Companion Life

This is an outline of Dental Insurance Coverage underwritten by Companion Life Insurance Company.

# Dental Insurance Benefit Summary

| High Adult/Child Ortho | YOU PAY | |
|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK |
| **Class I: Diagnostic/Preventive Services**<br>• Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays | 0% | 0% |
| **Class II: Basic Services**<br>• Oral Surgery • Extractions • Restorations (composite white and silver fillings) • Anesthesia (in conjunction with oral surgery) • Endodontic Services • Periodontal Services | 20% | 20% |
| **Class III: Major Services**<br>• Crowns • Bridges • Dentures • Inlays • Other Prosthetic Services • Implants | 50% | 50% |
| **Class IV: Orthodontia Services**<br>No Waiting Period | 50% | 50% |
| **Covered Expenses** | Percentage of coverage is paid at the pre-negotiated fees. | Percentage of coverage is paid based on the 90th percentile usual and customary rates (UCR) |
| **Maximum Benefit** per contract year for all Class I, III and III expenses. | $2,000 per person | |
| **Orthodontic Lifetime Maximum Benefit** for Adults and Dependent Child(ren) | $1,500 per person | |
| **Deductible** applicable to Class II and III covered expenses.<br>*Deductible is based on contract year with a maximum of three (3) deductibles per family ($150)* | $50 per person | |

## Monthly Premium

**4 Tier**

| Employee | Employee plus Spouse | Employee plus Child(ren) | Employee plus Family |
|---|---|---|---|
| $ 35.02 | $ 78.16 | $ 80.56 | $ 119.70 |

***Rates effective 01/01/27***

The above provides only a brief description of your dental insurance plan. Please refer to the policy for complete details including limitations and exclusions. For more information, please contact BenefitSource toll free at 888-862-8659.

Visit our website at **BenefitSource.org** for a current list of PPO providers in your area.

BenefitSource

**Marketed by BenefitSource, Inc.**
1804 Juan Tabo NE, Suite A, Albuquerque, NM 87112
Telephone 505-237-1501 or 888-862-8659
505-237-8344 Fax

MPC0926102VEN

These benefits are provided by Policy Form No. CL-DEN-1100-P-NM.

95813_BS Dental_High_Adult_OrthoRev. 01/01/2027

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Learn more about Companion Life's Nondiscrimination Notice and Foreign Language Access – http:/www.companionlife.com/non-discrimination-statement

# DENTAL by Design

This is an outline of Dental Insurance Coverage underwritten by Companion Life Insurance Company.

**Exclusions – Dental Insurance**

Covered Expenses will not include and no benefits will be payable for the following:

- Expenses in any Class of services that are incurred during the Insured's waiting period for services in that Class (as shown in the Schedule of Benefits), except as may be provided under the Takeover Provisions provision. An Insured is not eligible for Takeover Provisions if Takeover Provisions are not provided, or if Takeover Provisions are provided but the person:
    - is a Late Entrant;
    - became insured under the Policy after the Employer's Effective Date; or
    - was not insured under the Employer's prior plan that was replaced by coverage under the Policy.
- 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.
- Initial placement of any full or partial denture, implants, fixed bridge, or other prosthetic appliance during any period of continuous coverage for the Insured under the Policy, unless such placement is needed because of the extraction of one or more of the Insured's natural teeth during the same period of continuous coverage. Any portion of the expense that is identifiable as applying specifically to the replacement of a tooth extracted before that period of continuous coverage is not a Covered Expense. The extraction of a third molar (wisdom tooth) does not qualify the appliance for payment. Any such appliance must include the replacement of the extracted tooth or teeth.
- Replacement of any full or partial denture, fixed bridge, other appliance, crown, inlay, onlay, or other precious or semiprecious metal restoration within 5 years of the date of the last placement of the item. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under the Policy, it will be a Covered Expense. In any event, replacement is not a Covered Expense if the item can instead be repaired or otherwise restored to adequate function.
- Replacement of an existing implant and/or 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. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under the Policy, it will be a Covered Expense. In any event, replacement is not a Covered Expense if the item can instead be repaired or otherwise restored to adequate function.
- Addition of a new tooth or teeth to an existing full or partial denture, fixed bridge, or other prosthetic appliance during any period of continuous coverage for the Insured under the Policy, unless such addition is a replacement of a natural tooth or teeth extracted during the same period of continuous coverage. The extraction of a third molar (wisdom tooth) does not qualify the appliance for payment.
- Any expense incurred before the Insured's insurance under the Policy starts; or any expense incurred during any period of continuous coverage for the Insured under the Policy if the procedure starts before the period of continuous coverage starts.
- Any procedure that starts, or any expense that is incurred (regardless of when the procedure starts), after the Insured's insurance under the Policy ends. But this exclusion does not apply for any denture, partial denture, fixed bridge, other appliance, crown, inlay, onlay, or other precious or semiprecious metal restoration if both:
    - the procedure starts while the Insured's insurance under the Policy is in effect; and
    - the expense is incurred within 90 days after the Insured's insurance under the Policy ends.
- Duplication of appliances, or replacement of lost or stolen appliances.
- Appliances, restorations, or procedures to:
    - alter vertical dimension;
    - restore or maintain occlusion;
    - splint or replace tooth structure lost as a result of abrasion or attrition; or
    - treat jaw fractures or disturbances of the temporomandibular joint.
- Any procedure that is not shown on the list of Covered Dental Expense Procedures.
- Education or training in, or supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
- Charges for broken appointments or the completion of claim forms.
- Root planing (procedure numbers D4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
- Charges because of an Insured's injury arising out of, or in the course of, work for wage or profit.
- Charges because of an Insured Individual sickness, injury, or condition for which he or she is eligible for benefits under any workers' compensation act or similar laws.
- Charges for which the Insured Individual is not liable or which would not have been made had no insurance been in force.
- Services that:
    - are not recommended by a Dentist;
    - are not required for necessary care and treatment; or
    - do not have a reasonably favorable prognosis.
- Charges because of an Insured's sickness, injury, or other condition due to war or any act of war, declared or not, or sustained while on full-time active duty in the armed forces of any country.
- Benefits payable to an Insured Individual if payment is not legal where the Insured Individual is living when expenses are incurred.
- Services related to: equilibration; bite registration or bite analysis.
- Crowns for the purpose of periodontal splinting.
- Charges for overdentures, precision or semi-precision attachments and associated endodontic treatment, any other customized attachments,

This Benefits Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

Companion Life

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800-753-0404 | 800-836-5433 fax
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or any specialized prosthodontic techniques or characterizations.
- Charges for: myofunctional therapy, orthognathic surgery, or athletic mouthguards.
- Implant or implant services where loss of the tooth was prior to the Insured Individual's Effective Date of coverage under the Policy.
- Procedures for which benefits are payable under the Employer's medical expense benefit plan for Employees and their Dependents. See the Coordination of Benefits provision for an explanation.
- Services rendered by the Insured's Spouse, parent, parent-in-law, brother or sister, brother-in-law or sister-in-law, child (of the Insured or the Insured's Spouse), or any person residing in the Insured's household.

95813_BS Dental_STD_No_OrthoRev. 01/01/2027
95813_BS Dental_STD_Child_OrthoRev. 01/01/2027
95813_BS Dental_STD_Adult_OrthoRev. 01/01/2027
95813_BS Dental_High_No_OrthoRev. 01/01/2027
95813_BS Dental_High_Child_OrthoRev. 01/01/2027

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