

Mid-Atlantic Companion Plan



A Freedom of Choice Dental Offering from Companion Life.
Marketed Exclusively Through DentaQuest Management, Inc.



DentaQuest & Companion Life... A Team You Can Trust!

The Mid-Atlantic Companion Plan is offered in conjunction with DentaQuest Mid-Atlantic, Inc. in Maryland and Washington, DC and DentaQuest Virginia, Inc. in Virginia. This comprehensive plan offers employees the *freedom to use the dentist of their choice!* There are no network restrictions of any kind with this plan.

People living outside the DentaQuest service area, as well as individuals who wish to continue using their current dentist, find the Mid-Atlantic Companion Plan especially attractive.

Companion Life and DentaQuest Management, Inc. have enjoyed a mutually rewarding working relationship for many years.

By pooling our strengths and resources, we are able to offer you a comprehensive and affordable dual option dental plan.

The Mid-Atlantic Companion Plan is a comprehensive, traditional dental program allowing freedom of choice to obtain treatment from any dentist. This plan is designed to complement DentaQuest's DHMO offering. As a result of our "team" approach, employees benefit by having the option to select the plan that best suits their needs -- the Mid-Atlantic Companion Plan or the DentaQuest DHMO.

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Mid-Atlantic Companion Plan

Preventive Services - Covered at 100%

- No waiting period
- Routine Exams
- Prophylaxis (cleanings - one per 6 months)
- Emergency Exams for dental pain (minor procedures)
- Fluoride Treatments for dependent children under age 19 (one per 12 months)
- Bitewing X-rays (once per 6 months)

Basic Services - Covered at 80%

- No waiting period
- Periapical X-rays
- Full mouth or panorex X-rays (one per 36 months)
- Simple restorative services (Fillings)
- Simple extractions
- Palliative treatment for dental pain, local anesthesia

Major Services - Covered at 50%

- 12 month waiting period*
- Major restorative services (crowns and inlays)
- Prosthetics (bridges, dentures)
- Replacement of prosthodontics, dentures, crowns and inlays
- Denture relines
- Endodontics (Root Canals)
- Periodontics
- Space maintainers
- Oral surgery
- General anesthesia (for services dentally necessary)

Orthodontia Services - (50% coverage. The employer will determine if this benefit is to be added to the program)

- 50% coverage
- \$1,000 lifetime maximum benefit
- Children under 19 only
- 12-month waiting period

Deductibles and Maximums

Preventive, Basic and Major Services are subject to a combined **lifetime** deductible of \$100 per person. This deductible applies to all covered dental services including orthodontia services when selected. The combined calendar year benefit maximum is \$1,200 per person excluding orthodontia services when selected. **Payment is based upon allowable charges in the area in which the services were rendered.**

**Program may include Takeover Benefits. Please refer to our Takeover Benefits section for details.*

Eligibility

To qualify for this generous benefit plan, a combined total of 33% of your eligible group must participate in either the Mid-Atlantic Companion Plan or the DentaQuest DHMO Plan.

Takeover Benefits

Takeover means that you are given credit for waiting periods for like coverages accumulated under your existing plan. No credit is given for deductibles satisfied under your existing plan. For takeover eligibility/consideration, the following is required:

1. The group must have 5 employees enrolled in the Mid-Atlantic Companion Plan .
2. Your employer's current dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan.
3. All eligible employees insured on the effective date with continuous coverage from the employer's prior group dental contract are eligible for Takeover Benefits. Waiting periods will be reduced by the amount of time insured under the prior plan.
4. A copy of your prior carrier's most recent bill that includes a listing of all covered employees. Please be sure to note the employees' effective date of coverage.
5. Takeover Benefits are available only to employees who enroll at the onset of the plan. New employees and those choosing to select the Mid-Atlantic Companion Plan at future open enrollments WILL be subject to the waiting period.
6. A copy of the inforce dental plan. (*contract, certificate or booklet*)
7. Takeover Benefits must be requested and are subject to the approval of Companion Life.

Predetermination of Benefits

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

Companion Life Insurance Company has specialized in group benefits for more than 30 years. It has earned an A.M. Best Rating of A (Excellent) and Weiss Rating, Inc. rating of B. 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.



Frequently Asked Questions

Question: May I visit the dentist of my choice?

Answer: Yes! You may select any dentist. There are absolutely no network restrictions with the Mid-Atlantic Companion Plan. You may continue to see your current dentist or select a new one. This plan is perfect for those people who live outside the DHMO network area or who have an established relationship with a dentist who does not participate in the DentaQuest DHMO.

Question: What is the Mid-Atlantic Companion Plan deductible?

Answer: The Mid-Atlantic Companion Plan features a \$100 **lifetime** deductible. This deductible applies to orthodontia services when selected. Preventive, Basic and Major Services are subject to the combined lifetime deductible. The combined calendar year benefit maximum is \$1,200 per person excluding orthodontia services when selected.

Limitations

Covered Expenses Will Not Include and No Benefits Will Be Payable:

1. For major services in the first 12 months that the Insured is covered, except as may be provided in the Takeover Benefit provision.
2. For any treatment which is for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenital cleft lip and palate.
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, unless required because of an accidental bodily injury sustained while the Insured is covered. Replacement is not covered if the item can be repaired.
4. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of natural teeth during the same period of continuous coverage. But the extraction of a third molar (wisdom tooth) will not qualify the item for payment. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth. Coverage does include the part of the cost that applies specifically to replacement of teeth extracted prior to the period of coverage.
5. For addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth extracted during the same period of continuous coverage.
6. For any expense incurred or procedure begun before the Insured's current period of continuous coverage.
7. For any expense incurred or procedure begun after the Insured's insurance under this section terminates, except 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.
8. To duplicate appliances or 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 jaw fractures or disturbances of the temporomandibular joint.
10. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
11. For broken appointments or the completion of claim forms.
12. For orthodontia service or for any service associated with orthodontic therapy when this optional coverage is not elected and the premium is not paid.
13. For sealants which are:
 - a. not applied to a permanent molar;
 - b. applied before age 6 or after attaining age 16; or
 - c. re-applied to a permanent molar within three years from the date of a previous sealant application.
14. For subgingival curettage or root planing (procedure numbers 4220 and 4341) unless the presence of periodontal disease is confirmed by x-rays and pocket depth summaries of each tooth involved.
15. Because of an Insured's injury arising out of, or in the course of work for wage or profit.
16. For an Insured's sickness, injury or condition for which he or she is eligible for benefits under Workers Compensation act or similar laws.
17. For Charges for which the Insured is not liable or which would not have been made had no insurance been in force.
18. For services which are not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonable favorable prognosis.
19. Because of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
20. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
21. For any services related to; equilibration, bite registration or bite analysis.
22. For crowns for the purpose of periodontal splinting.
23. For charges for: any implants; overdentures; precision or semiprecision attachments and associated endodontic treatment; other customized attachments; or specialized prosthodontic techniques or characterizations.
24. For charges for myofunctional therapy, orthognathic surgery or athletic mouthgards.
25. For procedures for which benefits are payable under the employer's medical expense benefits plan for employees and their dependents.
26. Services or supplies provided by a family member or a member of the Insured's household.

**For More Information,
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