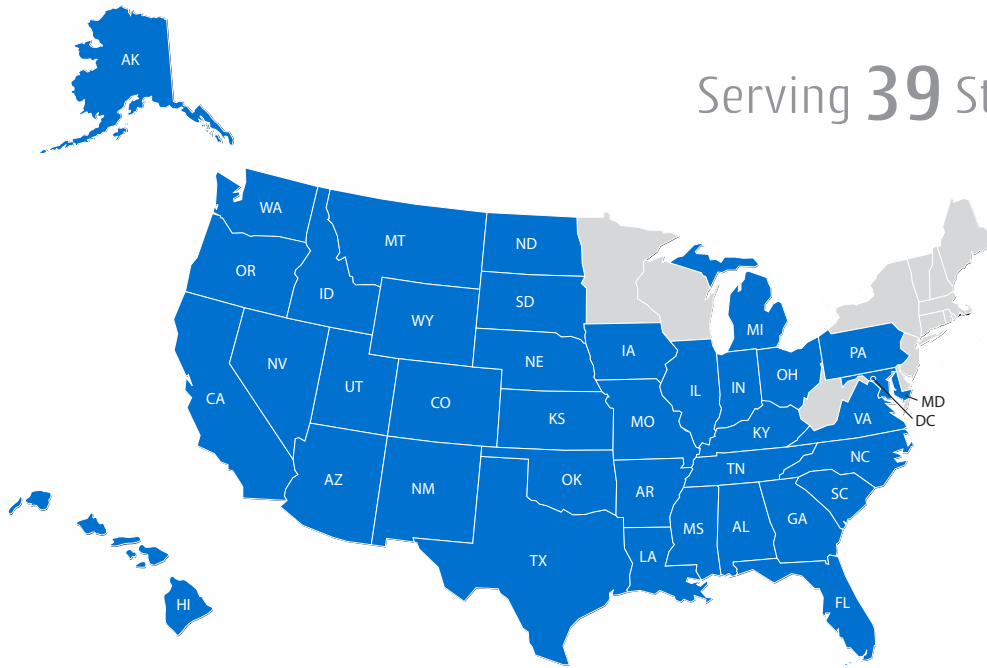




**BEST**  **Life**™  
BEST Life and Health Insurance Company

Dental    Vision    Life

Serving **39** States





# Why BEST?

BEST Life provides competitive, best in class, affordable, dental, vision, life and disability insurance plans to small and large employers in 39 states. We have been in business for over 50 years and in that time, built a reputation for our superior service, rapid claims payment, and quality plans.

Our plans are designed to maximize flexibility. Every employer is different. We understand the importance of tailoring to the specific needs of each employer. One of our keys strengths is having the agility and power to move quickly. We pride ourselves on our ability to provide customized plan designs to meet the specific needs of each employer.





# Dental

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We maintain a variety of affordable plans to fit many budgets. We offer both Dental PPO and Indemnity plans for businesses with two or more employees. You'll find great rates, vast networks and the same superior customer service.

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## Accident Benefits Included with Every Dental Plan

Every BEST Life dental plan automatically includes a separate dental accident benefit that provides coverage of up to \$1,000 per incident for injuries to sound, natural teeth. Plus, this benefit does not count toward the calendar year maximum.

## No Waiting Periods

Waiting periods for Major Services and Child Orthodontia are automatically waived for groups with 5 or more enrolling employees.

## Implant Coverage

All dental plans that provide coverage for major services will automatically have implant coverage included.

## Annual Enrollment Period

All groups have open enrollment once a year which begins one month prior to the renewal date.

## Census Enrollments

No need to have every employee fill out an individual application. New groups can be enrolled with a master application and an enrollment spreadsheet. No employee signatures necessary.

## Child Good Vision Benefit with orthodontia coverage

Dental plans with child orthodontia automatically include special vision benefits for children. You get 50% of UCR coverage for an eye exam once every 12 months for eligible dependent children through age 18.

