



IAC *Dental Advantage*

Dental Insurance for Groups of 2 or more

- No waiting periods for preventative, diagnostic, basic or major services
- Orthodontia and other popular options available!

Underwritten by



Administered by





IAC Dental Advantage

IAC Dental Advantage gives you the freedom to offer a variety of dental plans. Let employees choose the best dental plan for their needs.

Economy, Value and Superior Plans

Services received from a contracted provider are subject to the Maximum Allowable Charge (MAC). The MAC for each covered procedure is the amount agreed to by the dentist. Insureds are not responsible for any balance billing. Services received from a non-contracted provider are also subject to the MAC but can be balance billed for charges exceeding the MAC.

Superior Indemnity Plan - Any dentist, anytime!

The insured has the freedom to visit any provider. However, if the provider charges more than the reasonable and customary charges, the insured is responsible for the balance billed by the provider.

No Waiting Periods*

Waiting periods for access to benefits are a thing of the past when you choose an IAC Dental Advantage Plan! Employees can rest assured they will have access to their dental benefits as soon as your application has been processed and your plan is in force. New hires and employees not enrolled in the prior dental plan are also covered once their paperwork is complete and processed, but receive reduced benefits for basic and major services during the first year of coverage.

Takeover Credit

Employees enrolled on your prior dental plan or another group policy on the day immediately preceding the effective date of this policy will receive second year level benefits for Basic and Major

services as shown in the Schedule of Benefits chart. New hires and add-on employees for groups of 10 or more covered employees will also receive second year level benefits with prior coverage. In addition, employees with prior carrier orthodontia coverage receive credit for both the orthodontia waiting period and annual maximum.

Underwriting Guidelines

Employee Choice

IAC Dental Advantage allows employers to offer employees multiple plans depending on the size of the group. Employee Choice options include:

- 2-9 lives 1 plan**
- 10-49 lives up to 2 plans**
- 50+ lives up to 3 plans**

Participation Requirements**

Employer Paid

If the employer will be paying 100% of the premium, the following participation rule applies:

	Employee	Dependents
All case sizes	100%	100%

If the employer will be paying 50% or more (but less than 100%) of the premium, the following participation rules apply:

	Employee	Dependents
2-4 eligible employees	100%	100%
5+ eligible employees	75%	N/A

Voluntary

- No participation requirements
- No minimum employer contribution requirements
- Available to groups of 5+ eligible employees
- No minimum dependent participation requirements

* Excluding orthodontia.

** Valid waivers accepted for groups of 5+ employees only. Must be replacing other dental coverage.

Schedule of Benefits

PLAN	Value Plan*	Economy Plan*	Superior Plan *	Superior Plan Indemnity
Lifetime Deductible <i>Per insured person</i>	\$0	\$100 Coinsurance applies after deductible is met. Applies to all services excluding Orthodontia.		
Annual Maximum	\$250	\$1,000	\$1,500	\$1,500
Waiting period for all services except Orthodontia	None	None	None	None
Service	All providers**	All providers**	All providers**	All providers
Preventive Cleaning, exam, Sealants, fluoride	100% 1 per year	100% 1 per year	100% 1 per 6 months	100% 1 per 6 months
Diagnostic Bitewing X-rays, Full mouth X-rays	80% 1 per year 1 per 3 years	80% 1 per year 1 per 3 years	100% 1 per year 1 per 3 years	100% 1 per year 1 per 3 years
Basic Fillings, Extractions, Repairs	Discount	75%***	80%***	80%***
Major Endodontics, Periodontics, Bridges, Oral Surgery, Crowns	Discount	40%***	50%***	50%***

Orthodontia (dependents under 19)		Optional 50%	Included 50%	Included 50%
Waiting period	Not available	12 months	2-4 employees: 24 months 5+ employees: 12 months	2-4 employees: 24 months 5+ employees: 12 months
Annual Maximum		\$500	\$500	\$500
Lifetime Maximum		\$1,000	\$1,000	\$1,000

Optional Benefits for Groups of 10 or More Enrolled Employees

<p>Package 1 – Coverage provided for implants and veneers. <i>Value: Discount; Economy: 1st year - 10%/2nd year - 40%; Superior and Superior Indemnity: 1st year - 10%/2nd year - 50%</i></p> <p>Package 2 – Treat Endodontics and Periodontics as basic rather than major services. <i>Economy, Superior and Superior Indemnity plans only.</i></p>	<p>Package 3 – Orthodontia (dependents under 19). See above for benefit. <i>Economy plan only.</i></p> <p>Package 4 – Waiver of the \$100 deductible for Prev/Diag/Basic/Major services. <i>Economy, Superior and Superior Indemnity plans only.</i></p>
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* Value, Economy and Superior Plans not available in North Carolina.

