

Dental insurance plans  
for groups of two or more

# NMR Dental



**Group dental insurance is underwritten by Madison National Life Insurance Company, Inc. and Standard Security Life Insurance Company of New York.** Madison National and Standard Security Life are members of The IHC Group, an insurance organization composed of Independence Holding Company (NYSE:IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop loss insurance solutions for nearly 30 years. For information on Independence Holding Company and The IHC Group, visit [www.ihcgroup.com](http://www.ihcgroup.com). There is no ownership affiliation between The IHC Group and Northwest Marketing Resources for NMR Dental.





## Flexible plan designs

The NMR Dental portfolio is designed for groups of two or more employees and is available as PPO or indemnity plans.\* Insureds have the freedom to visit any dentist, but experience lower out-of-pocket costs when choosing an in-network provider.

Groups of five or more can customize benefits to meet different budgets with greater plan choices while groups with less than five can choose from one of the three standard plans.

## Flexible options

### MaxGrow

Offers employees a graded annual maximum in year 2 and year 3 regardless of their annual plan usage. With MaxGrow, the annual maximum amount simply increases by \$250 or \$500 each year, depending upon the option chosen by the group, helping decrease out-of-pocket expenses.

### Continuous open enrollment

Voluntary groups can allow employees to join the plan anytime with no late entrant penalties or restrictions.

## Participation requirements

Eligible employees	Participation
2 – 4	100% including dependents, no waivers
Voluntary 5+	5 lives, waivers not applicable
Employer paid 5+	75% enrolled, waivers accepted

## Standard NMR Dental plans

Service	Rainier plan Base plan	Buy-up 1	Buy-up 2	Cascade MaxGrow plan	Summit plan
<b>Preventive</b> Cleanings and exams Fluoride Sealants	80% 1 per 6 months 1 per 12 months 1 per 36 months	80% 1 per 6 months 1 per 12 months 1 per 36 months	100% 1 per 6 months 1 per 12 months 1 per 36 months	100% 1 per 6 months 1 per 12 months 1 per 36 months	100% 1 per 6 months 1 per 12 months 1 per 36 months
<b>Diagnostic</b> Bitewing X-ray Full-mouth X-ray	80% 1 per 12 months 1 per 3 years	80% 1 per 12 months 1 per 3 years	100% 1 per 12 months 1 per 3 years	100% 1 per 12 months 1 per 3 years	100% 1 per 12 months 1 per 3 years
<b>Basic</b> Fillings, extractions, repairs, endodontics, periodontics, oral surgery	80%	80%	80%	80%	80%
<b>Major</b> Crowns, bridges, implants	50%*	50%*	60%*	50%*	50%*
<b>Deductible</b>	\$100 lifetime	\$100 lifetime	\$100 lifetime	\$100 lifetime	\$100 lifetime
<b>Calendar-year maximum</b>	\$750	\$1,500	\$1,500	\$750/\$1,250/\$1,750	\$2,000

\*12 month waiting period applies

## Custom options

Groups of five or more can build the plan they want by choosing:

<b>Frequency limits</b>	Increase cleanings to 3 per year	
<b>Type of service</b>	Move endodontics and/or periodontics from basic to major	
<b>Deductible</b>	Waive for preventive/diagnostic \$0 - \$25 - \$50 - \$75 - \$100 annual	
<b>Calendar-year maximums</b>	\$250 - \$500 - 750 - \$1,000 - \$1,250 - \$1,500 - \$2,000 and/or MaxGrow	
<b>Waiting periods</b>	Preventive, diagnostic, basic major	0 - 3 - 6 - 9 - 12 months 0 - 3 - 6 - 9 - 12 - 18 - 24 months
<b>Orthodontia</b>	Coinsurance Calendar-year maximums Lifetime maximums	25% or 50% \$250 - \$375 - \$500 - \$625 - \$750 \$500 - \$750 - \$1,000 - \$1,250 - \$1,500
<b>Other options</b>	Veneers, implants	
<b>Coinsurance*</b>	Preventive Diagnostic Basic Major Ortho	70% - 80% - 90% - 100% 70% - 80% - 90% - 100% 50% - 60% - 70% - 80% 30% - 40% - 50% - 60% 25% or 50%

\*Indemnity only



## Plan highlights

### Employee choice

What employees want from a dental plan—and how much they are willing to spend on it—varies from person to person. To accommodate this reality, NMR offers plan choice to groups of five or more participating employees. For example, multiple plans may be used in the following ways:

- Employer pays for plan A and offers plan B as an optional employee “buy up”
- Employee-paid plans with multiple options to help increase dental plan participation—the higher the participation, the lower the rates
- Carve-out plans where plan A is offered to one employee class, while plan B is offered to another

### Voluntary plans

Groups with five or more participating employees are eligible for coverage, no matter how many employees work at the business. Most voluntary plans have continuous open enrollment, which allows employees to join the plan at anytime with no late-entrant penalties or restrictions.

### Non-network reimbursement level

Employers that choose a preferred provider plan can choose to have non-network claims reimbursed on an incentive basis.

#### **Incentive plan**

Coinsurance percentages are higher in-network than out-of-network, reducing out-of-pocket expenses for insureds who utilize in-network services. Out-of-network charges are subject to the plan’s reasonable and customary charge.

## Plan information

The following provides a brief overview of the dental insurance 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

Employees of a participating employer, their spouse and dependent children are eligible for coverage. In order to be considered an eligible dependent child, he/she must be under age 26.

### Covered charges

A covered charge is considered the reasonable and customary charge for a medically necessary covered procedure which is performed by a dentist or a dental hygienist acting under the supervision and direction of a dentist.

### Covered procedure

In order to be considered 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.

### Reasonable and customary charge

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 is the lesser of: the actual amount charged by the provider, the negotiated rate, or the usual charge that would have been made by a provider in the same geographical area for the same or comparable professional services or supplies, as determined by us.

### 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 reasonable and customary charge for the least expensive alternative treatment.

### Predetermination of benefits

Except in an emergency, before an 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 other group, blanket or franchise plan under which a covered person will receive benefits.

### Exclusions and limitations

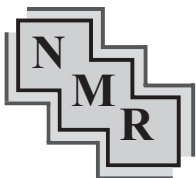
The following is a partial listing. Please consult the certificate of insurance for a complete description of the charges, services and supplies excluded from coverage. Benefits will not be paid for dental expenses arising from or in connection with:

- Treatment, services or supplies that:
  - 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 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
- 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, 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
- Prosthodontics, 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 NMR plan brochure is intended as a summary outline of the features, plan provisions, benefits, exclusions, limitations and other information about the dental insurance policies underwritten by Madison National Life Insurance Company, Inc. (Dental Policy Form MNL GDEN-POL 0505) and Standard Security Life Insurance Company of New York (Dental Policy Form SSL-TDEN-POL-1005). Policy provisions and availability may vary by state and by insurance company. For complete details, please refer to the Group Dental Insurance Certificate (MNL-GDEN-CER.001 0505 or SSL-TDEN-CER.001-.010 1005).



Northwest Marketing Resources, Inc.

