



benefits for employees that benefit employers

# Dental Plans VOLUNTARY



Almost everyone experiences dental problems, yet only half see their dentists for regular visits — visits that could keep tooth troubles from happening in the first place. Instead, they wait — because they don't have dental coverage — until the problem gets worse, and they have to take time off for treatment. That's why the Companion Life Voluntary Dental Plans are so valuable. Two plans — one for comprehensive dental services and one for more limited services. **You select the one plan to be offered to your employees.** Low rates. Easy payment through payroll deduction. A lifetime deductible of only \$100. No network limitations — employees visit the dentists of their choice!

## DEDUCTIBLES AND MAXIMUMS

Both the Companion Premier Plan and the Advantage Plan have a lifetime deductible of \$100 per person. This deductible applies to all covered dental services (Preventive, Basic and Major combined) except orthodontia services when selected. The Companion Premier Plan has a combined contract year benefit maximum of \$1,000 per person excluding orthodontia services when selected. The Advantage Plan has a combined contract year maximum benefit for all covered services of \$1,000 per person.

## ELIGIBILITY

To qualify for either of these benefit plans, either three employees or 20% of your eligible group must participate, whichever amount is greater. You select the plan that's best for your employees. Employers with 100 or more eligible employees may elect to offer both the Premier and Advantage plans for employee choice. Orthodontia must have three enrollees.

## ABOUT COMPANION LIFE

Companion Life Insurance Company has specialized in group benefits for more than 35 years. It has earned an A.M. Best rating of A+ (Superior). We've earned these high marks due to our fiscal strength, investment practices and sound management. Now, we want to earn your trust by giving you the highest level of service and responsiveness possible. Talk with your Companion Life agent today. See for yourself how the Companion Life Voluntary Dental Plans are benefit plans that benefit you.

## TAKEOVER BENEFITS

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 Voluntary 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 in-force dental plan (contract, certificate or booklet).

## PREDETERMINATION OF BENEFITS

For your employees' protection, Companion Life will provide predetermination of benefits for recommended treatment plans that exceed \$300. This benefit helps employees better understand their coverage. It explains which recommended procedures we will cover and at what amount. Employees should submit the treatment plan to Companion Life for review and predetermination of benefits *before* receiving the service.

## The Companion Premier Plan

The Premier Dental Plan covers allowable charges for dental services at 100% coverage for preventive services, at 80% coverage for basic services and at 50% coverage for major services. The combined lifetime deductible is only \$100 per person which applies to all covered dental services. This comprehensive plan features:

### ***Preventive services:***

- Routine exams and cleanings (two per 12 months)
- Fluoride treatment for children under age 19 (one per 12 months)
- Bitewing X-rays, (one per 12 months)
- Emergency treatment for dental pain (minor procedures)

### ***Basic services:***

- Simple restorative services (fillings)
- Simple teeth removal
- Sealants for children ages 6 through 15 (one per tooth per 36 months)
- X-rays (full mouth or panorex, one per 36 months)
- X-rays of the roots of teeth

### ***Major services:*** (12-month waiting period)

- Endodontics (includes root canals)
- Periodontics
- Surgical teeth removal and other oral surgery
- Medically appropriate anesthesia related to covered surgery
- Space maintainers
- Major restorative services (crowns and inlays)
- Dental implants (age 17 and up)
- Prosthodontics (bridges, dentures)
- Denture relines (if over six months after installation)
- Recementation and repair of crowns, inlays, bridges and dentures

### ***Orthodontia Services*** (optional):

- No deductible, 50% coverage
- \$1,000 lifetime maximum
- Children under 19 only
- 12-month waiting period

## The Companion Advantage Plan

This plan pays 100% coverage of allowable charges for preventive services, 80% coverage for basic services and 50% coverage for certain major services after a combined \$100 lifetime deductible (all covered services). It features:

### ***Preventive services:***

- Routine exams and cleanings (one per 12 months)
- Fluoride treatment for children under age 19 (one per 12 months)
- Bitewing X-rays, (one per 12 months)
- Emergency treatment for dental pain (minor procedures)

### ***Basic services:*** (6-month waiting period)

- Simple restorative services (fillings)
- Sealants for children ages 6 through 15 (one per tooth per 36 months)

### ***Major services:*** (12-month waiting period)

- Endodontics (includes root canals)
- Periodontics
- Teeth removal and other oral surgery
- Medically appropriate anesthesia related to covered surgery
- X-rays of the roots of teeth
- X-rays (full mouth or panorex, one per 36 months)
- Space maintainers

### ***Major Services which are not covered:***

- Dentures, bridges, inlays, onlays and all associated charges
- Crowns, except associated with a root canal procedure performed while covered under this plan