** Value, Economy and Superior Plans: Services received from a non-contracted provider are paid according to the Maximum Allowable Charge. If the non-contracted provider charges more than the maximum allowable charge, the insured is responsible for the balance. For best benefit, a contracted provider should be used.

*** New hires and employees without proof of prior dental plan receive Basic coverage at 25% and Major coverage at 10% for the first year of coverage. Beginning with the second year of coverage, benefits are as indicated above.

About the Dental Plan

Calendar Year Maximum Amount: The maximum amount of benefits payable under the Certificate in a Calendar Year.

Covered Charge: The Reasonable and Customary Charge for a Medically Necessary Covered Procedure.

Covered Procedure: The procedure must be: (1) for Medically Necessary dental treatment to a Covered Person while his or her coverage is in force and (2) for treatment, which in Our opinion, has a reasonably favorable prognosis for the patient.

Deductible: The dollar amount for Covered Procedures that a Covered Person must pay in a Calendar Year before benefits are payable under this Certificate. Each Covered Person must satisfy the Deductible before benefits are payable. After three Covered Person's have each satisfied the Deductible, no additional Deductible will be required for other Family Members who are Covered Persons for the remainder of the Calendar Year.

ELIGIBILITY

Employee: An Employee is eligible for coverage upon completion of an enrollment form and payment of any required premium on the later of:

- The Participating Employer's Effective Date; or
- The date You complete the Employee Benefit Waiting Period; or
- The date You complete and submit through the Participating Employer, an Enrollment Form, including Dependents, if any, during an open enrollment period.

Dependent: A Dependent is eligible for coverage on the later of:

- the date You become eligible for coverage;
- or the date You first acquire the Dependent after Your Effective Date of coverage.

EFFECTIVE DATE

Coverage begins at 12:01 a.m. at the Employee's residence, on Their Effective Date. For Employees, other than Retirees, Effective Date of coverage will be delayed if You are not Actively At Work. Coverage will become effective on the date You return to an Actively At Work status.

Dependent: Coverage for Dependents will take effect, subject to receipt of enrollment form and payment of required premium, if any, on the Employee's Effective Date.

TERMINATION

Termination Of Coverage

Coverage shall automatically terminate on the earliest of the following dates:

1. The date of termination of the Policy;
2. The date of termination of any section or part of the Policy with respect to insurance under such section or part;
3. The last day of the month in which the Employee is no longer eligible for insurance under the Policy; or the date the Employee is no longer eligible for insurance under the Policy;

4. The date the Employee or Employer fails to pay the required premium;

5. The date the Employee enters the armed forces of any country, state or international organization, other than for reserve duty of 30 days or less or as provided under the Statement of Uniform Services Employment and Reemployment Rights Act of 1994 provision;

6. The date the Employee is no longer at work due to a labor dispute, including, but not limited to, any strike, work slowdown or lockout;

7. The day the Employee's employment terminates; or

8. The date the Employer ceases to be an Employer participating under the Policy.

PREDETERMINATION OF BENEFITS

Except in an Emergency, if the Employee need treatment which will cost more than the Predetermination Amount shown on the Schedule of Benefits page, the Dentist must submit a claim to Us before beginning treatment which describes the treatment necessary and its cost.

ALTERNATE BENEFITS

There is often more than one service or supply that can be used in treatment. In determining the benefits payable on a claim, different materials and methods of treatment will be considered. The Covered Charges will be limited to the Reasonable and Customary Charge for the least expensive service which meets broadly accepted standards of dental care as determined by Us. If the Covered Person and the Dentist decide on a more expensive procedure or material than We have determined to be satisfactory for the treatment, the benefit payment will be limited to the Reasonable and Customary Charge for the least expensive alternative treatment subject to any Deductible, if any, the Co-Insurance Co-Pay, the Calendar Year Maximum Amount and the Lifetime Maximum Amount. The excess amount will not be paid by Us.

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 means the lesser of:

- the actual amount charged by the provider;
- the negotiated rate;
- the usual charge which would have been made by a provider (Dentist, Hospital, etc) for the same or a comparable professional services, drugs, procedures, devices, supplies or treatment within the same Geographic Area, as determined by Us.

Waiting Period Credit. When We immediately take over an entire dental group from another carrier, those persons insured by the prior carrier's plan on the day immediately prior to the takeover effective date will receive waiting period credit for the number of continuous uninterrupted months of coverage they had under the prior carrier, if they are eligible for coverage on the effective date of Our plan. The waiting period credit does not apply to new Employees, dependent additions, or Late Entrants, or Re-enrollees.

