

DENTAL by Design

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

Rates Effective: 01/01/24

Grey Havens LLC

Group Number 785-14-06270

DENTAL Modified Essentials

Defined Contribution Insurance Plan Option 3

Program Deductible Per Individual Family Limit Waived for Type I Services	\$100 Lifetime No Limit No
Type I Preventive Services	100% oral exams, cleanings (two per 12 months), bitewing X-rays (one per 12 months)
Type II Basic Services Benefit Waiting Period	80% space maintainers, fillings, pain treatment, sealants, full mouth X-rays None
Type III Major Services Benefit Waiting Period	50% anesthesia, endodontics, simple and surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges, implants 12 months
Contract Year Maximum	\$1,000
Type IV Orthodontia	Not Available

*Payment is based upon allowable charges in the area in which service is rendered.
 Any dentist charge above the allowable charge is not a covered expense.*

Monthly Rates (12 pay periods) Rates are guaranteed for 12 months.

Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
\$ 42.61	\$ 82.78	\$ 101.04	\$ 134.73

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.



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 CompanionLife.com

These benefits are provided by CL-DEN-1000-P-OH.

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Limitations - Dental Insurance

I. Covered Expenses will not include and no benefits will be payable:

1. for Class III Procedures in the first 12 months that the insured is covered under this plan except:

- a. when this plan replaces the insured's coverage under the employer's prior plan;
- b. the prior plan contained similar benefits for Class III Procedures as this plan;
- c. the prior plan had been in effect for at least 18 months; and
- d. takeover benefits have been approved by Companion Life.

2. in the first twelve months that a person is insured if the person is a Late Entrant; except for exams, cleanings and fluoride application.

3. 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.

4. 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. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this section, it will be a Covered Expense.

5. for initial placement of any prosthetic appliance, implants or fixed bridge unless such placement is needed because of the extraction of one or more teeth while the Insured is covered under this section. But 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.

6. for any procedure begun before the Insured was covered under this section.

7. for any procedure begun after the Insured's insurance under this section terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's insurance under this section terminates.

8. to replace lost or stolen appliances.

9. 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; or
- d. treat disturbances of the temporomandibular joint.

10. for any procedure which is not shown on the List of Dental Procedures

11. for education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.

12. for the completion of claim forms.

13. for orthodontia service, Class IV, 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; or
- b. incurred by a dependent child age 19 or over (unless optional Adult Orthodontia Benefit is Selected); or
- c. for any services payable under any other provisions of the policy; or
- d. for any services in the first 12 months the insured person is covered under the policy.

14. for sealants which are:

- a. not applied to a permanent molar.
- b. applied after attaining age 17.
- c. reapplied to a molar within 3-years from the date of a previous sealant application.

15. 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.

16. because of an injury arising out of, or in the course of, work for wage or profit.

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17. by an Insured because of a sickness, injury or condition for which he or she is eligible for benefits under any Worker's Compensation act or similar laws.
18. for charges for which the Insured is not liable or which would not have been made had no insurance been in force.
19. for services which are not recommended by a dentist or which are not required for necessary care and treatment.
20. because of war or any act of war, declared or not.
21. to an Insured if payment is not legal where the Insured is living when expenses are incurred.
22. Any services related to: equilibration; bite registration or bite analysis.
23. Crowns for the purpose of periodontal splinting.
24. Charges for: any implants, precision or semi-precision attachments, and any endodontic treatment associated with it; or other customized attachments.

II. Payment For Services During The First 12 Months Shall Be Limited As Follows:

If:

- (1) this plan replaces the insured's coverage under the employer's prior plan;
- (2) the prior plan contained similar benefits as this plan; and
- (3) this results in continuous coverage, then, 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.