



# Madison Dental

Three great insurance plans featuring quick and simple quoting and enrollment for you and your family

Underwritten by: Madison National Life Insurance Company (MNL) in all states except New York and New Hampshire. In New York and New Hampshire, Standard Security Life Insurance Company of New York (SSL).

MNL DEN 12-08

Administered by:



# Three Great Plans<sup>1</sup>

	Value	Primary	Superior
<b>Coinsurance</b>	Year 1/Year 2	Year 1/Year 2	
Preventive	80%/100%	80%/100%	100%
Diagnostic	80%/100%	60%/80%	90%
Basic	25%/80%	25%/75%	80%
Major	PPO Discount	10%/40%	50%
<b>Office Co-pay</b>	\$10 \$25 if 65+	\$10 \$25 if 65+	\$10 \$25 if 65+
<b>Annual Deductible</b> per person for all services	\$50 \$100 if 65+	\$50 \$100 if 65+	\$50 \$100 if 65+
<b>Calendar Year Maximum</b>	\$500	\$1,000	\$1,250
<b>Waiting Periods</b>	None	None	Basic: 4 months Major: 15 months

## What is Madison Dental?

Madison Dental offers you access to high quality, affordable dental insurance coverage for your entire family.

- Available for individuals under **and** over age 65
- Optional orthodontia discount plan.
- Pay monthly, quarterly or annually by credit card. Monthly auto bank withdrawal also available.
- Madison Dental is an association based dental plan.

All plans are available as an indemnity or PPO plan.

**PPO:** Madison Dental utilizes the DenteMax network which provides access to more than 81,000 providers nationwide. Dentists contracted with DenteMax agree to charge you less; typically 25-40% below their usual charge.<sup>2</sup>

**Indemnity:** This plan allows you to see any dentist you wish without network restrictions.<sup>3</sup>

## What Services are Covered?

### Preventive Care

Routine oral exams—limited to 2 per calendar year

Prophylaxis (the cleaning and scaling of teeth)—limited to 2 per calendar year

Topical application of fluoride—for dependent children under age 19; limited to 1 per calendar year (not applicable in all states)

### Diagnostic Care

Intra-Oral Occlusal Film

Bitewing X-rays (up to a set of 4)—Limited to 1 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 bicuspids
- Sedative fillings

Antibiotic injections administered by a dentist

Maintenance Prosthodontics

- Denture repairs/Adjustments
- Denture Rebase—no less than 24 months apart
- Denture Reline—no less than 24 months apart

### Major Care

Endodontic treatment

Periodontic services

Inlays, onlays and crowns

Prosthetic services (dentures or bridges)

Oral surgery

## What is the Optional OrthoCare ?

The OrthoCare Orthodontic Discount Program is an optional program for orthodontic care\*. When using a contracted OrthoCare Orthodontist, you will save 15% - 20% on the services performed.

\*The OrthoCare Program is not an insurance benefit, nor is it affiliated with MNL or SSL or a part of the Madison Dental insurance plan. The OrthoCare Program is not available in all states.

### Disclosures

This program is NOT a health insurance policy and the program does not make payments directly to the providers of health services. This program provides discounts at certain locations for health services. The program member is obligated to pay the provider for all the health care services that the member will receive, but the member will receive a pre-negotiated discount from the providers listed in the network, in accordance with the specific pre-negotiated discounted fee schedule. This program does not guarantee the quality of the services or procedures offered by the providers. Discounts vary by provider. The Discount Medical Plan Organization that operates this program is American Dental Professional Services, LLC located at 9054 N. Deerbrook Trail, Milwaukee, WI 53223.

<sup>1</sup> PPO plans are not available in the state of Texas, Georgia and North Carolina.

<sup>2</sup> Out-of-network charges in excess of the network fee, or Maximum Allowable Charge (MAC), are the responsibility of the insured person.

<sup>3</sup> Claims reimbursement is subject to Reasonable and Customary charges.

## What Companies are Part of the Plan?

### Madison National Life Insurance Company, Inc.

In all states except New York and New Hampshire, Madison Dental is underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company. Madison National is a Member of the IHC Group. Madison National is rated A- (Excellent) by AM Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet their obligations.

