CLASS PLAN

(List benefits below.)

_____ %

_____ Per \$1,000

_____ Per \$1,000

LIFE REDUCTIONS

35% at 65, Terminate at 70 or Retirement (Groups of 2 to 9)

35% at 65, 50% at 70, 75% at 75. Terminate at Retirement (Groups of 10+)

Other _____

Extended Death Benefit (2-9 Employees)

Waiver of Premium (10+ Employees)

Dependent Life Amount

Spouse \$ _____

Child(ren) \$ _____

Life Claims Experience Attached (Groups of 150 +)

VOLUNTARY?

Yes

No

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.)

_____ %

_____ Per \$10

_____ Per \$10

SHORT TERM DISABILITY

_____ day(s) accident

_____ days sickness

_____ weeks

STD Claims Experience Attached (Groups of 100 +)

VOLUNTARY?

Yes

No

LTD

PERCENT OF EARNINGS

_____ % of Earnings to \$ _____ max monthly benefit on all Full-time Employees (STANDARD)

CLASS PLAN

(List benefits below.)

_____ %

_____ Per \$100

_____ Per \$100

ELIMINATION PERIOD

90 Days 180 Days

120 Days Other _____

BENEFIT INTEGRATION

Primary and Family (Standard)

Primary Only

BENEFIT DURATION

To Age 65 RBD

5 Year 2 Year

OWN OCC DEFINITION

2 Yr. 3 Yr. 5 Yr.

To 65

LTD Claims Experience Attached (Groups of 200+)

VOLUNTARY?

Yes

No



STANDARD BENEFIT DESIGNS

For Groups of 10 or More

| Services | <input type="checkbox"/> Dental Essentials | <input type="checkbox"/> Dental Choice | <input type="checkbox"/> Dental Select |
|---|--|--|--|
| Program Deductible Per Individual Family Limit Waived for Type I Service? | \$100 Lifetime No Limit No | \$100 Lifetime No Limit No | \$100 Lifetime No Limit No |
| Type I – Preventive Services | 100% oral exams, cleanings (2 per 12 months), bitewing X-rays (1 per 12 months) | 100% oral exams, cleanings (2 per 12 months), bitewing X-rays (1 per 12 months), space maintainers, pain treatment, sealants | 100% oral exams, cleanings (2 per 12 months), bitewing X-rays (1 per 12 months), space maintainers, pain treatment sealants, full mouth X-rays |
| Type II – Basic Services (Waiting Period) | 80% space maintainers, fillings, pain treatment, sealants, full mouth X-rays None | 80% full mouth X-rays, fillings, simple extractions, endodontics None | 80% fillings, anesthesia, simple & surgical extractions, endodontics, oral surgery, periodontics None |
| Type III – Major Services (Waiting Period) | 50% anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants 12 months | 50% anesthesia, surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants 12 months | 50% crowns, inlays, onlays, dentures, bridges, implants 12 months |
| Contract Year Maximum | \$1,000 | \$1,200 | \$1,500 |
| Type IV – Orthodontia \$1,000 Lifetime Maximum Deductible (Waiting Period) | 50% <input type="checkbox"/> Yes <input type="checkbox"/> No None 12 months | 50% <input type="checkbox"/> Yes <input type="checkbox"/> No None 12 months | 50% <input type="checkbox"/> Yes <input type="checkbox"/> No None 12 months |
| Takeover Benefit | Preferred | Preferred | Preferred |
| <input type="checkbox"/> NO DESIGN OPTIONS – Issue Standard Benefit Design (above) | | | |

– OR –

| Choose Design Options (if any) (below) | Dental Essentials | Dental Choice | Dental Select |
|---|--|---|---|
| Incentive Plan - Percentage Increases in 2 nd and 3 rd years; No Waiting Periods Apply; Incentive Plan Takeover Only; If Selected, Child Orthodontia Max is \$375 annually and \$1,000 Lifetime. | <input type="checkbox"/> Yes <input type="checkbox"/> No 1 st yr./2 nd yr./3 rd yr. Type I-80%/100%/100% Type II-50%/65%/80% Type III-25%/35%/50% Type IV-25%/35%/50% | <input type="checkbox"/> Yes <input type="checkbox"/> No 1 st yr./2 nd yr./3 rd yr. Type I-80%/100%/100% Type II-50%/65%/80% Type III-25%/35%/50% Type IV-25%/35%/50% | <input type="checkbox"/> Yes <input type="checkbox"/> No 1 st yr./2 nd yr./3 rd yr. Type I-80%/100%/100% Type II-50%/65%/80% Type III-25%/35%/50% Type IV-25%/35%/50% |
| Contract Year Deductible per Individual Limit Per Family Waive Deductible for Type I Services? (N/A for Lifetime Deductible) | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> 3 <input type="checkbox"/> No Limit <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> No Limit <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> No Limit <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Frequency of Cleanings / Exams | <input type="checkbox"/> 1 per 12 months | <input type="checkbox"/> 1 per 12 months | <input type="checkbox"/> 1 per 12 months |
| Frequency of Bitewing X-Rays | <input type="checkbox"/> 2 per 12 months | <input type="checkbox"/> 2 per 12 months | <input type="checkbox"/> 2 per 12 months |
| Change the Contract Year Maximum | <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,200 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,200 <input type="checkbox"/> \$2,000 |
| Add Retiree Dental Benefit | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Change the Premium Rate Structure (Standard is Four Tiers) | <input type="checkbox"/> Two Tiers <input type="checkbox"/> Three Tiers | <input type="checkbox"/> Two Tiers <input type="checkbox"/> Three Tiers | <input type="checkbox"/> Two Tiers <input type="checkbox"/> Three Tiers |

