



Triumph Dental Elite & Classic

Small group dental insurance 2+ lives
North Dakota



Administered and Underwritten by
Companion Life Insurance Company



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Triumph Elite & Classic

Customize the dental insurance plan that suits your business and team best with “build-it-how-you-want-it” coverage options.

Both plans are available in MAC and UNC.

Healthy Smiles. Happy Employees. Better Productivity.

Untreated oral disease accounts for over \$45 billion in lost productivity in the U.S.¹

82% of small businesses that currently do not provide a dental benefit to their employees have future plans to offer one.²

\$2.7 billion dollars spent in a year on dental-related emergency department visits in the U.S.³

Triumph Dental Insurance

Standard Features

- Orthodontia benefits reset for any takeover group
- Implants covered
- Composite fillings on posterior teeth
- Preventive rewards (Preventive services do not count toward the annual maximum.)

Design Options

- Out-of-network claims paid at 95th percentile
- Range of annual maximum options, up to \$3,000
- Orthodontia lifetime maximum up to \$2,000
- Up to 4 cleanings per year
- Freedom to use any dentist

1. Centers for Disease and Prevention. (2021, February 5). Disparities in oral health. https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

2. Dental Economics. (2021, March 1). Dentists should target small businesses for new patients, research suggests. <https://www.dentaleconomics.com/practice/article/14199231/dentists-should-target-small-businesses-for-new-patients-research-suggests>

3. Health Policy Institute. (April 2020). Emergency Department Visits for Dental Conditions - A Snapshot. https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/community-initiatives/action-for-dental-health/emergency-department-referrals/ed_referral_hpi_infographic.pdf

