



This is an outline of Group Accident Insurance Coverage underwritten by Companion Life Insurance Company.

Brident Dental Services LLC

ACCIDENT INSURANCE PLAN

Benefits	<ul style="list-style-type: none">Applies to off the job only
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PLAN DESIGN & BENEFIT INFORMATION

Proposed Plan and Benefit Description	\$100,000
Wellness Benefit Option	\$0

PRODUCT PLAN PROVISIONS

The Benefits listed are payable if the service, treatment, or procedure is due to injuries incurred in a covered accident. Spouse / Child Benefits equal employee benefits as shown below except for Accidental Death and Dismemberment benefits.

Accidental Death and Dismemberment Benefits

- If a covered employee, spouse, or child is severely injured or pass away due to an accident, additional benefits may apply. See the chart below for details.*
- Death or Loss must occur within 90 days of the Covered Accident*
- "Common carrier" means commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).*

Accidental Death	Employee	Spouse	Child
Accidental Death - all causes	\$100,000	\$40,000	\$20,000
Accidental Death - common carrier	\$200,000	\$100,000	\$50,000

Initial Accidental Loss or Dismemberment

Loss of both hands or both feet	\$40,000	\$40,000	\$40,000
Loss of one hand or foot	\$15,000	\$15,000	\$15,000
Loss of sight in both eyes	\$40,000	\$40,000	\$40,000
Loss of sight in one eye	\$1,250	\$1,250	\$1,250
Loss of hearing of one ear	\$1,250	\$1,250	\$1,250
Permanent Paralysis	\$30,000	\$30,000	\$30,000

Catastrophic Accidental Loss or Dismemberment

- Subject to 365 day Elimination Period*
- Maximum of one benefit per lifetime per Insured Individuals*
- Benefit Amounts:* Employee \$80,000 Spouse \$40,000 Child \$20,000

Loss of both hands or both feet	Loss of one hand and one foot	Loss of sight of both eyes
Loss of hearing of both ears	Permanent Paralysis	Loss of the ability to speak

This Benefits Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the Policy, the terms of the Policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder.

These benefits are provided by Policy Form No. CL-ACC-1000-P-TX

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Specific Covered Injuries / Dislocations & Fractures			
<ul style="list-style-type: none">Includes benefits per covered accident for: dislocations and fracturesInjury must be diagnosed within 90 days of the Covered AccidentOpen reduction benefit is equal to 200% of the comparable closed reduction benefit (Open reduction refers to a surgical procedure whereas Closed reduction refers to a manual, non-surgical procedure).			
Dislocation (Separated Joint)	Closed Reduction	Dislocation (Separated Joint)	Closed Reduction
Hip	\$5,000	Knee or Shoulder	\$3,000
Ankle or foot (other than toes)	\$1,800	Collarbone	\$1,500
Lower Jaw	\$1,200	Elbow or wrist	\$1,200
One Toe or Finger	\$350	Incomplete dislocation or dislocation reduction w/o anesthesia	25% of the applicable amount for closed reduction of the joint listed above
Fractures	Closed Reduction	Dislocation (Separated Joint)	Closed Reduction
Depressed Skull fracture	\$5,000	Simple Non-Depressed Skull Fracture	\$1,750
Hip	\$6,000	Vertebrae (body of), pelvis (excluding coccyx), or sternum	\$3,200
Leg (tibia or fibula)	\$2,800	Nose, heel, or finger	\$750
Upper Jaw (maxilla), upper arm or face (except nose)	\$1,400	Lower Jaw (mandibular)	\$1,400
Shoulder Blade (scapula) or forearm	\$1,200	Vertebral Processes	\$1,200
Wrist, elbow, ankle, or kneecap	\$1,200	Foot (except toes/heel)	\$1,200
Hand (except fingers)	\$1,200	Rib	\$600
Coccyx	\$500	Toe	\$200
Chip Fracture	25% of the applicable amount for closed reduction of the bone listed above		
Emergency, Hospital & Treatment Care Benefit			
	Amount per Covered Accident	Limitations Must Begin Within / Of a Covered Accident	Maximum Benefit Period
Ground Ambulance	\$600	90 days	
Emergency Room Treatment	\$300	72 hours	2 per Calendar Year
Hospital Admission	\$2,000	180 days	
Hospital Intensive Care Admission	\$375	30 days	
Hospital Confinement	\$500 per day	180 days	365 days
Hospital Intensive Care Confinement	\$500 per day	30 days	15 days
Emergency Treatment in a Physician Office/Urgent Care Facility	\$300 per visit	72 hours	2 per Calendar Year
Medical Imaging Benefit	\$650	180 days	
Outpatient Surgery	\$300	60 days	
Transportation (More than 100 miles round-trip from residence via plane, train, car, or bus)	\$800 per round-trip		3 round-trips per Calendar Year
Lodging	\$225 per night		30 nights per Calendar Year

