

Bay Dental



Quality, affordable dental insurance coverage for your entire family

Bay Dental offers three great plans, all with quick and simple online quoting and enrollment

Underwritten by Madison National Insurance Company, Inc. in all states except New York and New Hampshire. Underwritten by Standard Security Life Insurance Company of New York in the states of New York and New Hampshire.

Refer to a separate brochure for residents of Idaho, North Carolina and Texas.



Three Great Plans

The amounts and percentages below represent the insured's portion of the cost.

	Plan A ¹	Plan B ²	Plan C ²
Plan Type	PPO (DenteMax)	Indemnity	Indemnity
Maximum	\$1,000 per calendar year	\$1,000 per calendar year	First plan year: \$500 Second plan year: \$750 Third plan year +: \$1,000
Deductible	\$50 calendar-year deductible applies to all services	\$50 calendar-year deductible applies to all services	\$100 lifetime deductible applies to all services
Preventive Care			
Office visit	0% ¹	0% ²	20%
Cleaning	0% ¹	0% ²	20%
Topical fluoride	0% ¹	0% ²	20%
Sealants	Not covered	Not covered	20%
Diagnostic Care			
X-rays	20% after 6-month waiting period	20% after 6-month waiting period	40%
Basic Care			
Restorative dentistry/ fillings, extractions	20% after 6-month waiting period	20% after 6-month waiting period	60% after 3-month waiting period
Oral surgery	20% after 6-month waiting period	20% after 6-month waiting period	80% after 15-month waiting period
Major Care			
Crowns, bridges, dentures, root canals, periodontics and endodontics	50% after 18-month waiting period	50% after 18-month waiting period	80% after 15-month waiting period

¹ Bay Dental Plan A utilizes the DenteMax network, which provides access to more than 108,000 providers nationwide. Dentists contracted with DenteMax agree to charge you less; typically 25-40 percent below their usual charges. Out-of-network charges in excess of the network fee, or maximum allowable charge (MAC), are the responsibility of the insured person.

² Bay Dental Plans B and C allow you to visit any dentist you wish without network restrictions. However, benefits are subject to the usual, customary and reasonable charge. Billed charges in excess of this amount are the insured person's responsibility. While not required, visiting a DenteMax provider may result in a lower billed charge.

Quality Dental Insurance Coverage

Covered services per person include:

Preventive Care

- Routine oral exams – limited to one per six months
- Prophylaxis (the cleaning and scaling of teeth) – limited to one per six months
- Topical application of fluoride – for dependent children under age 16; limited to one per calendar year (not applicable in all states)
- Sealants – for dependent children under age 14; limited to one treatment per tooth no less than 36 months apart

Diagnostic Care

- Intra-oral occlusal film
- Bitewing X-rays (up to a set of four) – limited to one per calendar year
- Full-mouth X-rays (panoramic film or full series) – no less than 36 months apart

Basic Care

- Simple extraction
- Pin retention – per tooth, in addition to restorations
- Fillings (restorations)
 - Amalgam restorations
 - Composite restorations – limited to anterior teeth and bicusps
 - Sedative fillings
- Antibiotic injections administered by a dentist
- Oral surgery
- Maintenance prosthodontics
 - Denture repairs/adjustments
 - Denture rebase – no less than 24 months apart
 - Denture relines – no less than 24 months apart

Major Care

- Endodontic treatment
- Periodontic services
- Inlays, onlays and crowns
- Prosthetic services (dentures or bridges)

Bay Dental Partners

Madison National Life Insurance Company, Inc.

In all states except New York and New Hampshire, Bay Dental is underwritten by Madison National Life Insurance Company, Inc. (MNL), a Wisconsin insurance company. Madison National is a member of The IHC Group.

Madison National is rated A- (Excellent) by A.M. Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet their obligations.

Standard Security Life Insurance Company of New York

In the states of New York and New Hampshire, Bay Dental is underwritten by Standard Security Life Insurance Company of New York (SSL). Standard Security is a member of The IHC Group. Standard Security is rated A- (Excellent) by A.M. Best Company.

The IHC Group

The IHC Group is an organization of insurance carriers, managing general underwriters, third-party administrators and marketing affiliates that has been providing life, health, disability, dental, vision and medical stop-loss insurance solutions to groups and individuals for over twenty-five years. With over \$1.3 billion in assets, members of The IHC Group include Independence Holding Company (NYSE: IHC), American Independence Corp. (NASDAQ: AMIC), Standard Security Life Insurance Company of New York, Madison National Life Insurance Company, Inc. and Independence American Insurance Company. Each insurance carrier in The IHC Group has a financial strength rating of "A-" (Excellent) from A.M. Best Company, Inc. a widely recognized rating agency that rates the financial strength of insurance companies and their ability to meet policyholder obligations. Collectively, the companies in The IHC Group provide insurance coverage to more than one million individuals and groups.