### Standard Security Life Insurance Company of New York

In the states of New York and New Hampshire, Madison Dental is underwritten by Standard Security Life Insurance Company of New York. Standard Security is a member of the IHC Group. Standard Security is rated A- (Excellent) by AM Best Company.

### GroupLink, Inc.

Madison Dental is administered by the dental experts at GroupLink, Inc., a nationwide Third Party Administrator specializing in providing high value, cost-effective, hassle free dental and vision plans since 1983. GroupLink is a member of the IHC Group.

### Communicating for America, Inc.

Madison Dental is an association-based dental plan available to members of Communicating for America, Inc. (CA). Membership enrollment in CA is effective upon receipt of association dues. If you are not currently a member of CA, dues will be added to the premium and membership information will be mailed shortly thereafter. CA is not affiliated with MNL or SSL, nor is it a part of the insurance coverage. CA is a 501c5 non-profit association headquartered in Fergus Falls, Minn., providing members valued benefits and savings since 1972.

### The IHC Group

The IHC Group is an insurance organization comprised 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 more information on Independence Holding Company and the IHC Group, visit [www.ihcgroup.com](http://www.ihcgroup.com).

## How Much Will My Coverage Cost?

Simply locate your state and zipcode in the chart below. Corresponding rates are on the following page.

Alabama	1	Indiana	1	New Hampshire	4	South Dakota	1
Alaska	8	460-466, 469, 473	2	New Jersey	4	Tennessee	1
Arizona	2	Iowa	2	070, 074-076, 078	5	370-372, 380-384	2
850-853	3	Kansas	1	079, 088-089	5	Texas	1
Arkansas	1	660-661, 664-666, 672	2	New Mexico	2	762-764, 769-769	2
California	4	Kentucky	1	New York	2	788, 790, 799	2
900-904	6	Louisiana	1	100-102	8	750, 751, 760, 761, 770	3
905-916, 926-931	5	700-701, 707-712	2	103-114	5	772-777, 786, 187, 789	3
940-944, 945-951	5	Maine	3	115-119	4	752-753	3
Colorado	3	Maryland	2	120-129	3	Utah	3
800-804, 808-909	4	206-209	4	North Carolina	2	Vermont	3
Connecticut	5	210-214	3	275-277	3	Virginia	2
68-69	6	Massachusetts	4	282	4	201	5
Delaware	5	017-019	5	North Dakota	1	220-223	4
Dist of Columbia	5	021-022	6	Ohio	1	233-237	3
Florida	3	Michigan	2	430-432, 434-436	2	Washington	4
330, 332-334, 340	4	480-485	3	439-445, 450-452	2	980-981	6
331	5	Minnesota	2	456	2	982-986	5
Georgia	2	554	4	Oklahoma	1	West Virginia	1
301-302	3	550-553, 555	3	730-731, 740-741	2	Wisconsin	2
300, 303, 311	4	Mississippi	1	Oregon	3	532-534, 537	3
Hawaii	4	Missouri	1	970-975	4	Wyoming	1
Idaho	1	630-634, 640-641	2	Pennsylvania	2		
837	3	Montana	2	190-191	4		
Illinois	1	Nebraska	1	189, 192-194	4		
600-608	4	Nevada	4	Rhode Island	3		
610-619	2	893-898	5	South Carolina	2		

# Madison Dental Rates\*

## Indemnity Monthly Rates

Value Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$13.99	\$15.71	\$17.27	\$18.82	\$20.55	\$22.10	\$24.17	\$27.63
Subscriber + 1	\$27.97	\$31.43	\$34.53	\$37.64	\$41.09	\$44.20	\$48.35	\$55.25
Subscriber +2	\$34.43	\$38.68	\$42.50	\$46.33	\$50.58	\$54.40	\$59.50	\$68.00
Subscriber +3	\$42.50	\$47.74	\$52.46	\$57.19	\$62.43	\$67.15	\$73.45	\$83.94
Subscriber + 4	\$50.56	\$56.81	\$62.43	\$68.04	\$74.29	\$79.90	\$87.40	\$99.88
Subscriber + 5	\$58.63	\$65.87	\$72.39	\$78.90	\$86.14	\$92.66	\$101.34	\$115.82
Subscriber +6 or more	\$66.70	\$74.94	\$82.35	\$89.76	\$97.99	\$105.41	\$115.29	\$131.76

