

IHC Dental

Quality, affordable
dental insurance



Group association dental insurance under the IHC Dental plans is underwritten by Madison National Life Insurance Company, Inc.

For residents of Georgia.



IHC Dental GA EHI 1213



Your oral health is more important than you may realize.

Regular dental checkups can help with the early detection of serious medical conditions and increase overall health.¹

Dental insurance can help cover the cost of exams and procedures, while promoting more frequent visits, ultimately keeping you healthier. IHC Dental offers three great plans for individuals and families.

IHC Dental preferred provider plans

	Apex	Bay
Plan type	Preferred provider ²	Preferred provider ²
Deductible , Applies per covered person, per calendar year to all services	\$50	\$50
Maximum benefit per calendar year	\$1,000	\$1,000
Percentage you pay after deductible:		
Preventive care - Office visit - Cleaning - Topical fluoride - Sealants	0% 0% 20% 20%	0% 0% 0% 0%
Diagnostic care X-rays	20% after 6 month waiting period	0%, no waiting period
Basic care Restorative dentistry/fillings, extractions	20% after 6 month waiting period	30% after 6-month waiting period
Major care Crowns, bridges, dentures, root canals, periodontics, endodontics and oral surgery	30% after 12 month waiting period	Not covered ³

¹ "Oral Health: A Window to Your Overall Health." Mayo Clinic. Mayo Foundation for Medical Education and Research, 5 Feb. 2011. Web. 25 Mar. 2011. <http://www.mayoclinic.com/health/dental/DE00001>.

² Charges received outside the preferred provider network in excess of the network reimbursement schedule are the responsibility of the insured person.

³ Although not covered under the plan, a discount may be available at network providers for basic and major care services. Discounts are available at the provider's discretion where not prohibited by law.

IHC Dental Indemnity plan

	Ridge
Plan type	Indemnity ¹
Deductible, Lifetime deductible applies per covered person to all services	\$100 lifetime
Maximum benefit	First plan year: \$500 Second plan year: \$750 Third plan year and thereafter: \$1,000
	Percentage you pay after deductible:
Preventive care - Office visit - Cleaning - Topical fluoride - Sealants	20% 20% 20% 20%
Diagnostic care X-rays	40%
Basic care Restorative dentistry/fillings, extractions	50% after 3 month waiting period
Major care Crowns, bridges, dentures, root canals, periodontics, endodontics and oral surgery	50% after 15 month waiting period

¹ Claims reimbursement is subject to the Reasonable and Customary Charge. Billed charges in excess of this amount are the insured person's responsibility.

Coverage types

Benefits paid for the services listed below are based on the plan selected.

(Limits reflected below are per covered person)

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)

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
- ▶ 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)
- ▶ Oral surgery

Plan information

This brochure provides a brief description of the benefits, exclusions and other provisions of the Master Group Dental Policy MNL ADEN-POL 0905 issued to the Communicating for America, Inc. association, the group policyholder. For complete details, please refer to the Group Dental Insurance Certificate MNL ADEN-CER.001 0905.

Eligibility

IHC Dental is available to applicants age 18 and older, their spouse and dependant children under the age of 26. The primary insured must be a member of Communicating for America, and all family members must be residents of the United States in order to be covered.

Effective date

The plan will be effective the first month of the month following request for coverage, or a future selected effective date not more than 60 days following enrollment.

Covered charges

Expenses must be medically 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 her or his license, a licensed physician performing dental services within the scope of her or his license, or a licensed dental hygienist acting under the supervision and direction of a dentist.

Preferred provider plans

Covered charges are subject to the network reimbursement schedule which varies based on the dental service provided and geographic area in which it is received.

Indemnity plan

Covered charges are subject to the Reasonable and Customary Charge, which is the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the geographic area in which the charge is incurred.

Coordination of benefits

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

Alternative benefit

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 Reasonable and Customary Charge for the least expensive alternative treatment.

Predetermination of benefits

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 prior approval; however, the claim will be subject to reduced benefits based on our determination of Reasonable and Customary Charge, and medically necessary treatment.

Exclusions

The following is a partial listing of exclusions from coverage. Please consult the Certificate of Insurance for a complete description of charges, services and supplies excluded from coverage. Benefits will not be paid for dental expenses arising from or in connection with:

- 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
- 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
- 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
- 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
- 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

IHC Dental Partners

Communicating for America, Inc.

IHC Dental is a group association plan available to members of Communicating for America, Inc. (CA). CA is a nonprofit association headquartered in Fergus Falls, Minn., that has been providing members valuable benefits and savings since 1972. Enrollment as a member of CA is completed upon receipt of the association dues, which are billed with the monthly premiums.

Madison National Life Insurance Company, Inc.

Group association dental insurance is underwritten by Madison National Life Insurance Company, Inc., a member of The IHC Group. Madison National is rated A- (Excellent) for financial strength by A.M. Best Company, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet their obligations. (An A++ rating from A.M. Best is its highest rating.)

The IHC Group

For over three decades member companies of The IHC Group have built a reputation of commitment to the markets they serve. With more than one million customers nationwide, The IHC Group's focus is to be an innovative partner to small businesses, individuals and families.

There is no ownership or affiliation between Madison National Life and Communicating for America, Inc.