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

*This is a general outline of covered benefits and does not include all the benefits, limitations and exclusions of the policy. Please see your certificate for details.*

**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 the Companion Premier Plan 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. Under the Advantage Plan, for prosthodontics (including, but not limited to, dentures or bridges); crowns (except associated with a root canal procedure performed while covered under the Advantage Plan), inlays, onlays, implants or other precious or semiprecious metal restorations.
7. Harmful-habit appliance therapy.
8. Orthodontics or any services associated with orthodontic therapy 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 not have 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. Basic services under the Advantage Plan incurred during the first six months that you or your dependents are covered, except as may be provided in the takeover benefits provision.
19. Major services in the first 12 months that you or your dependents are covered, except as may be provided in the takeover benefits provision.
20. Major services under the Advantage Plan which are not specifically listed as covered in the group policy and certificate of coverage.
21. Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge under the Premier Plan 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 10 years from the placement date of such device and only then if it is unserviceable and cannot be made serviceable. 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.
22. Initial placement of any prosthetic appliance, implants or fixed bridge under the Premier Plan 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.
23. Addition of teeth to an existing prosthetic appliance or fixed bridge under the Premier Plan 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.
24. Duplication of appliances or replacement of lost or stolen appliances.
25. 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 temporomandibular joint.
26. 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.
27. Any services related to equilibration, bite registration or bite analysis.
28. Crowns for the purpose of periodontal splinting.
29. For charges for any overdentures and associated precision or semi-precision attachments and any related endodontic treatment associated with it; or other customized attachments.
30. Charges for myofunctional therapy, orthognathic surgery or athletic mouthguards.



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**SOME PRODUCTS NOT AVAILABLE IN ALL STATES**

# MONTHLY RATES

## COMPANION LIFE Premier DENTAL PLAN

Voluntary – Premier Plan – January 2009 - March 2009

	Monthly Base Rate	Area Rates											
		Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L
Employee	21.27	22.38	23.48	24.86	26.24	27.62	29.01	30.66	32.32	34.25	35.89	38.13	40.06
Employee plus 1	40.43	42.53	44.63	47.26	49.88	52.51	55.14	58.28	61.43	65.12	68.25	72.47	76.14
Employee plus 2	49.60	52.17	54.74	57.96	61.18	64.40	67.60	71.47	75.34	79.86	83.72	88.88	93.38
Employee plus 3 or more	66.11	69.55	72.98	77.27	81.56	85.86	90.16	95.29	100.45	106.45	111.62	118.49	124.51

Orthodontia (optional – available only with Premier plan) – Monthly Base Rate \$4.65 (all areas)  
Add to all dependent rates – Employee + 1, Employee + 2, Employee + 3 or more.

## COMPANION LIFE Advantage DENTAL PLAN

Voluntary – Advantage Plan – January 2009 - March 2009

	Monthly Base Rate	Area Rates											
		Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L
Employee	13.99	14.72	15.45	16.36	17.26	18.17	19.09	20.17	21.26	22.53	23.63	25.08	26.36
Employee plus 1	26.86	28.25	29.65	31.40	33.15	34.88	36.63	38.72	40.81	43.26	45.35	48.14	50.58
Employee plus 2	34.24	36.03	37.81	40.03	42.25	44.48	46.70	49.37	52.04	55.15	57.82	61.38	64.49
Employee plus 3 or more	46.13	48.52	50.92	53.91	56.92	59.91	62.90	66.50	70.09	74.28	77.88	82.67	86.87

### Quarterly Adjustment Factor (Applicable to Both Plans)

April 2009 - June 2009 1.02      July 2009 - September 2009 1.03      October 2009 - December 2009 1.04

*Once sold, rates are guaranteed for 12 months. Effective January 1, 2009*

**SEE REVERSE FOR AREA FACTORS AND APPLICABLE INDUSTRY FACTORS**

*NOTE: A monthly administrative fee of \$10 will be included for the employer group.  
These rates replace all prior published rates.*

Contact Companion Life Group Underwriting for approval on groups with potentially more than 100 enrollees.  
Companion Life reserves the right to accept or reject any group based upon the information submitted.