## Online administration

Members, Plan Administrators, and Brokers all have their own online portal with information about enrollment, commissions, invoices, claims, and the ability to enroll new employees or process terminations.

## WellCard Savings Available to All Members

WellCard Savings gives you access to pre-negotiated discounts on prescription drugs and a wide range of health care services. All services are available with no administrative fees.

- More than 410,000 physicians and 45,000 ancillary provider locations
- More than 59,000 nationwide pharmacies accept WellCard Savings with availability for mail order and specialty pharmacy





# Dental Indemnity Plan Summary

- Employer sponsored available to groups of 2+ enrolling employees
- Voluntary available to groups of 5+ enrolling employees

BENEFITS	HIGH PLAN	MID PLAN	BASIC PLAN
<b>Calendar Year Maximum</b>	\$5,000	\$5,000	\$1,500
	\$3,000	\$3,000	\$1,000
	\$2,500	\$2,500	\$500
	\$2,000	\$2,000	
	\$1,500	\$1,500	
	\$1,250	\$1,250	
	\$1,000	\$1,000	
<b>Calendar Year Deductible</b> (3 per family max)	\$25, \$50, \$100 or \$100 Lifetime Waived on Preventive Services		
<b>Class I: Preventive Services</b> Routine oral exam, cleanings, fluoride treatment for children, bitewing x-rays, panoramic/full mouth x-rays, sealants.	100%	100%	100%
<b>Class II: Basic Services</b> Fillings (amalgam, porcelain & plastic), anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, space maintainers for children, limited oral exam, pathology, oral surgery.	90%	80%	80%
<b>Class III: Major Services</b> Crowns & gold fillings, inlays, onlays and pontics, fixed bridges, implants, complete & partial dentures.	60%	50%	0%
<b>Endodontics</b>	Class II or Class III		
<b>Periodontics</b>	Class II or Class III		
<b>Waiting Periods</b>	12 month waiting period is only for groups with 2-4 enrolled employees and applies to major and orthodontic services		None
<b>Out-of-Network Reimbursement</b>	UCR at 80th or 90th Percentile or MAC		
<b>Special Dental Accident Benefit</b>	\$1,000 maximum per accident to sound, natural teeth		
<b>Children's Good Vision Benefit</b> Available for plans that include orthodontia coverage	Covers 50% of UCR for an eye exam once every 12 months for children through age 18		Not offered
<b>Orthodontics Option</b>	50%		
<b>Child Only Ortho (5+ groups only)</b> Child Orthodontia is available for groups with 5 or more employees enrolled. (Dependent children through age 18)	\$1,000 Lifetime / \$500 Calendar Year Maximum or \$1,500 Lifetime / \$750 Calendar Year Maximum		
<b>Adult &amp; Child Ortho (25+ groups only)</b> Adult Orthodontia is available for employer-sponsored groups with 25 or more employees enrolled.	\$1,000 Lifetime / \$500 Calendar Year Maximum		

Effective January 1, 2014: the ACA requires coverage of the 10 Essential Health Benefits with specific pediatric dental components for children 0-18 that are not included in this plan.



# Dental PPO Plan Summary

- Employer sponsored available to groups of 2+ enrolling employees
- Voluntary available to groups of 5+ enrolling employees