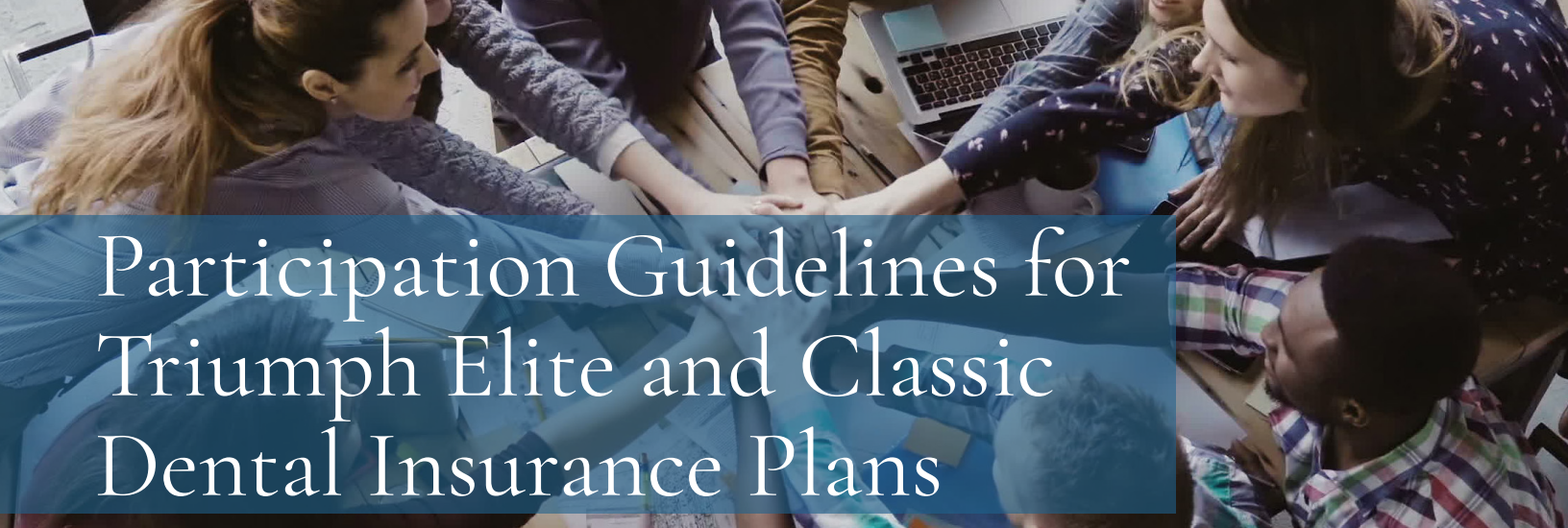


Triumph Elite

Service	Description	
Diagnostic and Preventive Services no waiting period	Oral evaluations/check-ups, X-rays, dental cleanings, fluoride treatments	100%
Basic Services no waiting period	Basic Restorative Care & Services: Fillings, sealants, space maintainers, palliative treatment for emergencies	80%
Complex or Major Services 12-month waiting period	Oral Surgery Services: Basic extraction of erupted tooth or exposed root, surgical removal of erupted tooth, impacted teeth and tooth roots	55%
	Endodontic Services: Pulpal therapy, root canal therapy, pulpotomy	55%
	Periodontal Services: Non-surgical and surgical periodontal care	55%
	Restorative Care Services: Inlays, onlays, crowns and crown repairs	55%
	Prosthodontic Services: Removable prosthodontic services – dentures and partials, fixed prosthodontic services – bridges repairs-removable and fixed Implants	55%
Orthodontics - optional	12-month waiting period. No deductible applies. 50% coverage up to \$1,000, \$1,500 or \$2,000 lifetime maximum. Orthodontic coverage for dependent children ages 8 through 18. Available for groups of 5+ enrolled employees. Adult orthodontics available for groups of 10+ enrolled employees – 12-month waiting period, 50% coverage up to \$1,000 lifetime maximum. Adult and child orthodontic lifetime maximum must be equal.	
Lifetime deductible	\$100 per person / \$300 family max	
Annual Max	\$1,000 per person/per calendar year. Options available for \$1,250, \$1,500, \$2,000, \$2,500 and \$3,000 maximums	

Triumph Classic

Service	Description	
Diagnostic and Preventive Services no waiting period	Oral evaluations/check-ups, X-rays, dental cleanings, fluoride treatments	100%
Basic Services no waiting period	Basic Restorative Care & Services: Fillings, sealants, space maintainers, palliative treatment for emergencies	80%
Complex or Major Services 12-month waiting period	Oral Surgery Services: Basic extraction of erupted tooth or exposed root, surgical removal of erupted tooth, impacted teeth and tooth roots	55%
	Endodontic Services: Pulpal therapy, root canal therapy, pulpotomy	55%
	Periodontal Services: Non-surgical and surgical periodontal care	55%
	Restorative Care Services: Inlays, onlays, crowns and crown repairs	55%
	Prosthodontic Services: Removable prosthodontic services – dentures and partials, fixed prosthodontic services – bridges repairs-removable and fixed Implants	55%
Orthodontics - optional	12-month waiting period. No deductible applies. 50% coverage up to \$1,000, \$1,500 or \$2,000 lifetime maximum. Orthodontic coverage for dependent children ages 8 through 18. Available for groups of 5+ enrolled employees. Adult orthodontics available for groups of 10+ enrolled employees – 12-month waiting period, 50% coverage up to \$1,000 lifetime maximum. Adult and child orthodontic lifetime maximum must be equal.	
Annual deductible	Employer chooses: \$0/0, \$25/75, or \$50/150 per person/family per calendar year for basic and major services	
Annual Max	\$1,000 per person/per calendar year. Options available for \$1,250, \$1,500, \$2,000, \$2,500 and \$3,000 maximums	



Participation Guidelines for Triumph Elite and Classic Dental Insurance Plans

Group Participation requirements

Participation guidelines apply according to the number of employees enrolling.

For groups with 2-4 employees enrolled:

- One-time enrollment.
- A minimum of two employees must enroll.

For groups with 5+ employees enrolled:

- Annual open enrollment.
- A minimum of 5 employees must enroll.

Waiting Periods and Takeover Benefits:

Waiting Periods Waived for Prior Comparable Coverage

If a group has at least 12 continuous months of prior comparable coverage, and no gap between that coverage and the Triumph Dental insurance plan effective date, all members of the group will receive a waiver of waiting periods, with the following exceptions: The waiver does not apply to employees/dependents who join the group or enroll for the Triumph Dental insurance plan coverage after the initial effective date.

Credit of \$100 Lifetime Deductible

If a group has at least 12 months continuous coverage with a \$100 lifetime deductible on its prior dental insurance plan and converts to a Triumph Dental insurance plan with a \$100 lifetime deductible, members of the group will receive credit for the \$100 deductible.

Underwriting Guidelines

- Employee-only plans are available for all groups.
- If coverage is waived, a qualifying event must occur to gain coverage unless there is an open enrollment.

