

A Special Offering for Employers of the North Dakota Association of Nonprofit Organizations!

Companion Life Insurance Company and Noridian are pleased to offer an attractive Dental Plan designed specifically for for the members of the North Dakota Association of Nonprofit Organizations.

This comprehensive dental insurance program provides valuable dental coverage for you and your employees. For the Voluntary Plan, only 2 employees or 20% of your eligible group, whichever is greater, are required to enroll. The Employer Paid Plan rate only applies if the employer contributes at least 50% of the cost and at least 50% of the eligible employees enroll in coverage.

Companion Life's comprehensive dental insurance plan allows you to use the dentist of your choosing. There are no dental networks! Additionally, if you elect to enroll, your premium is paid through the convenience of payroll deduction. No checks to write each month to pay your premium!

Companion Dental Plan Highlights:

- \$100 Lifetime deductible per person
- Preventive Services (routine exams, cleanings, etc. covered at 100%)
- Basic Services (fillings, full mouth x-rays, etc. covered at 80%)
- Major Services (root canals, crown, inlays, teeth removal, etc. covered at 50%)
- \$1,500 per year contract maximum
- Orthodontia Coverage (\$1,000 Lifetime maximum available)
- Premiums paid through payroll deductions
- Freedom to use Any Dentist

Voluntary Dental Plan Monthly Rates:

- Employee Only - \$27.99
- Employee Plus One - \$53.23
- Employee Plus Two - \$65.29
- Employee Plus Three - \$87.04

Employer Paid Dental Plan Monthly Rates:

- Employee Only - \$26.59
- Employee Plus One - \$50.57
- Employee Plus Two - \$62.03
- Employee Plus Three - \$82.69

Optional Orthodontia Coverage - \$4.65 (This monthly rate is added to all enrollees except those enrolling as Employee Only.)

The above rates are effective for groups enrolling 1/1/10 through 12/31/10 and guaranteed for 12 months. There is a 6-month waiting period for fillings. There is a 12-month waiting period for Major and Orthodontia services. All employees insured on the effective date with continuous coverage from the prior group dental contract are eligible for takeover benefits. Waiting periods will be reduced by the amount of time the employee had coverage under the prior plan. Note: A monthly administrative fee of \$10 will be included for the employer group. This is a general outline of covered benefits and does not include all the benefits and exclusions of the policy. Payment is based upon allowable charges in the area in which the services were rendered. Please see your certificate for details.

Companion Life Insurance Company has specialized in group benefits for more than 30 years and has earned an A+ (Superior) rating from A.M. Best Company.

For more information, please contact your Noridian Insurance Services at (701) 277-2319.

Good dental care is important! We hope you will take advantage of this special plan.



Limitations

We will not pay 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 Basic Plan, for prosthodontics (including, but not limited to, dentures or bridges); crowns (except associated with a root canal procedure performed while covered under the Basic Plan), inlays, onlays, or other precious or semiprecious metal restorations.
7. Harmful-habit appliance therapy.
8. Orthodontics or any service associated with orthodontic therapy under the Basic Plan or under the Premier Plan 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 Basic 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 Basic Plan which are not specifically listed in the group policy and certificate of coverage.
21. Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items. 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 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 benefit 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 implants, 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.