Benefits	HIGH PLAN		MID PLAN		BASIC PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Maximum</b>	\$5,000	\$3,000	\$5,000	\$3,000	\$1,500	\$1,500
	\$3,000	\$2,500	\$3,000	\$2,500	\$1,000	\$1,000
	\$2,000	\$1,500	\$2,000	\$1,500	\$500	\$500
	\$1,500	\$1,000	\$1,500	\$1,000		
	\$1,000	\$1,000	\$1,000	\$1,000		
<b>Calendar Year Deductible</b> (3 per family max)	\$25, \$50, \$100 or \$100 Lifetime Waived on Preventive Services					
<b>Class I: Preventive Services</b> Routine oral exam, cleanings, fluoride treatment for children, bitewing x-rays, panoramic/full mouth x-rays, sealants.	100%	100%	100%	80%	100%	80%
<b>Class II: Basic Services</b> Fillings (amalgam, porcelain & plastic), anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, space maintainers for children, limited oral exam, pathology, oral surgery.	90%	80%	80%	80%	80%	50%
<b>Class III: Major Services</b> Crowns & gold fillings, inlays, onlays & pontics, fixed bridges, implants, complete & partial dentures.	60%	50%	50%	50%	0%	0%
<b>Endodontics</b>	Class II or Class III					
<b>Periodontics</b>	Class II or Class III					
<b>Out-of-Network Reimbursement</b>	UCR at 80th or 90th Percentile or MAC					
<b>Special Dental Accident Benefit</b>	\$1,000 maximum per accident to sound, natural teeth					
<b>Children's Good Vision Benefit</b>	Covers 50% of UCR for an eye exam once every 12 months for children through age 18					Not offered
<b>Waiting Periods</b>	12 month waiting period is only for groups with 2-4 enrolled employees and applies to major services					
<b>Orthodontics Option</b>	50%					
<b>Child Only Ortho (5+ groups only)</b> Child Orthodontia is available for groups with 5 or more employees enrolled. (Dependent children through age 18)	\$1,000 Lifetime / \$500 Calendar Year Maximum or \$1,500 Lifetime / \$750 Calendar Year Maximum					
<b>Adult &amp; Child Ortho (25+ groups only)</b> Adult Orthodontia is available for employer-sponsored groups with 25 or more employees enrolled.	\$1,000 Lifetime / \$500 Calendar Year Maximum					



# Dental Active PPO Plan Summary

- > Employer sponsored available to groups of 2+ enrolling employees
- > Voluntary available to groups of 5+ enrolling employees

Benefits	HIGH PLAN	
	In-Network	Out-of-Network
<b>Calendar Year Maximum</b>	\$5,000	\$3,000
	\$3,000	\$2,500
	\$2,000	\$1,500
	\$1,500	\$1,000
	\$1,000	\$1,000
<b>Calendar Year Deductible</b> (3 per family max)	\$25, \$50, \$100, or \$100 Lifetime Waived on Preventive Services	
<b>Class I: Preventive Services</b> Routine oral exam, cleanings, fluoride treatment for children, bitewing x-rays, panoramic/full mouth x-rays, sealants.	100%	80%
<b>Class II: Basic Services</b> Fillings (amalgam, porcelain & plastic), anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, space maintainers for children, limited oral exam, pathology, oral surgery.	90%	80%
<b>Class III: Major Services</b> Crowns & gold fillings, inlays, onlays & pontics, fixed bridges, implants, complete & partial dentures.	60%	50%
<b>Endodontics</b>	Class II or Class III	
<b>Periodontics</b>	Class II or Class III	
<b>Waiting Periods</b>	12 month waiting period is only for groups with 2-4 enrolled employees and applies to major services	
<b>Out-of-Network Reimbursement</b>	UCR at 80th or 90th Percentile or MAC	
<b>Special Dental Accident Benefit</b>	\$1,000 maximum per accident to sound, natural teeth	
<b>Children's Good Vision Benefit</b>	Covers 50% of UCR for an eye exam once every 12 months for children through age 18	
<b>Orthodontics Option</b>	50%	
<b>Child Only Ortho (5+ groups only)</b> Child Orthodontia is available for groups with 5 or more employees enrolled. (Dependent children through age 18)	\$1,000 Lifetime / \$500 Calendar Year Maximum or \$1,500 Lifetime / \$750 Calendar Year Maximum	
<b>Adult &amp; Child Ortho (25+ groups only)</b> Adult Orthodontia is available for employer-sponsored groups with 25 or more employees enrolled.	\$1,000 Lifetime / \$500 Calendar Year Maximum	