- Dual option plan offerings are not available.
- Rates will be separated by geographical area (by employer).
- Employees who drop coverage during the year may not re-enroll at any time unless a qualifying event occurs.
- Standard coordination of benefits applies.
- If the group has less than 2 employees enrolled at the time of renewal, the group will be terminated.
- Deductibles and annual maximums are on a calendar-year basis (January through December).
- No off-contract changes are allowed.
- Dental offices and groups with high turnover or seasonal employment practices are not eligible for coverage.
- If 5 or more employees are eligible, but less than 5 are enrolling, we calculate rates according to the 2-4 employee size and Participation guidelines apply according to the number of employees enrolling.

Eligible Employee Participation Requirement

- If coverage is initially waived, a family status change must occur to gain coverage.
- No open enrollment for groups of 2-4 employees and no late enrollees, unless the employee has a change of status or qualifying event.
- If an eligible employee drops coverage, he/she may not re-enroll at any time unless a qualifying event occurs.

Eligible Employee

- Defined as actively at work for a minimum of 30 hours per week on a regular basis.

- Full-time employees on a seasonal or temporary basis are not eligible.
- Active employees age 65 + may be enrolled the same as any other eligible employee.

Eligible Dependents

- Spouses of eligible employees.
- Dependent children to age 26 are eligible for coverage. If a dependent child is disabled prior to age 26, they remain eligible for coverage after age 26.
- Spouses – Both Employees of Same Employer Group
- Spouses who are both employees of the same employer may each enroll in only one contract.
- Both are eligible to be enrolled on separate individual “employee-only” contracts.

Eligible Retirees

- Retirees are eligible for coverage provided they had dental coverage with another carrier in a takeover situation at the time of retirement and elected to continue coverage.

Retirees are not covered in the following situations:

- If the retiree was not covered at the time of retirement, or they were not already covered as a retiree by another carrier in a takeover situation.
- If the retiree drops their coverage, they may not re-enroll at a later date.
- Retirees may not add dependents to their coverage who were not covered on the retiree’s employee plan at the time of the employee’s retirement.

Orthodontics – Optional Add-On

Children

- Child orthodontic option available as an add-on for groups of 5 or more enrolled employees.
- 12-month waiting period for new groups without prior comparable orthodontic coverage, and for new employees/enrollees.
- Coverage for dependent children ages 8 through 18.
- Coverage for limited, interceptive, and comprehensive orthodontic treatment.
- 50% coverage up to \$1,000, \$1,500 or \$2,000 lifetime maximum.

Adults

- Adult orthodontics available for groups of 10 or more enrolled employees.
- 12-month waiting period for new groups without prior comparable orthodontic coverage, and for new employees/enrollees.
- Coverage for limited, interceptive, and comprehensive orthodontic treatment.
- 50% coverage up to \$1,000 lifetime maximum.
- Adult and child orthodontic lifetime maximum must be equal.



Rate Loads

Triumph Elite & Classic	
5-9 employees	+10%
2-4 employees	+15%
Revise annual deductible to \$25/\$75	+5%
Revise annual deductible to \$0/\$0	+15%
Increase annual maximum to \$1,250	+12%
Increase annual maximum to \$1,500	+19%
Increase annual maximum to \$2,000	+28%
Increase annual maximum to \$2,500	+35%
Increase annual maximum to \$3,000	+41%
Move endodontics & periodontics to 80%	+7%
Waive waiting period on Major services	+7%
Add Child only ortho	+\$0.0 +\$0.0 +\$6.43 +\$6.43
Add Adult and Child ortho	+\$3.22 +\$3.22 +\$9.65 +\$9.65
SIC codes 0100 through 4999	-10%
SIC codes 6000 through 6999, 8000 through 9999	+10%
SIC codes 8100 through 8299	excluded
Cover 3 cleanings per 12 months	+1%
Cover 4 cleanings per 12 months	+2%

Available in all states except: AK, CA, CO, CT, FL, HI, MA, MT, NC, NJ, NY, RI, SC, and WA



Exclusions - Dental Insurance

These are not all of the exclusions/limitations, only the basic exclusions/limitations.

Refer to the policy for a complete list of exclusions/limitations.

