



DentaFlex makes it simple to complete your employee benefit package with dental coverage that can be customized to suit your business needs and employee budgets. Whether your business is established and looking for a plan with specific features, or is offering employees dental insurance for the first time and seeking a less expensive option, The IHC Group's DentaFlex portfolio offers straightforward, easy-to-understand benefits.

Flexibility

Most DentaFlex plans are available with a preferred provider organization (PPO) or on an indemnity basis. Employees who choose to receive services from participating providers will incur lower out-of-pocket costs.

- Calendar-year plan maximums of up to \$5,000 per covered person
- Customize with plan options including the number of covered cleanings per year and waiting periods for basic and major care

Plan highlights

Employee choice

What your employees want from a dental plan—and how much they are willing to spend on it—varies. So DentaFlex offers plan choice to groups of five or more enrolled employees. Plan choice allows you more options in creating a plan design that meets the needs of a changing workforce.

Plan choice options include:

- You pay for plan A and offer plan B as an optional employee “buy up.”
- Employee-paid plans with multiple options help increase dental plan participation, and better employee participation can mean more satisfied employees and lower employee rates.
- Carve-out plans where plan A is offered to one employee class, while plan B is offered to another.

Voluntary plans

Groups with two or more enrolled employees are eligible for coverage, no matter how many employees work at the business.

Non-network reimbursement level

If you choose a preferred provider, you can choose to have non-network claims reimbursed either at the maximum allowable charge (MAC) level or on an incentive basis.

MAC plan

Benefits are determined based on a network fee schedule, regardless of whether treatment is provided by a network provider. Out-of-network charges in excess of the network fee schedule are the responsibility of the insured.

Reasonable and customary charge

Usual, Reasonable and Customary levels are determined using a proprietary blending of data provided through our own claims data and the data provided by a professional service. If elected, Usual, Reasonable and Customary Charge the charge 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. The most common charge means the lesser of: 1. The actual amount charged by the Dental Provider; 2. The negotiated rate; or 3. The usual charge which would have been made by a provider for the same or comparable professional services, drugs, procedures, devices, supplies or treatment within the same geographic area, as determined by Us.

Customize your plan

Groups may build a plan by choosing among available options:

Deductible	\$50 calendar-year deductible (Waive the deductible for preventive and diagnostic care on all plans ¹)
Coinsurance	Preventive: <ul style="list-style-type: none"> ▪ 100%, 90%, 80% Diagnostic: <ul style="list-style-type: none"> ▪ 100%, 90%, 80% Basic ¹ : <ul style="list-style-type: none"> ▪ 80%, 70% Major ¹ : <ul style="list-style-type: none"> ▪ 50% Orthodontia ² : <ul style="list-style-type: none"> ▪ 50%
Calendar-year maximum	<ul style="list-style-type: none"> ▪ \$750 ▪ \$1,000 ▪ \$1,500 ▪ \$2,500 ▪ \$3,500 ▪ \$5,000
Plan Design Options	<ul style="list-style-type: none"> ▪ Move Endodontic from major to basic ▪ Move Periodontic from major to basic ▪ Periodontic visits once every 24 months
Frequency limit	Cleanings <ul style="list-style-type: none"> ▪ 1 cleaning per 6 months, option to upgrade to 3 cleanings per year
Waiting period ³	Preventive and diagnostic: <ul style="list-style-type: none"> ▪ None Basic: <ul style="list-style-type: none"> ▪ 6 months Major: <ul style="list-style-type: none"> ▪ 6 months or 12 months

¹Not all plans offer coverage for all classes of service.

²Groups of five or more enrolled can elect to add orthodontia coverage for dependents (dependent age varies by state). After a 12 month waiting period, 50 percent coinsurance applies to covered charges up to a selected orthodontic calendar-year or lifetime maximum benefit.

³Employer groups replacing prior qualified dental plans will have the waiting period waived for all employees and dependents covered under the prior dental plan who enroll on the group's effective date of coverage. Waiting periods are elected on a group level basis.