# Dental Passive PPO Plan Summary

- Employer sponsored available to groups of 2+ enrolling employees
- Voluntary available to groups of 5+ enrolling employees

BENEFITS	HIGH PLAN		MID PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Maximum</b>	\$2,500	\$2,500	\$2,500	\$2,500
	\$2,000	\$2,000	\$2,000	\$2,000
	\$1,500	\$1,500	\$1,500	\$1,500
	\$1,250	\$1,250	\$1,250	\$1,250
	\$1,000	\$1,000	\$1,000	\$1,000
<b>Calendar Year Deductible</b> (3 per family max)	\$25, \$50, \$100, or \$100 Lifetime Waived on Preventive Services			
<b>Class I: Preventive Services</b> Routine oral exam, cleanings, fluoride treatment for children, bitewing x-rays, panoramic/full mouth x-rays, sealants.	100%	100%	100%	100%
<b>Class II: Basic Services</b> Fillings (amalgam, porcelain & plastic), anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, space maintainers for children, limited oral exam, pathology, oral surgery.	90%	90%	80%	80%
<b>Class III: Major Services</b> Crowns & gold fillings, inlays, onlays & pontics, fixed bridges, implants, complete & partial dentures.	60%	60%	50%	50%
<b>Endodontics</b>	Class II or Class III			
<b>Periodontics</b>	Class II or Class III			
<b>Waiting Periods</b>	12 month waiting period is only for groups with 2-4 enrolled employees and applies to major services			
<b>Out-of-Network Reimbursement</b>	UCR at 80th or 90th Percentile or MAC			
<b>Special Dental Accident Benefit</b>	\$1,000 maximum per accident to sound, natural teeth			
<b>Children's Good Vision Benefit</b> Available for plans that include orthodontia coverage	Covers 50% of UCR for an eye exam once every 12 months for children through age 18			
<b>Orthodontics Option</b>	50%			
<b>Child Only Ortho (5+ groups only)</b> Child Orthodontia is available for groups with 5 or more employees enrolled. (Dependent children through age 18)	\$1,000 Lifetime / \$500 Calendar Year Maximum or \$1,500 Lifetime / \$750 Calendar Year Maximum			
<b>Adult &amp; Child Ortho (25+ groups only)</b> Adult Orthodontia is available for employer-sponsored groups with 25 or more employees enrolled.	\$1,000 Lifetime / \$500 Calendar Year Maximum			





# Dental Guidelines

## Contribution

**Employer-sponsored:** 50% and above (EE) and 0% and above (dependents).

**Voluntary:** not applicable.

## Participation

**Employer-sponsored (2-4):** 100% employee participation.

**Employer-sponsored (5+):** 60% employee participation.

**Voluntary (5+):** 20% employee participation.

Employer-sponsored rates available for voluntary groups who demonstrate above 60% employee participation.

Note: Employees with other group dental coverage do not count towards participation requirements. Dependent participation not required.

## Child and Adult Orthodontia

Child orthodontia available with a \$1,000 or \$1,500 lifetime maximum for groups of 5 or more employees enrolled.

Plans with a \$1,500 lifetime maximum for ortho have a \$750 calendar year maximum. There is a \$500 calendar year maximum for plans with a \$1,000 lifetime maximum for orthodontia.

Adult and child orthodontia with a \$1,000 lifetime maximum is available on high and mid plans for employer-sponsored groups of 25 or more employee enrolled.

Orthodontic benefits are not offered on basic plans.

## Dual Choice

Available to groups of 10 or more employees enrolled.

Minimum of 5 employees enrolled in each plan.

## Administration Fees

\$20.00 monthly fee applies to groups of less than 5 employees enrolling. No administration fees apply for groups of 6 or more employees enrolled.

