



**Companion Life**

# Dental & Vision Plan

NORTH DAKOTA

Administered by:



Total Dental Administrators

Marketed by:



**DirectBenefits**

**Voluntary and 75%  
Participation  
Group Dental Plans**

**In & Out of Network Plan  
Choose Your Own Dentist for  
Employees 2-200  
Annual Maximums up to  
\$5,000**

# Voluntary and 75% Participation Group Dental Plans

## COVERED SERVICES

This plan includes coverage for both In and Out of Network Benefits.

- > In Network Benefits: 100% Class I, 90% Class II and 60% Class III
- > Out of Network Benefits: 100% Class I, 80% Class II and 50% Class III

This plan also includes a \$1,000 contract/calendar year maximum and a \$100 lifetime deductible that applies to Class I, II, and III covered services for all members, in addition to a 12 month rate guarantee. Out of pocket savings are best when visiting an In Network Provider\*. However, members can visit any Provider they choose. Payment is based upon allowable charges in the area in which the services is rendered. Members who receive services from an Out of Network Provider may be balance billed for services. All "Out of Network" service allowances are calculated at 90% of the "Usual and Customary" rates.

\*See "Dental Network" section for additional details.

### CLASS I DIAGNOSTIC & PREVENTIVE SERVICES

- > Oral Exams - two per 12 months
- > Cleanings - two per 12 months
- > Fluoride Treatments - one treatment per 12 months to age 16
- > Bitewing X-Rays - one set per 12 months

### CLASS II BASIC SERVICES

- > Fillings - Composite
- > Space Maintainers - children under 16
- > Sealants - one per tooth per 36 months (ages 6-16)
- > Emergency Care - dental main (minor procedures)

### CLASS III MAJOR OR PANOREX SERVICES

- > Full Mouth or Panorex X-rays - one set per 36 months
- > Crowns, Inlays, and Onlays
- > Prosthodontics, Dentures, and Bridges
- > Endodontics (includes root canals)
- > Periodontics
- > Oral Surgery and Anesthesia
- > Simple Extractions
- > X-rays of the Roots of Teeth
- > Dental Implants (age 17+)

	PPO	90% U&C	Lifetime Deductible (Combined)
	Coinsurance In Network Provider	Coinsurance Out of Network Provider	
CLASS I	100%	100%	\$100
CLASS II	90%	80%	\$100
CLASS III	60%	50%	\$100

### Participation Requirements

Minimum of two full-time enrolled employees for groups with two to nine eligible employees. Minimum of three full-time enrolled employees for groups with 10 or more eligible employees.

### Waiting Period for Class III

A 12-month waiting period will be applied to all covered procedures. There is an option to remove waiting periods that apply to Class III services for a 7% rate increase.

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

## TAKEOVER CREDIT

If a group has at least 12 continuous months of prior comparable coverage and no gap between that coverage and the Companion Life effective date, all members of the group will receive a waiver of the Companion Life waiting periods. This waiver DOES NOT apply to employees/dependents who join the group or enroll for coverage after the initial Companion Life effective date.

## \$100 LIFETIME DEDUCTIBLE

Applies to Class I, II, and III services combined, per person. If a group has at least 12 months continuous coverage with a \$100 Lifetime deductible on its prior plan and converts to a Companion Life plan with a \$100 Lifetime deductible, members of the group will receive credit for the \$100 Lifetime deductible.

## OPTIONAL \$0/\$0, \$25/\$75, \$50/\$150 ANNUAL DEDUCTIBLE

The group has the option to change the \$100 lifetime deductible to a \$0/\$0, \$25/\$75, or \$50/\$150 contract/calendar deductible per person/family that applies to Class II and III services. There is a 26% rate increase to the base rate for a \$0/\$0 deductible, 8% for the \$25/\$75 deductible and 5% for the \$50/\$150 deductible.

## OPTIONAL \$1,500, \$2,000, \$2,500, \$3,000 or \$5,000 MAX BENEFIT

The group can choose to increase the contract/calendar year maximum benefit for this plan to \$1,500, \$2,000, \$2,500, \$3,000 or \$5,000. There is a 10% increase to the base rate for \$1,500, 15% for \$2,000, 20% for \$2,500, 25% for \$3,000 and 50% for \$5,000.

## OPTIONAL ENDO/PERIO/ORAL SURGERY TO CLASS II

The group can choose to have endodontics, periodontics and oral surgery covered under Class II services for a 15% increase.

## OPTIONAL ORTHODONTIC SERVICES

Adult and Child benefits are available for an additional premium for employers with two or more enrolled employees. Coverage is reimbursed at 50% after the first 12 months with a lifetime maximum benefit of \$1,000, or \$1,500.