TAKEOVER CREDIT

An Employee is eligible for second year level benefits for Basic and Major services if they are enrolled on the Employer's prior dental plan or another group policy on the day immediately preceding the effective date of this Policy. This also applies to new hires and add-on employees after the Policy is in effect for groups of 10 or more covered employees only.

Deductible Credit: Deductible credit is applied towards Lifetime Deductible for amount satisfied on the prior group plan. For groups of 10 or more enrolled, optional benefit 4 may be purchased. This option waives the \$100 deductible for Prev/Diag/Basic/Major services regardless of prior carrier status or previously met deductible.

Maximums: The benefit amount accumulated toward the Annual Maximum on the prior dental plan is applied to this Policy.

Orthodontia: If orthodontia is a covered service with the Employer's prior carrier, Each Covered Person will receive the appropriate credit for the orthodontia waiting period and annual maximum met on the prior plan, not to exceed the Policy's Lifetime Maximum of \$1,000.

EXCLUSIONS AND LIMITATIONS FROM COVERAGE

Benefits will not be paid for dental expenses arising from or in connection with:

1. Treatment, services or supplies which:
 - (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.
2. Self inflicted injuries.
3. War or an act of war, whether or not declared.
4. A Covered Person's commission of a felony or an assault on another person.
5. Riot, nuclear accident, or a major disaster.
6. 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.
7. Treatment which began, before the Covered Person's Effective Date of coverage or after the Covered Person's termination of coverage.
8. Congenital or development malformations existing when the Covered Person's coverage became effective under this Certificate.
9. Cosmetic procedures, unless the coverage is elected by the Policyholder and the required premium is paid.
10. 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.
11. Periodontal splinting.
12. Porcelain on crowns, or pontics posterior to the 2nd bicuspid.
13. Replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 5 year period.
14. Relining of dentures more often than once in any 2-year period.
15. Lost, stolen, or missing dentures or bridges or for duplicates.
16. Fixed or removable bridgework involving replacement of a natural tooth or teeth which was lost prior to the Covered Person's Effective Date of coverage under this Certificate. Benefits may be payable for bridgework required for loss of teeth while covered under this Certificate, if such bridgework is not an abutment for non covered bridgework.
17. Prescription Drugs and analgesia pre medication.
18. Telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending Dentist statements, and any other services or supplies, which are not part of the direct treatment of the Covered Person.
19. Dental education or training programs including oral hygiene or plaque control programs.
20. Counseling on diet and nutrition.
21. Military service, including service in a military reserve unit.
22. Orthodontia, unless this coverage is elected by the Policyholder and the required premium is paid.
23. Prosthodontics, unless this coverage is elected by the Policyholder and the required premium is paid.
24. Charges payable under any medical insurance.
25. 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.
26. Use of materials, other than fluorides or sealants, to prevent tooth decay.
27. Bite registrations.
28. Bacteriologic cultures in connection with a covered dental service.
29. Therapeutic injections administered by a Dentist.
30. 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).
31. Replacement of 3rd molars.
32. Composites on teeth posterior to the 2nd bicuspid.
33. Crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology.
34. Temporomandibular joint syndrome.

IAC Dental Advantage



Underwritten by **Standard Security Life Insurance Company of New York**, a member of the IHC Group. Standard Security Life Insurance Company of New York is rated A- (Excellent) by A.M. Best Company; a widely recognized rating agency that rates the relative financial strength of insurance companies and their ability to meet policyholder obligations.



Insurers Administrative Corporation is responsible for all general administration on the IAC Dental Advantage plans. IAC is a member of the IHC Group and is a leading administration and marketing organization in the fully insured, self-funded and international health insurance markets. Established in 1978, IAC specializes in small group major medical (2 - 50 lives), individual and family major medical, short-term medical, dental and other insurance products.

Claims administration and claims customer service is provided by GroupLink, Inc., also a subsidiary of IHC. GroupLink has been a leader in dental administration since 1983.



The IHC Group is an insurance organization comprised of Independence Holding Company (NYSE: IHC), its operating subsidiaries and affiliates. With more than \$1.3 billion in assets, the IHC Group serves more than one million customers through its operating companies, which include three A- (Excellent) A.M. Best-rated insurance carriers, third-party administrators, managing general underwriters and marketing organizations. The IHC Group has been providing life, health and stop-loss insurance solutions for more than 25 years.

Important information

Benefits under the IAC Dental Advantage Insurance Plan are provided under master group policy form SSL-TDEN-POL 1005, certificate SSL TDEN-CER.001 1005. This brochure contains a brief description of the general plan. The exact provisions governing the insurance contract are contained in the Master Policy. This plan may not be available in all states and there are state variations. Please check with your agent/producer regarding availability and for any state specific variations. Each insured employee will receive an individual certificate which will describe benefits in full.