Covered Expenses will not include and no benefits will be payable for the following:

1. Expenses in any Class of services that are incurred during the Insured's waiting period for services in that Class (as shown in the Schedule of Benefits), except as may be provided under the Takeover Provisions provision. An Insured is not eligible for Takeover Provisions if Takeover Provisions are not provided, or if Takeover Provisions are provided but the person:
 - a) is a Late Entrant;
 - b) became insured under the Policy after the Employer's Effective Date; or
 - c) was not insured under the Employer's prior plan that was replaced by coverage under the Policy.
2. 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.
3. Initial placement of any full or partial denture, implants, fixed bridge, or other prosthetic appliance during any period of continuous coverage for the Insured under the Policy, unless such placement is needed because of the extraction of one or more of the Insured's natural teeth during the same period of continuous coverage. Any portion of the expense that is identifiable as applying specifically to the replacement of a tooth extracted before that period of continuous coverage is not a Covered Expense. The extraction of a third molar (wisdom tooth) does not qualify the appliance for payment. Any such appliance must include the replacement of the extracted tooth or teeth.
4. Replacement of any full or partial denture, fixed bridge, other appliance, crown, inlay, onlay, or other precious or semiprecious metal restoration within ten years of the date of the last placement of the item. But if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under the Policy, it will be a Covered Expense. In any event, replacement is not a Covered Expense if the item can instead be repaired or otherwise restored to adequate function.
5. Replacement of an existing implant and/or supported prosthetic device is covered only once every ten 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 the Policy, it will be a Covered Expense. In any event, replacement is not a Covered Expense if the item can instead be repaired or otherwise restored to adequate function.
6. Addition of a new tooth or teeth to an existing full or partial denture, fixed bridge, or other prosthetic appliance during any period of continuous coverage for the Insured under the Policy, unless such addition is a replacement of a natural tooth or teeth extracted during the same period of continuous coverage. The extraction of a third molar (wisdom tooth) does not qualify the appliance for payment.
7. Any expense incurred before the Insured's insurance under the Policy starts; or any expense incurred during any period of continuous coverage for the Insured under the Policy if the procedure starts before the period of continuous coverage starts.
8. Any procedure that starts, or any expense that is incurred (regardless of when the procedure starts), after the Insured's insurance under the Policy ends. But this exclusion does not apply for any root canal, denture, partial denture, fixed bridge, other appliance, crown, inlay, onlay, or other precious or semiprecious metal restoration if both:

- (a) the procedure starts while the Insured's insurance under the Policy is in effect; and
 - (b) the expense is incurred within 90 days after the Insured's insurance under the Policy ends.
9. Duplication of appliances, or replacement of lost or stolen appliances.
 10. 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.
 11. Any procedure that is not shown on the list of Covered Dental Expense Procedures.
 12. Education or training in, or supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
 13. Charges for broken appointments or the completion of claim forms.
 14. Orthodontic therapy.
 15. Any services (including, but not limited to, oral surgery) that are preliminary to, or otherwise associated with, orthodontic therapy (including, but not limited to, exposure of impacted or unerupted teeth or extractions).
 16. Root planing (procedure number D4341) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved.
 17. Charges because of an Insured's injury arising out of, or in the course of, work for wage or profit.
 18. Charges because of an Insured Individual sickness, injury, or condition for which he or she is eligible for benefits under any workers' compensation act or similar laws.
 19. Charges for which the Insured Individual is not liable or which would not have been made had no insurance been in force.
 20. Services that:
 - (a) are not recommended by a Dentist;
 - (b) are not required for necessary care and treatment; or
 - (c) do not have a reasonably favorable prognosis.
 21. Charges because of an Insured's sickness, injury, or other condition due to war or any act of war, declared or not, or sustained while on full-time active duty in the armed forces of any country.
 22. Benefits payable to an Insured Individual if payment is not legal where the Insured Individual is living when expenses are incurred.
 23. Services related to: equilibration; bite registration or bite analysis.
 24. Crowns for the purpose of periodontal splinting.
 25. Charges for overdentures, precision or semi-precision attachments and associated endodontic treatment, any other customized attachments, or any specialized prosthodontic techniques or characterizations.
 26. Charges for: myofunctional therapy, orthognathic surgery, or athletic mouthguards.
 27. Implant or implant services where loss of the tooth was prior to the Insured Individual's Effective Date of coverage under the Policy.
 - Missing tooth exclusion is 5 years and 10 years specific to implants.
 28. Procedures for which benefits are payable under the group plan medical expense benefit plan for insured employees and their Dependents. See the Coordination of Benefits provision for an explanation.
 29. Services rendered by the Insured's Spouse, parent, parent-in-law, brother or sister, brother-in-law or sister-in-law, child (of the Insured or the Insured's Spouse), or any person residing in the Insured's household.



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