Plan information

The following provides a brief overview of the DentaFlex dental plan guidelines and definitions. This plan overview is not the insurance group Policy or Certificate. Please refer to the Certificate of Insurance for detailed definitions along with a full explanation of plan exclusions, limitations, benefits and guidelines.

Eligibility

Your employees, as well as the spouses and children of those employees, are eligible for coverage. Dependent child age varies by state.

Covered charges

A covered charge is considered the reasonable and customary charge for a medically necessary covered procedure.

Covered procedure

In order to be considered for a covered procedure, it must be: 1) for medically necessary dental treatment to a covered person while his or her coverage under the policy is in force and, 2) for treatment which, in our opinion, has a reasonably favorable prognosis for the patient. The procedure must be performed by a licensed dentist who is 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.

Alternative benefit

If we determine that a less expensive service or supply can be used in place of the proposed treatment, benefits are limited to the allowable 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 certificate's Schedule of Benefits page, the dentist must submit a claim to us describing the treatment necessary and its cost. This estimate is not a guarantee of payment. We will consider a claim for which the covered person has not obtained prior approval; however, the claims will be subject to reduced benefits based on the reasonable and customary charges, and medically necessary treatment.

Coordination of benefits

This plan will be coordinated with any qualified dental group plan under which a covered person will receive benefits.

Exclusions and Limitations

The following is a partial listing. Please consult the certificate of insurance for a complete description of the 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 that a) Are not medically necessary; b) Are not prescribed by a dentist; c) Are determined to be experimental/investigational in nature by us; d) Are received without charge or legal obligation to pay; e) Would not routinely be paid in the absence of insurance; f) Are received from any family member; g) 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 that began before the covered person's effective date of coverage or after the covered person's termination of coverage; congenital or development malformations existing when the insured person's coverage became effective under this certificate; cosmetic procedures, unless the coverage is elected by the policyholder and the required premium is paid; periodontal splinting; porcelain on crowns, or pontics posterior to the 2nd bicuspid; replacement of partial or full dentures, fixed bridgework, crowns, gold restorations and jackets more than once in any five-year period; relining of dentures more often than once in any two-year period; prescription drugs and analgesia pre-medication; military service, including service in a military reserve unit; orthodontia, unless this coverage is elected by the policyholder and the required premium is paid; charges payable under any medical insurance; use of materials, other than fluorides or sealants, to prevent tooth decay; bite registrations; 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 2nd bicuspid; crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology; temporomandibular joint syndrome.

Important information

This brochure provides a very brief description of the important features of DentaFlex. This brochure is not a policy or certificate of coverage and only the actual policy and certificate provisions will control. The policy and certificate themselves sets forth in detail the rights and obligations of the policyholder, certificateholder and the insurance company. It is, therefore, important that you READ THE POLICY AND CERTIFICATE CAREFULLY. For complete details, refer to the Master Group Dental Policy (MNL GRPDEN POL 0315) and the Group Dental Insurance Certificate (MNL GRPDEN CER 0315).

About The IHC Group

Independence Holding Company (NYSE: IHC) is a holding company that is principally engaged in underwriting, administering and/or distributing group and individual disability, specialty and supplemental health, pet, and life insurance through its subsidiaries since 1980. The IHC Group owns 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., which is a technology-driven insurance sales and marketing company that creates value for insurance producers, carriers and consumers (both individuals and small businesses) through a suite of proprietary tools and products (including ACA plans and small group medical stop-loss). All products are placed with highly rated carriers.

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About Madison National Life Insurance Company, Inc.

Madison National Life Insurance Company, Inc. was founded in 1961 and is domiciled in Wisconsin and licensed to sell insurance products in 49 states, the District of Columbia, Guam, American Samoa and the U.S. Virgin Islands. Its core products and services are group life and disability income and specialty health insurance. It 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).

