

KEY GROUP DENTAL INSURANCE



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BENEFITS FOR EMPLOYEES THAT BENEFIT EMPLOYERS

Underwritten by Companion Life Insurance Company
Administered by Key Benefit Administrators





No network limitations-employees visit the dentists of their choice!

DENTAL PLANS

The Group Dental Plan offers value, low rates and easy payments through payroll deductions. There are no network limitations – employees can visit the dentist of their choice!

DEDUCTIBLES AND MAXIMUMS

The Plan has an annual deductible of \$50 per person. This deductible applies to all covered dental services (preventive, basic, and major combined). The level of calendar year benefit maximum varies depending on the plan chosen.

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 or at least 12 months prior to the effective date of your Group 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.)

ELIGIBILITY

To qualify for this benefit plan, either three employees or 20% of your eligible group must participate, whichever amount is greater.



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You select the plan
that's best for your
employees.

.....



100% coverage for allowable charges of preventive services with the Group Dental Plan.

DENTAL PLANS*

Key Group Dental Plan cover 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 annual deductible is only \$50 per person, which applies to all covered dental services. These comprehensive plans feature:

	Plan 1	Plan 2	Plan 3	Plan 4***
PREVENTIVE				
Deductible	\$50	\$50	\$50	\$50
Waiting Period	N/A	N/A	N/A	N/A
Coinsurance	100%	100%	100%	100%
Exams	2 per Calendar Year	2 per Calendar Year	2 per Calendar Year	2 per Calendar Year
Bitewing and Fluoride	1 per Calendar Year	1 per Calendar Year	1 per Calendar Year	1 per Calendar Year
BASIC				
Deductible	\$50	\$50	\$50	\$50
Waiting Period	N/A	N/A	N/A	N/A
Coinsurance	80%	80%	80%	80%
MAJOR				
Deductible	\$50	\$50	\$50	\$50
Waiting Period	12 month	12 month	12 month	12 month
Coinsurance	50%	50%	50%	50%
ORTHO CHILD ONLY**				
Coinsurance	50%	N/A	N/A	N/A
Deductible	None	N/A	N/A	N/A
Lifetime Max	\$1,000	N/A	N/A	N/A
Waiting Period	12 months	N/A	N/A	N/A
CALENDAR YEAR MAX	\$2,000	\$2,000	\$1,000	\$750

**Only Plan 1 includes orthodontics

***Plan 4 option covers anesthesia, endodontics, simple and surgical extractions, oral surgery and periodontics under the basic services

PREVENTIVE SERVICES INCLUDE:

Routine exams and cleanings, emergency treatment for dental pain (minor), bitewing x-rays and fluoride, fluoride treatment for children under age 19.

BASIC SERVICES INCLUDE:

Simple restorative services, simple teeth removal, sealants for children ages 6-15 (one per 36 months), x-rays (full mouth or panorex, one per 36 months), x-rays of the roots of teeth.

MAJOR SERVICES INCLUDE:

Space maintainers, endodontics (includes root canals), periodontics, surgical teeth removal and other oral surgery, medically appropriate anesthesia related to covered surgery, major restorative services (crowns and inlays), dental implants (age 17 and up), denture relines (if over six months of installation), recementation and repair of crowns, inlays, bridges and dentures.

*Policy form 514 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.