## Waiver of Waiting Periods

Employer-sponsored groups of 2-4 enrolling employees are not eligible for the waiting period waiver and will have a 12-month wait on Class II Major and Class IV Orthodontic Services. Voluntary plans are not available for groups with 2-4 enrolling employees. Waiting periods for major and orthodontic services are waived for:

Employer-sponsored and Voluntary		
Group Size	Requirements	Applies To
5-9	Proof of 12 consecutive months of comparable prior group coverage.	EEs with 12 consecutive months of comparable coverage on prior group plan.



# Vision

An eye exam does more than check eyesight – it can also diagnose diseases in their early stages. Early symptoms for high blood pressure, cardiovascular disease, diabetes and multiple sclerosis can all be screened for in an eye exam.

## Vision Plans with Great Value

Vision plans are not only perfect for employers looking to add value to their ancillary benefits program, they also offer affordability and promote wellness. BEST Life offers two vision products – a PPO plan and a true indemnity plan fully-insured by BEST Life and Health Insurance Company.

Both vision products are available as employer-sponsored and voluntary. There are no waiting periods. Both plans include annual open enrollment and can be written as stand-alone coverage. Together these products provide a well-balanced benefits portfolio for your business.

## BEST Life Vision Indemnity

For groups who want access to any provider, these vision plans offer more frequency options, yearly deductible options, and provide comprehensive coverage.

## BEST Life Vision PPO

These comprehensive plans have an in-network benefit and include coverage for additional lens options like UV coating, tints, polycarbonates, and scratch resistance.





# Vision Indemnity Plan Summary

➤ Employer sponsored and Voluntary available to groups with 5+ enrolling employees.

## Plan Features

- Employer-sponsored and voluntary plans available
- No waiting periods
- Access to care from any licensed ophthalmologist or optometrist
- Contacts in lieu of OR in addition to frames and lenses
- EyeMed discount program included for discounts off the regular retail price of eyeglasses, contact lenses, sunglasses and corrective surgery
- QualSight® LASIK laser vision correction discounts

Frequency (by months)			
Plan Option	Exams	Frames	Lenses/Contacts
A	12	12	12
B	12	24	12

Plan Design Options	1	2	3
Yearly Deductible Options	\$0, \$10 or \$25		
Exam Allowance	\$60	\$60	\$60
Lens Allowances			
Single	\$35	\$45	\$55
Bi-focal	\$55	\$65	\$75
Tri-focal	\$65	\$75	\$85
Frames Allowance	\$80	\$100	\$115
Elective Contact Lenses Allowance	\$125	\$125	\$125
Medically Necessary Contact Lenses Allowance	\$200	\$200	\$200



# Vision PPO Plan Summary

➤ Employer sponsored and Voluntary available to groups of 5+ enrolling employees.

## Plan Features

- EyeMed’s Access network of more than 150,000 vision care providers nationally
- Network includes optometrists, ophthalmologists, opticians, private practices and optical retailers: LensCrafters®, Target Optical® and most Pearle Vision locations
- Plan allows member to receive either contacts and frame, or frame and eyeglass lens services
- 15% off retail price for Laser Vision Correction included

Frequency (by months)			
Plan Option	Exams	Frames	Lenses/Contacts
A	12	12	12
B	12	24	12

