

Dental insurance plans  
for groups of two or more

# Flexident<sup>®</sup>

Flexibility. Choice. Convenience.

Flexident makes it simple to complete an employee benefit package with dental coverage that can be customized to suit the business' needs as well as the employee's budget.

Whether a 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 Flexident portfolio from The IHC Group offers straightforward, easy to understand benefits.



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 over 25 years. For information on Independence Holding Company and The IHC Group, visit [www.ihcgroup.com](http://www.ihcgroup.com).



IHCFlex 0710



## Flexibility

When it comes to building a dental plan, one size doesn't fit all. Flexident provides comprehensive dental plans for groups of two or more—and allows groups of five or more employees to select benefit options that meet their varying budgets and the needs of their employees.

## Choice

All Flexident plans are available as preferred provider organization (PPO) or indemnity plans. Employees who choose to receive services from participating providers will incur lower out-of-pocket costs.

### **Groups of two or more**

- ▶ Choice of six standard plans
- ▶ Plans with no waiting periods
- ▶ Annual maximums up to \$2,000

## Convenience

Flexident's online tools allow groups to easily maintain a dental plan on their own schedule, freeing up time and resources so they can focus on what they do best—running a business.

### **Our online portal allows employers to:**

- ▶ Access claims status
- ▶ Add and remove employees
- ▶ View payment history and pay current bill
- ▶ Print ID card and policy documents

## Standard Flexident Plans

Service	Super Value	Value	Copay <sup>1</sup>	Traditional	Primary	Superior
<b>Deductible</b>	\$0	\$0	\$100 lifetime <i>Applies to all covered services</i>	\$50 calendar-year <i>Applies to basic and major services</i>	\$100 lifetime <i>Applies to all covered services</i>	\$100 lifetime <i>Applies to all covered services</i>
<b>Calendar-year maximum</b>	\$250	\$250	\$1,250	\$1,000	\$1,250	\$1,500
<b>Coinsurance</b>						
<b>Preventive</b> Cleanings, exams, sealants, fluoride	80% 1 per 12 months	100% 1 per 12 months	100% 1 per 12 months	100% 1 per 6 months	100% 1 per 6 months	100% 1 per 6 months
<b>Diagnostic</b> Bitewing X-ray Full-mouth X-ray	Not covered	80% 1 per 12 months 1 per 36 months	80% 1 per 12 months 1 per 36 months	100% 1 per 12 months 1 per 36 months	80% 1 per 12 months 1 per 36 months	100% 1 per 12 months 1 per 36 months
<b>Basic</b> Fillings, extractions, repairs	Not covered	Not covered	First year: 25% Second year+: 75%	80%	First year: 25% Second year+: 75%	First year: 25% Second year+: 80%
<b>Major</b> Endodontics, periodontics, oral surgery, crowns, bridges, implants	Not covered	Not covered	First year: 10% Second year+: 40%	50% 12-month waiting period <sup>2</sup>	First year: 10% Second year+: 50%	First year: 10% Second year+: 50%

All benefits and features apply per covered person and per calendar year, unless otherwise stated. Basic services coverage is reduced to 25 percent coinsurance and major services coverage is reduced to 10 percent coinsurance for new hires and employees not enrolled in the employer's previous dental plan. This reduction applies to first-year coverage only.

## Groups of five or more

Several plan choices are available, and groups may build the plan they want by customizing:

Deductible		Coinsurance	Coverage type			
<ul style="list-style-type: none"> <li>\$0/\$25/\$50/\$100 calendar-year</li> <li>\$0/\$25/\$50/\$100 lifetime</li> <li>Waive the deductible for preventive and diagnostic care</li> </ul>		<ul style="list-style-type: none"> <li><b>Preventive:</b> 70%/80%/90%/100%</li> <li><b>Diagnostic:</b> 70%/80%/90%/100%</li> <li><b>Basic:</b> 50%/60%/70%/80%</li> <li><b>Major:</b> 30%/40%/50%/60%</li> <li><b>Orthodontia:</b> 50%</li> </ul>	Move oral surgery, endodontics and/or periodontics from major to basic			
			<b>Frequency limit</b>			
			Cleanings up to four times per year			
			<b>Waiting period<sup>2</sup></b>			
<table border="1"> <thead> <tr> <th>Annual maximum</th> <th>Copay<sup>1</sup></th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>\$250</li> <li>\$500</li> <li>\$750</li> <li>\$1,000</li> <li>\$1,250</li> <li>\$1,500</li> <li>\$2,000</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>\$5</li> <li>\$10</li> <li>\$15</li> <li>\$20</li> <li>\$25</li> <li>\$30</li> </ul> </td> </tr> </tbody> </table>	Annual maximum	Copay <sup>1</sup>	<ul style="list-style-type: none"> <li>\$250</li> <li>\$500</li> <li>\$750</li> <li>\$1,000</li> <li>\$1,250</li> <li>\$1,500</li> <li>\$2,000</li> </ul>	<ul style="list-style-type: none"> <li>\$5</li> <li>\$10</li> <li>\$15</li> <li>\$20</li> <li>\$25</li> <li>\$30</li> </ul>		<ul style="list-style-type: none"> <li><b>Preventive, diagnostic and basic care:</b> 0/3/6/9/12 months</li> <li><b>Major care:</b> 0/3/6/9/12/18/24 months</li> </ul>
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<sup>1</sup> A \$10 copay applies to each dental provider visit. This copay does not apply toward the \$100 lifetime deductible.

<sup>2</sup> Waiting period credit: When we take over a dental group from another carrier, those insured under the prior carrier's plan the day before the Flexident effective date and eligible for coverage on the Flexident effective date will receive waiting period credit. New employees, dependent add-ons, late entrants and re-enrollees are not eligible.

## Optional benefits

### ▶ Max Grow

Employees enjoy a graded annual maximum in years two and three, regardless of their annual plan usage. The annual maximum amount simply increases by \$250 to \$500 each year, depending upon the option chosen by the group, helping to decrease out-of-pocket expenses.

### ▶ Orthodontia

Groups of five or more can elect to add orthodontia coverage for dependents to age 19. After a 12- or 24-month waiting period, 50 percent coinsurance applies to covered charges up to a selected orthodontic calendar-year or lifetime maximum benefit.

### ▶ Veneers

Groups of five or more can elect to add veneers to the list of covered major services.

## 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, Flexident 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 either at the maximum allowable charge (MAC) level or on an incentive basis. This selection is available for the Traditional, Primary and Superior plans, or for groups of five or more creating a custom plan.

#### **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.

#### **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 Flexident 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

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 Flexident 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.