## MISSING TOOTH PROVISION

There is no missing tooth exclusion with this coverage.

---

### NOTE

A monthly administrative fee of \$15 will be included for the employer group. The \$15 fee will be waived if the employer is paying by ACH bank draft or Visa/Mastercard.

### INDUSTRY FACTORS

Excluded Industries:  
Dentists & Dental Labs

### RATED INDUSTRIES (20% LOAD)

Schools  
Government  
Legal/Law Firms

### DENTAL NETWORKS - TO FIND A PROVIDER

MN & WI Employees: Premier Network is primary | [premier-dental.com](http://premier-dental.com)

ND, UT & AZ Employees: TDA Network is primary | [tdadental.com](http://tdadental.com)

All Other State Employees: Dentemax Network is primary | [dentemax.com](http://dentemax.com)

# 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.
2. For any treatment that 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. For orthodontia services, when this optional coverage is not elected and the premium not paid. In any event, 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
10. For sealants that are:
  - a. not applied to a permanent molar
  - b. applied before age 6 or 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 16.
12. Because of an injury arising out of, or in the course of, work for wage or profit or for an injury, sickness or condition eligible for benefits under workers' compensation.
13. For services that are not recommended by a dentist or that 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.

## 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.

# Vision Plan

---

## VISION BY DESIGN - CEC

Vision by Design - CEC plans are unique in the marketplace. Their simplicity, affordability, and network access make them the preferred choice of employees and benefits managers alike.

Each plan includes:

- > An eye exam once a year (\$15 copay)
- > An annual allowance for eyewear (\$15 copay)
- > A contact lens fitting once a year (\$15 copay)

### Eyewear Allowance

Under each plan, the CEC eyewear allowance is completely flexible. Members can apply their allowance to any items sold in an optical shop, including:

Frames	Prescription or	Oversize lenses
Single-vision lenses	non-prescription sunglasses	Polaroid lenses
Standard bifocals	Polycarbonate lenses	Faceted lenses
No-line bifocals	UV protection	Polished beveled lenses
Trifocals	High-index lenses	Prisms
Progressive lenses	Transition lenses	Contact lens solutions
Disposable contact lenses	Scratch-resistant coating	
Gas-permeable contact lenses	Anti-reflective coating	
Toric contact lenses	Tints	

### CEC'S National Provider Network

With CEC'S expansive network of retail optical chains, optometrists and ophthalmologists, members can easily find a provider who meets their needs. Participating retail chains include LensCrafters, Walmart, JCPenney, Eyemart Express, Pearle Vision, Visionworks and many more. If a member happens to see a doctor who is out-of-network, the member still receives their full coverage benefit.

# Vision Plan

---

## Plan Features

### EYEWEAR DISCOUNTS

Members who exceed their allowance are eligible for discounts on the overage when seeing a network provider - a 20% discount for glasses (frames and/or lenses), and a 10% discount for contact lenses.

### OUT-OF-NETWORK BENEFIT

Members who obtain exams and eyewear from an out-of-network provider still receive their full covered benefit. The member simply submits a claim to CEC and is reimbursed for the cost of their exam (minus the copay) and for the cost of their eyewear, up to the amount of their eyewear allowance (minus the copay).

### PORTABILITY BENEFIT

Existing CEC members who terminate the employment are given the opportunity to enroll in the portability plan within 60 days of their termination date. Coverage commences on the first day of the month following the receipt of the member's completed form. New membership cards are mailed to the member prior to their new effective date.

### LASIK

Members can save up to 50% relative to national averages at any one of more than 900 QualSight LASIK providers.

## Participation

### VOLUNTARY RATES

Use the voluntary rates if the employees pay the entire cost of the vision plan. Either three employees or 20% of your eligible group must participate, whichever amount is greater.

### NON-VOLUNTARY RATES

Use the non-voluntary rates if the employer contributes a minimum of 25% of the cost of the employee vision insurance for all covered employees. For employer groups of 2-5 employees, all employees must enroll in the plan. For employer groups of 6-9, all employees less one must enroll in the plan. For employer groups of 10 or more employees, a minimum of 50% of all eligible employees must participate.

### MONTHLY ADMINISTRATION FEE

For employer groups of 2-9 participating employees, a \$15 monthly administration fee will apply. If sold with a Companion Life Dental Plan, only the dental monthly administration fee will apply. There is no monthly administration fee for vision groups with 10 or more participating employees.

### RATE GUARANTEE

Rates are guaranteed for 3 years.