Benefits	1		2		3	
	In-Network Member Costs	Out-of-Network Allowance	In-Network Member Costs	Out-of-Network Allowance	In-Network Member Costs	Out-of-Network Allowance
<b>Exam</b> With Dilatation as necessary	\$10 Co-pay	Up to \$42	\$10 Co-pay	Up to \$42	\$10 Co-pay	Up to \$42
<b>Standard Fit &amp; Follow-Up</b>	\$0 Co-pay	Up to \$40	Up to \$55 Co-pay	Not Covered	Up to \$55 Co-pay	Not Covered
<b>Frames</b> (Any available frame at provider location)	80% of Balance over \$130	Up to \$65	80% of Balance over \$130	Up to \$65	80% of Balance over \$100	Up to \$50
<b>Lenses</b>						
Single Vision	\$10 Co-pay	Up to \$35	\$25 Co-pay	Up to \$35	\$25 Co-pay	Up to \$35
Bi-focal	\$10 Co-pay	Up to \$40	\$25 Co-pay	Up to \$40	\$25 Co-pay	Up to \$40
Tri-focal	\$10 Co-pay	Up to \$65	\$25 Co-pay	Up to \$65	\$25 Co-pay	Up to \$65
Standard Progressive	\$75 Co-pay	Up to \$40	\$90 Co-pay	Up to \$40	\$90 Co-pay	Up to \$40
Premium Progressive	\$75 Co-pay, 80% of Balance over \$120	Up to \$40	\$90 Co-pay, 80% of Balance over \$120	Up to \$40	\$90 Co-pay, 80% of Balance over \$120	Up to \$40
<b>Lens Options</b>						
UV Coating	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Tint (Solid and Gradient)	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Standard Scratch-resistant	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered	\$15 Co-pay	Not Covered
Standard polycarbonate	\$40 Co-pay	Not Covered	\$40 Co-pay	Not Covered	\$40 Co-pay	Not Covered
Standard anti-reflective coating	\$45 Co-pay	Not Covered	\$45 Co-pay	Not Covered	\$45 Co-pay	Not Covered
Other add-ons and services	80% of Balance	Not Covered	80% of Balance	Not Covered	80% of Balance	Not Covered
<b>Contact Lenses</b>						
Standard Fit and Follow-Up	\$0	Up to \$40	Up to \$55	Not Covered	Up to \$55	Not Covered
Elective - Premium Fit and Follow-Up	90% of Balance over \$55	Up to \$40	90%	Not Covered	90%	Not Covered
Elective - Conventional	85% of Balance over \$130	Up to \$104	85% of Balance over \$130	Up to \$104	85% of Balance over \$115	Up to \$92
Elective - Disposable	100% of Balance over \$130	Up to \$104	100% of Balance over \$130	Up to \$104	100% of Balance over \$115	Up to \$92
Medically Necessary Contacts	\$0 Co-pay Paid in Full	Up to \$200	\$0 Co-pay Paid in Full	Up to \$200	\$0 Co-pay Paid in Full	Up to \$200





Group Term Life insurance provides valuable and affordable financial protection for employees and their families during times of loss, illness or injury. Our policies are customizable for employer-sponsored or voluntary groups with various AD&D options and Guarantee Issue amounts. We can provide multiple levels of coverage that are just right for any size group.

### **BASIC LIFE PLANS:**

Employer-Contributory Group Life for groups of 2 or more enrolling employees.

- Flat, Class or Salaried schedules with guarantee issue amounts available
- Dependent coverage is available for all levels of coverage
- Flexible AD&D options can be tailored according to the group plan needs
- Automatic 2-year rate guarantees included on all plans

### **VOLUNTARY LIFE PLANS:**

Voluntary Group Life for groups of 5 or more enrolling employees.

- No employer-contribution is required
- Flat guarantee issue amounts by group size
- Flexible AD&D plans can be tailored according to the groups needs
- Dependent coverage is available on all plans
- Automatic 2-year rate guarantees included on all plans
- Can be purchased as a stand-alone plan or in addition to the Basic Life plan





# Term Life Plan Summary

- Group Term Life insurance provides valuable and affordable financial protection for employees and their families during times of loss, illness or injury.