THE FOLLOWING DESIGN OPTIONS ARE NOT AVAILABLE WITH THE INCENTIVE PLAN

| | | | |
|--|--|--|--|
| Change Coinsurance | <input type="checkbox"/> 100/50/50 <input type="checkbox"/> 80/80/50 | <input type="checkbox"/> 100/50/50 <input type="checkbox"/> 80/80/50 | <input type="checkbox"/> 100/50/50 <input type="checkbox"/> 80/80/50 |
| Add a Type II Waiting Period Six Month Wait for Fillings Only | <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Yes | <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Yes | <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Yes |
| Change the Type III Waiting Period | <input type="checkbox"/> No Waiting Period <input type="checkbox"/> 6 months <input type="checkbox"/> 24 months | <input type="checkbox"/> No Waiting Period <input type="checkbox"/> 6 months <input type="checkbox"/> 24 months | <input type="checkbox"/> No Waiting Period <input type="checkbox"/> 6 months <input type="checkbox"/> 24 months |
| Increase the Contract Maximum by \$250 per Year Maximum Cap after Increases \$2,500/yr. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 Increases <input type="checkbox"/> 3 Increases | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 Increases <input type="checkbox"/> 3 Increases | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 Increases <input type="checkbox"/> 3 Increases |
| Change the Orthodontia Option Orthodontia Lifetime Maximum Orthodontia Waiting Period Adult Orthodontia | <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> 24 months <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> 24 months <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> 24 months <input type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Takeover Option | <input type="checkbox"/> Standard Takeover | <input type="checkbox"/> Standard Takeover | <input type="checkbox"/> Standard Takeover |

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.



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.



RETIREE DENTAL/VISION ELECTION FORM

P.O. Box 100102 • Columbia, SC 29202-3102
1-800-753-0404 • Fax (803) 735-0736

First Name

Middle Initial

Last Name

I am age 55 or older, I am retiring and I am currently enrolled in Companion Life's dental plan through my employer. I wish to continue my Companion Life:

- Dental Benefits
- Dental and Vision Benefits

For:

- myself only
- myself and my currently covered dependent(s).

I understand that I will be billed at home and that an extra \$5.00 monthly administrative fee will be added to my premium.

Signed: _____ Date: _____

Required to be Completed by Employer:

As the group administrator for (group name) _____
(group number) _____, I certify that the above employee has
voluntarily terminated his/her employment with our company on (retirement date) _____
and is eligible to continue dental/vision benefits as a retiree for as long as our policy is in effect with
Companion Life.

vision discount plan

INTRODUCING COMPANION LIFE'S VISION DISCOUNT PLAN

What is Companion Life's
Vision Discount Plan?

It's a managed 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.

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®, and most 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, with continued savings after the initial benefit has been used.

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 | In Network Only |
| Exam with Dilation (as necessary) | \$5 off exam |
| Contact Lens Fit and Follow-up | |
| Standard and Premium | \$10 off 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 | Member Pays |
| Single Vision | \$50 |
| Bifocal | \$70 |
| Trifocal | \$105 |

| | |
|---|--------------------|
| Lens Options | Member Pays |
| UV Coating | \$15 |
| Tint (Solid and Gradient) | \$15 |
| Standard Scratch Resistant Coating | \$15 |
| Standard Polycarbonate | \$40 |
| Standard Anti-Reflective Coating | \$45 |
| Standard Progressive (Add-on to Bifocal) | \$65 |
| Other Add-Ons and Services | 20% off retail |

Contact Lens Materials (Discount applied to materials only)

| | |
|---------------------|----------------------|
| Conventional | 15% off retail price |
| Disposable | No discount |

Laser Vision Correction**

Lasik or PRK

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

Frequency

| | |
|--------------------------|-----------|
| Examination | Unlimited |
| Frame | Unlimited |
| Lenses or Contact Lenses | Unlimited |

* 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. 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.

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

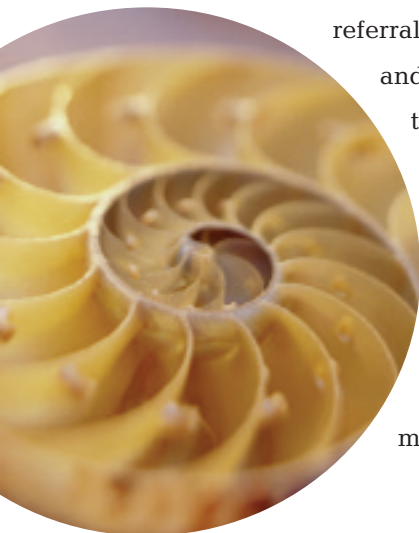
TV ears (amplifies and clarifies television)

Alerting and signaling devices

To receive more information about the Companion Life Hearing Services Plan, visit www.epichearing.com, e-mail 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.



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.