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# Companion Life VOLUNTARY DENTAL PLANS

## VOLUNTARY DENTAL AREA FACTORS

Alabama	C	Kansas		Mississippi		Pennsylvania	
Arkansas	C	661-662	D	392	D	190-192	I
Delaware		660, 672	C	All Others	C	189, 193-194	H
197, 198	I	664-668	B	Missouri		180-181	F
All Others	D	All Others	A	640-641, 649	E	150-152, 176, 179	E
District of Columbia	M	Kentucky		631	D	182-183, 186-188	E
Florida		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	Louisiana		All Others	A	164-166, 168	D
341	I	701	G	Montana		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	Rhode Island	H
320, 322, 326-328	G	Maine		Nebraska	A	South Carolina	
338, 344, 347	G	040-041	H	Nevada	F	292, 294-295	B
All Others	F	042, 044-046, 048	G	New Hampshire		298, 299	B
Georgia		All Others	F	030-031, 033	I	All Others	A
303, 311, 399	G	Maryland		All Others	H	South Dakota	C
300	F	208, 209	L	North Carolina		Texas	
301, 302	E	207	K	276, 282	F	752-753, 770-772	G
305-306, 308-309	C	206	I	271, 277	E	750-751	F
307, 310, 312-314	B	212	H	270, 272-275	D	733, 760-761, 786-787	E
316-319, 398	B	210-211, 214, 219	G	280-281, 286-289	D	762-763, 773-775	D
All Others	A	215, 217	F	All Others	C	790-792	C
Idaho		All Others	E	North Dakota	C	All Others	B
833, 835-838	D	Massachusetts		Ohio		Vermont	G
All Others	C	021-022	K	441-443, 452	F	Virginia	
Illinois		016-018, 024-026, 055	J	430-432, 436, 440	E	201, 220-223	J
600, 602, 606-608	J	013-015, 019-020	I	434-435, 444-445, 447	D	224-225, 233-237	G
601, 603	I	023, 027	I	450-451, 454, 456	D	226-232, 238, 244	F
604-605	H	010-011	H	All Others	C	240-241	D
610-611, 627	E	All Others	G	Oklahoma		All Others	C
609, 613-618, 623	D	Michigan		730-731, 740-741	E	Washington	
All Others	C	480	J	All Others	D	980-981	L
Indiana		481-483	I	Oregon		985-986, 990-992	K
462	F	484-485	G	972	J	All Others	J
463-466	E	488-489	F	970-971	I	West Virginia	C
460-461, 467-469	D	486-487, 490-492	E	974-979	H	Wisconsin	
473, 479	D	All Others	D	All Others	G	532, 534, 537, 543	G
All Others	C	Minnesota		Washington		549	F
Iowa		550, 551, 553-555	G	980-981	L	530-531, 539, 547	E
500-503, 509	D	556-564	F	All Others	D	All Others	D
All Others	C	All Others	D	Wyoming	C		

## SPECIAL INDUSTRY FACTORS

Apply to area rates if industry is shown below

SIC Code	Industry	Discount	SIC Code	Industry	Surcharge
0100-0999	Agriculture	-15%	6000-6299	Banking, Investments	+10%
1000-1499	Mining	-15%	6300-6499	Insurance	+10%
1500-1999	Construction	-15%	6500-6699	Real Estate	+10%
2000-3999	Manufacturing	-10%	6700-6999	Holding Companies	+10%
4000-4299 & 4400-4499	Transportation	-10%	7800-7999	Amusement Companies	+10%
4600-4699	Pipeline	-10%	8000-8049 & 8070-8099	Health Services	+15%
4700-4799	Transport Services	-10%	8100-8199	Legal Services	+15%
4900-4999	Utilities	-10%	8300-8999	Misc Services/Organizations	+15%
			9000-9999	Public Administration	+15%
			8200-8299	Education	+25%

DENTISTS AND DENTAL LABS (SIC CODE 8021, 8072) INELIGIBLE FOR VOLUNTARY DENTAL COVERAGE.

NOTE: A monthly administrative fee of \$10 will be included for the employer group.



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# MONTHLY RATES-VOLUNTARY MAC PLANS



Voluntary MAC – Premier Plan – January 2009 - March 2009

	Monthly Base Rate	Area Rates											
		Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L
Employee	17.01	17.90	18.78	19.89	20.99	22.10	23.20	24.53	25.86	27.40	28.71	30.50	32.05
Employee plus 1	32.35	34.02	35.70	37.80	39.91	42.01	44.11	46.63	49.14	52.09	54.60	57.97	60.92
Employee plus 2	39.68	41.74	43.79	46.37	48.95	51.52	54.08	57.18	60.27	63.89	66.97	71.10	74.71
Employee plus 3 or more	52.89	55.64	58.38	61.81	65.25	68.69	72.12	76.23	80.36	85.16	89.29	94.79	99.60

Orthodontia (optional – available only with Premier plan) – Monthly Base Rate \$4.65 (all areas)  
Add to all dependent rates – Employee + 1, Employee + 2, Employee + 3 or more.