Plan Information

The following provides a brief overview of Bay Dental plan guidelines, definitions, limitations and exclusions. This brochure is not the insurance group policy or certificate. Please refer to the Certificate of Insurance under group policy form MNL ADEN-POL 0905 or SSL ADEN-POL 0905, issued to Communicating for America, Inc., for detailed definitions along with a full explanation of plan guidelines, benefits, exclusions and limitations.

Group Association

Bay Dental is a group association dental plan available to individuals and families. Membership enrollment in Communicating for America, Inc. (CA) is effective upon receipt of association dues, which are added to the plan premium. Communicating for America is a nonprofit association headquartered in Fergus Falls, Minn., providing members valued benefits and savings since 1972.

Eligibility

Individuals, their spouse and dependent children are eligible for coverage. In order to be considered an eligible dependent child, he/she must be unmarried and under age 19, or 25 if a full-time student. The primary insured must be a member of CA and all family members must be residents of the United States in order to be covered.

Covered Charges

Covered charges must be medically necessary, have a reasonably favorable prognosis and be incurred while the policy is in force for a person covered under the policy. To be considered a covered charge, the dental services must be performed by: a licensed dentist performing dental services within the scope of his/her license; or a licensed dental hygienist acting under the supervision and direction of a dentist. A covered charge is considered incurred on the date the treatment or service is rendered or the supply furnished.

Alternative Benefit

If we determine that a less expensive alternate procedure, service or course of treatment, which meets broadly accepted standards of dental care, can be performed in place of the proposed treatment to correct a dental condition and the alternative treatment will produce a professionally satisfactory result, then the maximum we will allow will be the charge for the less expensive treatment.

Predetermination of Benefits

Except in an emergency, before you begin treatment that will cost more than the predetermination amount shown on the Certificate's schedule of benefits page, your dentist must submit a claim to us describing the treatment necessary and its cost. We will return to you and your dentist an estimate of the treatment and the amount for which benefits are payable. This estimate is not a guarantee of payment. We will still consider a claim for which you have not obtained prior approval. However, the claims will be subject to reduced benefits based on our determination of reasonable and customary charges, and medically necessary treatment.

Coordination of Benefits

This plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits.

The following treatment, services or supplies, and charges as a result of the following, are not covered by Bay Dental:*

- Treatment, services or supplies which:
 - Are not medically necessary
 - Are not prescribed by a dentist
 - Are determined to be experimental/investigational in nature by us
 - Are received without charge or legal obligation to pay
 - Would not routinely be paid in the absence of insurance
 - Are received from any family member
 - Are not covered procedures
 - Self-inflicted injuries
 - War or an act of war, whether or not declared
 - A covered person's commission of a felony or an assault on another person
 - Riot, nuclear accident or a major disaster
 - Employment; whether caused by, related to, or as a condition of employment, including self-employment. This exclusion applies even if workers' compensation or any occupational disease or similar law does not cover the charges
 - Treatment which began before the covered person's effective date of coverage or after the covered person's termination of coverage
 - Congenital or development malformations existing on the covered person's effective date as shown in the certificate's schedule of benefits
 - Implants of any type and all related procedures, removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments
 - Periodontal splinting
 - Porcelain on crowns, or pontics posterior to the 2nd bicuspid
 - Replacement of partial or full dentures, fixed or removable bridge work, crowns, gold restorations and jackets more often than once in any five-year period
 - Lost, stolen or missing dentures or bridges for duplicates
 - Charges payable under any medical insurance
 - Charges made by any government entity, unless the covered person is required to pay, or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made
 - Use of materials, other than fluorides or sealants, to prevent tooth decay
 - Bite registrations
 - Bacteriologic cultures
 - Therapeutic injections administered by a dentist
 - Cast restorations, inlays, onlays and crowns for teeth that are not broken down by extensive decay or accidental injury or for teeth that can be restored by other means (such as an amalgam or composite filling)
 - Replacement of 3rd molars
 - Composites on teeth posterior to the second bicuspid
 - Crowns, inlays and onlays used to restore teeth with microfractures or fracture lines, undermined cusps, or existing large restorations without overt pathology
 - Temporomandibular joint syndrome
- Please refer to the Certificate of Insurance for a complete list of exclusions and limitations.

