

IAIC Dental Insurance

PPO dental insurance for individuals and families



Underwritten by Independence American Insurance Company, (IAIC), a member of the IHC Group. For more information about IAIC and the IHC Group, visit www.ihcgroup.com. This product is not considered to be Minimum Essential Coverage as defined by the Patient Protection and Affordable Care Act (ACA). Plans are administered by The Loomis Company.

 Independence American
Insurance Company
A Member of The IHC Group

Your Bright Smile: A Reflection of Your Health

Dental insurance can help cover the cost of exams and procedures, while promoting more frequent visits, ultimately keeping you healthier. Dental Insurance offers a great PPO plan for individuals and families. The premiums will vary with the amount of the benefit selected.

Plan Design

	D1	D4*	DB
Calendar-year deductible	\$50	\$50	\$50
Maximum benefit (per covered person, per calendar year)	\$1,000	\$1,250	\$1,500
Coinsurance percentage (listed per covered person)			
Preventive Care (In-network/Out-of-network):			
Exams	100%/100%	100%/100%	100%/100%
Cleanings	100%/100%	100%/100%	100%/100%
Topical fluoride	100%/100%	100%/100%	100%/100%
Sealants	100%/100%	100%/100%	100%/100%
(calendar year deductible does not apply)			
Diagnostic care (In-network/Out-of-network):	100%/100%	100%/100%	100%/100%
X-rays			
(calendar year deductible does not apply)			
Basic care (In-network/Out-of-network):	50%/50%	80%/80%	80%/80%
Fillings and extractions			
(6-month waiting period)			
Major care (In-network/Out-of-network):	50%/50%	50%/50%	50%/50%
Crowns, bridges, dentures, root canals,			
periodontics, endodontics and oral surgery			
(12-month waiting period)			

When utilizing in-network dental providers:

Network providers have agreed to a negotiated, discounted dollar amount for each covered charge. Therefore, if all dental services are received from network providers, you will not be billed for any charges above the allowed amount, or maximum allowable charge.

When utilizing out-of-network providers:

If you receive dental services from a provider that is not included in the network, covered expenses are limited to the maximum allowable charge. You will receive a bill from the provider if out-of-network expenses exceed the maximum allowable charge. Not available in all states.

The PPO network available with Dental Insurance varies by state. Please refer to the provider directory for a complete list of available network dental providers in your area.

In Georgia, coinsurance cannot exceed 60%.

*Plans not available in Idaho or New Mexico.

Dental Insurance – Covered Procedures

Limits listed below apply per covered person.

Diagnostic Care	Basic Care
<ul style="list-style-type: none"> • Bitewing X-rays, limited to one per calendar year • Full-mouth X-rays, limited to one every three Years 	<ul style="list-style-type: none"> • Simple extractions • Fillings <ul style="list-style-type: none"> » Amalgam restorations » Composite restorations, limited to anterior teeth and bicuspid • Emergency palliative treatment to temporarily release pain
Preventive Care	Major Care
<ul style="list-style-type: none"> • Routine oral exams, limited to two per calendar year. Prophylaxis (the cleaning and scaling of teeth), limited to two per calendar year • Topical application of fluoride for dependent children, limited to one per calendar year. Limited to dependents age 15 and under. • Sealants, one per tooth every three years for specific permanent molars. Limited to dependents age 13 and under. • Space maintenance, including the initial appliance and adjustments within six months of installation for a dependent child up to age 16 	<ul style="list-style-type: none"> • Endodontic services • Periodontic services • Oral surgery • Surgical extractions • Dentures and maintenance prosthodontics • Inlays, onlays and crowns • Bridges

Eligibility

Dental Insurance is available to the primary applicant up to age 99, his or her spouse age 18 to 99, and dependent children under the age of 26.

Termination

The plan will continue as long as premium is paid and the primary insured does not become ineligible.

Covered charges

Expenses must be medically/dentally necessary and incurred by a covered person while the plan is in force. A covered procedure must be performed by a licensed dentist acting within the scope of his or her license, a licensed physician performing dental services within the scope of his or her license, or a licensed dental hygienist acting under the supervision and direction of a dentist.

Coordination of benefits

This plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits. Coordinating benefits is not permitted in all states.

Alternative benefits

If we determine that a less expensive service or supply can be used in place of the proposed treatment based on broadly accepted standards of dental care, benefits are limited to the maximum allowable charge for the least expensive treatment. The maximum allowable charge is determined by the in-network reimbursement schedule.

Pre-treatment estimate

Except in an emergency, before a covered person may begin treatment that will cost more than the predetermination amount shown on the Schedule of Benefits, the dentist must submit a claim to us describing the treatment necessary and the cost. This estimate is not a guarantee of payment. We will still consider a claim for which the covered person has not obtained an estimate; however, the claim may be subject to reduced benefits based on our determination of the maximum allowable charge and medically necessary treatment.

Exclusions for Dental

The following exclusions list is an outline of the complete list available in the IAIC Dental Insurance insurance Policy. Exclusions and limitations may vary by state.