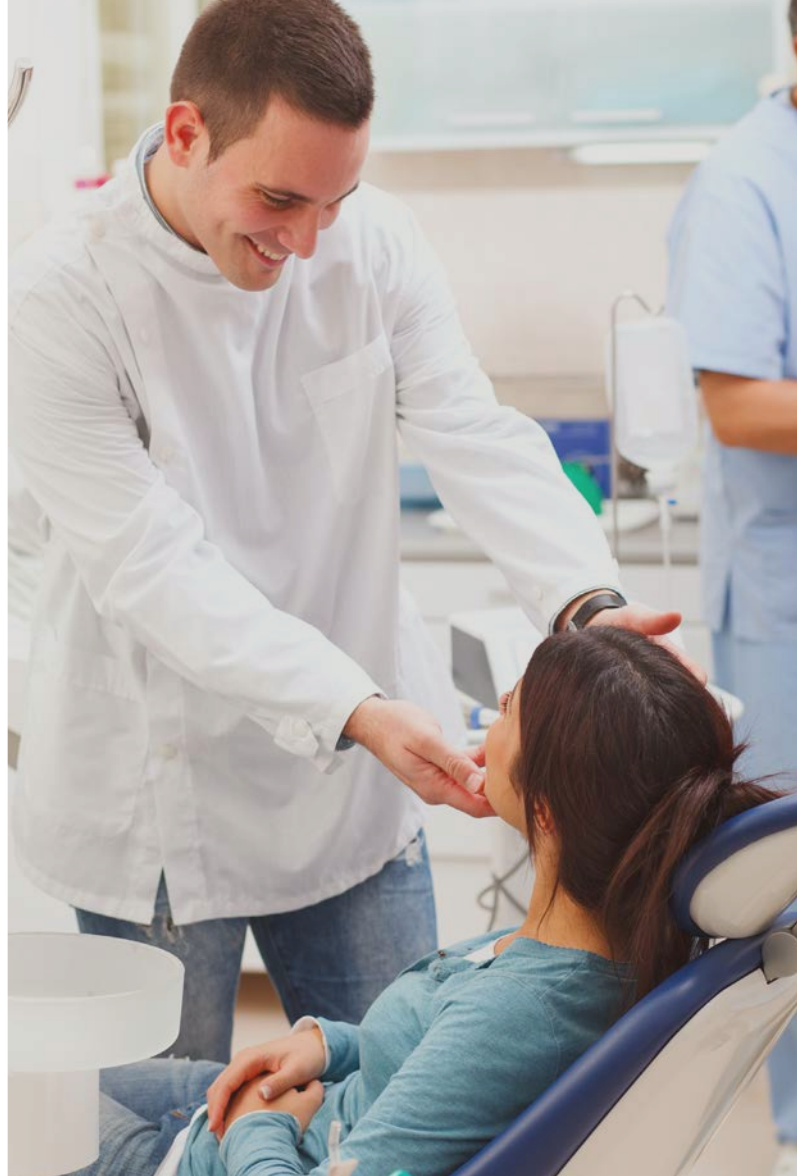


LIMITATIONS

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 natural 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 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. If applicable, 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 (unless adult and child(ren) orthodontia option is selected).
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.
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: 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.



KEY BENEFIT ADMINISTRATORS (KBA) is one of the largest, privately held third party administrators (TPA) organizations in the country. KBA is licensed as a TPA, where required. KBA services a large variety of group benefit plans and provides various functions like policy issue, billing and collection, customer service, claims, COBRA continuation, HRA, HSA, FSA, and Section 125 administration. It serves over half a million members, and processes over two million transactions per year. The company has offices in Indianapolis, Indiana and Ft. Mill, South Carolina.

POLICY BENEFITS, FEATURES AND RATES MAY VARY BY STATE. Plan offerings are subject to state limitation. Not all benefits are available in all states. Please consult your Key Benefit Administrator representative with questions regarding plan offerings.

Companion Life Insurance Company is the insurance company underwriting the voluntary dental plan. The company is located in Columbia, SC, and has been rated A+ (Superior), an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders, based on an analysis of the financial position and operating performance as of December 31, 2016, by A.M. Best Company, an independent analyst in the insurance industry. For the latest rating, access www.ambest.com.

This document represents a summary of services offered under the above mentioned insurance policy. Particulars of this plan may differ depending upon group size, plan category and other underwriting considerations which are subject to state insurance laws and the benefits and provisions as described may vary due to said statutes. All products described, herein are subject to the terms, conditions, exceptions and limitations of the specific policy. Please see the specific policy and certificate for details. Policies may not be available in all states.

Benefits provided under this plan are a supplement, and not a substitute for medical coverage. This plan, or its benefits, do not meet minimum essential coverage standards as outlined in the Affordable Care Act.

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KBA_DEN_062618