Other Accidents & Benefits	Amount per Covered	Limitations
	Accident	Must Begin Within / Of a Covered Accident
Coma	\$20,000	30 days 14 or more consecutive days
Concussion	\$400	72 hours
Knee Cartilage Surgery		
Torn with surgical repair	\$1,000	60 days
Exploratory without repair	\$280	1 year
Open Abdominal and Thoracic Surgery	\$2,500	72 hours
Hernia with Surgical Repair	\$50	30 days
Ruptured Disc with Surgical Repair	\$1,000	60 days Surgery must be performed within: 1 year

LIMITATIONS AND EXCLUSIONS

In addition to any benefit or service-specific exclusion, We will not pay benefits for any loss, which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in this Certificate:

- 1) any Sickness or declining process caused by Sickness, including physical or mental infirmity including any treatment for allergic reactions. We will not pay benefits to diagnose or treat the Sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury. This exclusion is not applicable to the Hospital Confinement due to Covered Sickness benefit;
- 2) any act of war whether or not declared;
- 3) any Injury sustained while in any armed service of a country which is at war or engaged in armed conflict;
- 4) committing acts of terrorism;
- 5) suicide, or any attempt thereat, while sane or insane;
- 6) any intentionally self-inflicted Injury or Sickness;
- 7) serving in the armed forces or any auxiliary unit of the armed forces;
- 8) participation in the commission or attempted commission of a felony;
- 9) participating or attempting to participate in a felony riot or insurrection, being engaged in an illegal occupation or being incarcerated in a penal institution;
- 10) treatment of alcoholism, drug addiction or complications thereof;
- 11) any Injury that occurs while an Insured Individual has been determined to be intoxicated:
 - a. by judicial or administrative judgment or order;
 - b. by evidence of an alcohol concentration in the Insured Individual's blood, breath, or urine which equals or exceeds the limits set by applicable motor vehicle laws; or
 - c. by other evidence demonstrating the Insured Individual was under the influence of any alcohol, narcotic, barbiturate, or hallucinatory drug, unless the same was administered on the advice of a Physician and was taken according to the prescribed dosage; and
 - d. the use of such substance was a proximate cause of the Injury;
- 12) being intoxicated or under the influence of alcohol, drugs, or any narcotic (including overdose) unless administered on the advice of a physician and taken according to the physician's instructions. The term "intoxicated" refers to that condition as defined by law and decisions of the jurisdiction in which the accident, cause of loss, or loss occurred;
- 13) operating, learning to operate, serving as a crewmember of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven. This exclusion does not include flying as a fare paying passenger;
- 14) engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or mountaineering
- 15) driving or riding in any vehicle used in a race, speed or endurance test or for acrobatic or stunt driving;
- 16) practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- 17) having a work related Injury;
- 18) cosmetic surgery or any other elective procedure that is not medically necessary;
- 19) operating a taxi or any other delivery service for any kind of compensation or profit;

In addition to the exclusions listed above, We will also not pay the Catastrophic Accidental Dismemberment or Catastrophic Accidental Loss benefit for Injuries to a Child received during the birth.