- Treatment, services or supplies which:
 - Are not medically/dentally necessary;
 - Are not prescribed by a dental provider;
 - Are determined to be experimental or 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 rendered in accordance with generally accepted standards of dental practice; or
 - Are not covered services
- Expenses resulting from:
 - Suicide, attempted suicide or intentionally self-inflicted injury
 - War, or from voluntary participation in a riot or insurrection;
 - Engaging in an illegal act or occupation, the commission of a felony or assault;
 - Fixed or removable bridgework involving replacement of a natural tooth or teeth that were lost prior to the covered person's effective date of coverage;
 - Telephone consultations, failure to keep a scheduled appointment, completion of claim forms or attending dental provider statements;
 - Use of materials, other than fluorides or sealants, to prevent tooth decay
 - 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;
 - Replacement of third molars;
 - Crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology; or
 - Any service not specifically listed in the Schedule of Benefits
- Expenses incurred by a covered person while on active duty in the armed forces
- Expenses for which benefits are paid or payable under Workers' Compensation Act or similar laws
- Treatment that began before the covered person's effective date of coverage or after the covered person's termination of coverage
- Congenital or developmental malformations existing on the covered person's effective date
- Periodontal splinting
- Replacement of partial or full dentures, fixed bridgework, crowns, gold restorations and jackets more often than once in any 60-month period per tooth
- Relining of dentures more often than once in any 24-month period
- Expenses for lost, stolen or missing appliances of any type, or for duplicates
- Prescription drugs and analgesia pre-medication
- Dental education or training programs, diet and nutrition counseling
- Expenses resulting from the following, unless stated on the Schedule of Benefits:
 - Prosthodontics;
 - Orthodontia;
 - 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; or
 - Porcelain on crowns, or pontics posterior to the second bicuspid
- Cosmetic dentistry
- Charges that are payable under any other insurance, unless specifically available under the Coordination of Benefits provision in the Policy
- 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
- Bite registrations
- Bacteriologic cultures
- Temporomandibular joint syndrome (TMJ), unless coverage is required by state mandate

This product is not qualifying health coverage (“Minimum Essential Coverage”) that satisfies the health coverage requirement of the Affordable Care Act. If you don’t have Minimum Essential Coverage, you may owe an additional payment with your taxes. The termination or loss of this policy does not entitle you to a special enrollment period to purchase a health benefit plan that qualifies as minimum essential coverage outside of an open enrollment period. This product may include a pre-existing condition exclusion provision.

Not all plans or combinations of benefits are available in all states.

This brochure provides a very brief description of the important features of Dental Insurance. This brochure is not a policy and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both the policy holder and the insurance company. It is, therefore, important that you READ THE POLICY CAREFULLY. For complete details, refer to the Individual Dental Policy, Policy form number (IAIC IDEN POL 0414).

About Independence American Insurance Company

Independence American Insurance Company is domiciled in Delaware and licensed to write property and/or casualty insurance in all 50 states and the District of Columbia. Its products include short-term medical, hospital indemnity, fixed indemnity limited benefit, group and individual dental, and pet insurance. Independence American is rated A- (Excellent) for financial strength by A.M. Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

The Loomis Company

The Loomis Company (Loomis), founded in 1955, has been a leading Third Party Administrator (TPA) since 1978. Loomis has strategically invested in industry leading ERP platforms, and partnered with well-respected companies to enhance and grow product offerings. Loomis supports a wide spectrum of clients from self-funded municipalities, school districts and employer groups, to large fully insured health plans who operate on and off state and federal marketplaces. Through innovation and a progressive business model, Loomis is able to fully support and interface with its clients and carriers to drive maximum efficiencies required in the ever evolving healthcare environment.

About eHealth

eHealth, Inc. (NASDAQ:EHTH) owns eHealth.com, a leading private online health insurance exchange where individuals, families and small businesses can compare health insurance products from leading insurers side by side and purchase and enroll in coverage online. eHealth offers thousands of individual, family and small business health plans underwritten by many of the nation’s leading health insurance companies. eHealth (through its subsidiaries) is licensed to sell health insurance in all 50 states and the District of Columbia. eHealth also offers educational resources and powerful online and pharmacy-based tools to help Medicare beneficiaries navigate Medicare health insurance options, choose the right plan and enroll in select plans online through Medicare.com (www.Medicare.com), eHealthMedicare.com (www.eHealthMedicare.com) and PlanPrescriber.com (www.PlanPrescriber.com).

About The IHC Group

Independence Holding Company (NYSE: IHC), formed in 1980, is a holding company that is principally engaged in underwriting, administering and/or distributing group and individual specialty benefit products, including disability, supplemental health, pet, and group life insurance through its subsidiaries (Independence Holding Company and its subsidiaries collectively referred to as “The IHC Group”). The IHC Group includes three insurance companies (Standard Security Life Insurance Company of New York, Madison National Life Insurance Company, Inc. and Independence American Insurance Company), and IHC Specialty Benefits, Inc., a technology-driven full-service marketing and distribution company that focuses on small employer and individual consumer products through general agents, telebrokerage, call centers, advisors, private label arrangements, independent agents, and through the following brands: [www. HealthDeals.com](http://www.HealtheDeals.com); Health eDeals Advisors; www.PetPartners.com; and www.PetPlace.com.