Available in: AK, AL, AR, AZ, CA, CO, DC, FL, GA, HI, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, MT, NC, ND, NE, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, WY

BENEFITS	BASIC LIFE PLANS	VOLUNTARY LIFE PLANS
<b>Employer Contribution</b>	<b>25% Minimum</b> *100% contribution requires 100% employee enrollment	<b>N/A</b>
<b>Participation</b> (Participation percentages include all eligible full-time employees.)	<b>Enrollment Size:</b> <ul style="list-style-type: none"> <li>• 2-4 Enrolling Employees: 100% participation required</li> <li>• 5+ Enrolling Employees: 75% participation required</li> </ul>	<b>Enrollment Size:</b> <ul style="list-style-type: none"> <li>• Minimum Participation: Greater of 5 lives or 15% (Groups of 5-9 enrolling employees must submit EOI for amount approval)</li> </ul>
<b>Life Schedules</b>	<b>Flat Schedule</b> <b>Class Schedule</b> <b>Salaried Schedule</b>	<b>N/A</b>
<b>Guarantee Issue</b> (Guarantee Issue is dependent upon group size and group volume. Amounts requested in excess of the Guarantee Issue is subject to EOI and underwriting approval.)	<b>Enrollment Size:</b> <ul style="list-style-type: none"> <li>• 2-4 Enrolling Employees: \$5,000 increments up to \$20,000</li> <li>• 5-9 Enrolling Employees: \$5,000 increments up to \$50,000</li> <li>• 10+ Enrolling Employees: \$5,000 increments up to \$500,000 for qualifying groups</li> </ul>	<b>Enrollment Size:</b> <ul style="list-style-type: none"> <li>• 5-9 Enrolling Employees: No Guarantee Issue; EOI required for \$10,000 or \$15,000 amount approval</li> <li>• 10-74 Enrolling Employees: \$5,000 increments up to \$100,000</li> <li>• 75+ Enrolling Employees: \$5,000 increments up to \$150,000</li> </ul>
<b>Dependent Life Coverage</b>	<b>All Enrollment Sizes:</b> <ul style="list-style-type: none"> <li>• Spouse: \$5,000 or \$10,000</li> <li>• Child 6 months to 26 years old: \$5,000 or \$10,000</li> <li>• Child 14 days to 6 months old: \$1,000</li> <li>• Child 0 days to 13 days old: \$500</li> </ul>	<b>Spouse Coverage:</b> <ul style="list-style-type: none"> <li>• <b>10-74 Enrolling Employees:</b> \$5,000 increments up to \$25,000</li> <li>• <b>75+ Enrolling Employees:</b> \$5,000 increments up to \$30,000</li> </ul> <b>Child(ren) Coverage: (all enrollment sizes)</b> <ul style="list-style-type: none"> <li>• <b>6 months to 26 years old:</b> \$5,000 or \$10,000</li> <li>• <b>14 days to 6 months old:</b> \$1,000</li> <li>• <b>0 days to 13 days old:</b> \$500</li> </ul>
<b>Age Reductions</b> (From original amount)	<b>Standard Age Reduction</b> Age 65 = 35% Age 70 = 50% Age 75 = 65% Age 80 = 80%	
<b>AD&amp;D Option</b> (AD&D available for employees only)	<b>Two Options:</b> <ol style="list-style-type: none"> <li>1. No AD&amp;D Coverage</li> <li>2. AD&amp;D Standard Benefit plus Seat Belt and Air Bag Benefit.</li> </ol>	
<b>Accelerated Death Benefit*</b> (Available for groups of 10 or more enrolling employees only.)	Allows up to 75% of a maximum \$250,000 benefit to be paid prior to the death of the participant.	
<b>Additional Plan Features</b>	Waiver of Premium to Age 60 Conversion	

\*Accelerated Death Benefit not available in: FL, LA, MO, MT, OR, VA and WA

The following industries are not eligible for Life coverage through BEST Life:

**Mining** (SIC: 1011-1500)  
**Sports** (SIC 794X)

**Airlines** (SIC 4512-4581)  
**Oil/Gas** (SIC 13XX, 46XX)

**Chemical Processing** (SIC 287X-2899)





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