Voluntary MAC – Advantage Plan – January 2009 - March 2009

	Monthly Base Rate	Area Rates											
		Area A	Area B	Area C	Area D	Area E	Area F	Area G	Area H	Area I	Area J	Area K	Area L
Employee	11.19	11.78	12.36	13.09	13.81	14.54	15.27	16.14	17.01	18.02	18.90	20.07	21.08
Employee plus 1	21.49	22.60	23.72	25.12	26.52	27.90	29.30	30.98	32.65	34.61	36.28	38.52	40.46
Employee plus 2	27.40	28.83	30.24	32.02	33.80	35.58	37.36	39.50	41.63	44.12	46.26	49.10	51.59
Employee plus 3 or more	36.90	38.82	40.73	43.13	45.53	47.92	50.32	53.20	56.07	59.42	62.31	66.14	69.50

## Quarterly Adjustment Factor (Applicable to Both Plans)

April 2009 - June 2009 1.02      July 2009 - September 2009 1.03      October 2009 - December 2009 1.04

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# Companion Life VOLUNTARY MAC DENTAL PLANS

## DENTAL PPO – MAXIMUM ALLOWABLE CHARGE (MAC) PLAN

To keep Dental premiums affordable for our customers in areas with high concentrations of network dentists, Companion Life offers the Dental PPO – Maximum Allowable Charge (MAC) Plan. Similar to Companion Life’s standard Dental products, Dental PPO – (MAC) uses DenteMax contracted providers in your area as our Preferred Provider network. The MAC plan’s maximum allowable charge is paid to both in- and out-of-network providers. There is no balance billing if a patient sees an in-network DenteMax dentist and is responsible only for the applicable coinsurance and deductible. If a patient sees a non-DenteMax dentist, Companion Life will reimburse only on the DenteMax/MAC fee and the dentist can charge the patient the difference between his/her own fee and the DenteMax/MAC fee.

## DENTAL PPO – (MAC) PLAN AREAS BY FIRST 3 DIGITS OF ZIP CODE

District of Columbia	M	Kansas		Nebraska		Texas	
		661, 662	D	681	A	752, 753, 770, 772	G
Florida						750, 751	F
330-332	L	Kentucky		Ohio		760, 761	E
333-335, 337	J	402, 405, 410	D	441-443, 452	F	773-775	D
341	I			430-432, 436, 440	E	780, 782	B
336, 339, 342, 346, 349	H	Maryland		450, 451, 454	D		
322, 326-328, 338	G	208, 209	L	453, 455	C	Virginia	
344, 347	G	207	K			201, 220-223	J
321, 323-325	F	212	H	Oklahoma		233-235	G
		210, 211, 214	G	731	E	232	F
Georgia		217	F				
303	G	Michigan		Oregon		Wisconsin	
300	F	480	J	972	J	532, 534, 537, 543	G
301, 302	E	481-483	I	971	I	549	F
		484, 485	G			530, 531	E
Illinois		Minnesota		Pennsylvania		535, 544	D
600, 602, 606, 607	J	551, 553, 554	G	190, 191	I		
601, 603	I			189, 193, 194	H		
604, 605	H	Missouri		181	F		
		640, 641	E	150-152	E		
Indiana				187, 188, 195, 196	E		
462	F			156, 159, 185	D		
460, 461	D						

If state and ZIP code do not appear in the area factors, Dental PPO (MAC) Plan is not available.

## SPECIAL INDUSTRY FACTORS

Apply to area rates if industry is shown below

SIC Code	Industry	Discount	SIC Code	Industry	Surcharge
0100-0999	Agriculture	-15%	6000-6299	Banking, Investments	+10%
1000-1499	Mining	-15%	6300-6499	Insurance	+10%
1500-1999	Construction	-15%	6500-6699	Real Estate	+10%
2000-3999	Manufacturing	-10%	6700-6999	Holding Companies	+10%
4000-4299 & 4400-4499	Transportation	-10%	7800-7999	Amusement Companies	+10%
4600-4699	Pipeline	-10%	8000-8049 & 8070-8099	Health Services	+15%
4700-4799	Transport Services	-10%	8100-8199	Legal Services	+15%
4900-4999	Utilities	-10%	8300-8999	Misc Services/Organizations	+15%
			9000-9999	Public Administration	+15%
			8200-8299	Education	+25%

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# 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.

<b>Vision Care Services</b>	<b>In Network Only</b>
<b>Exam with Dilation</b> (as necessary)	\$5 off exam
<b>Contact Lens Fit and Follow-up</b>	
<b>Standard and Premium</b>	\$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.

<b>Standard Plastic Lenses</b>	<b>Member Pays</b>
<b>Single Vision</b>	\$50
<b>Bifocal</b>	\$70
<b>Trifocal</b>	\$105

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

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

<b>Conventional</b>	15% off retail price
<b>Disposable</b>	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](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 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](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.