Primary Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$22.91	\$25.74	\$28.28	\$30.83	\$33.65	\$36.20	\$39.59	\$45.25
Subscriber + 1	\$45.81	\$51.47	\$56.56	\$61.65	\$67.31	\$72.40	\$79.19	\$90.50
Subscriber +2	\$56.39	\$63.35	\$69.61	\$75.88	\$82.84	\$89.11	\$97.46	\$111.38
Subscriber +3	\$69.60	\$78.20	\$85.93	\$93.66	\$102.26	\$109.99	\$120.30	\$137.49
Subscriber + 4	\$82.82	\$93.04	\$102.24	\$111.45	\$121.67	\$130.87	\$143.14	\$163.59
Subscriber + 5	\$96.03	\$107.89	\$118.56	\$129.23	\$141.09	\$151.76	\$165.98	\$189.70
Subscriber +6 or more	\$109.25	\$122.74	\$134.88	\$147.02	\$160.50	\$172.64	\$188.83	\$215.80

Superior Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$26.80	\$30.11	\$33.09	\$36.06	\$39.37	\$42.35	\$46.32	\$52.94
Subscriber + 1	\$53.60	\$60.22	\$66.17	\$72.13	\$78.75	\$84.70	\$92.64	\$105.88
Subscriber +2	\$65.97	\$74.11	\$81.44	\$88.77	\$96.92	\$104.25	\$114.02	\$130.31
Subscriber +3	\$81.43	\$91.48	\$100.53	\$109.58	\$119.63	\$128.68	\$140.74	\$160.85
Subscriber + 4	\$96.89	\$108.85	\$119.62	\$130.39	\$142.35	\$153.11	\$167.47	\$191.39
Subscriber + 5	\$112.35	\$126.22	\$138.71	\$151.19	\$165.06	\$177.55	\$194.19	\$221.93
Subscriber +6 or more	\$127.82	\$143.59	\$157.80	\$172.00	\$187.78	\$201.98	\$220.91	\$252.47

## PPO Monthly Rates

Value Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$11.19	\$12.57	\$13.81	\$15.06	\$16.44	\$17.68	\$19.34	\$22.10
Subscriber + 1	\$22.38	\$25.14	\$27.63	\$30.11	\$32.88	\$35.36	\$38.68	\$44.20
Subscriber +2	\$27.54	\$30.94	\$34.00	\$37.06	\$40.46	\$43.52	\$47.60	\$54.40
Subscriber +3	\$34.00	\$38.19	\$41.97	\$45.75	\$49.95	\$53.72	\$58.76	\$67.15
Subscriber + 4	\$40.45	\$45.45	\$49.94	\$54.43	\$59.43	\$63.92	\$69.92	\$79.90
Subscriber + 5	\$46.91	\$52.70	\$57.91	\$63.12	\$68.91	\$74.12	\$81.07	\$92.66
Subscriber +6 or more	\$53.36	\$59.95	\$65.88	\$71.81	\$78.40	\$84.32	\$92.23	\$105.41

Primary Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$18.33	\$20.59	\$22.62	\$24.66	\$26.92	\$28.96	\$31.67	\$36.20
Subscriber + 1	\$36.65	\$41.18	\$45.25	\$49.32	\$53.85	\$57.92	\$63.35	\$72.40
Subscriber +2	\$45.11	\$50.68	\$55.69	\$60.70	\$66.27	\$71.28	\$77.97	\$89.11
Subscriber +3	\$55.68	\$62.56	\$68.74	\$74.93	\$81.80	\$87.99	\$96.24	\$109.99
Subscriber + 4	\$66.25	\$74.43	\$81.80	\$89.16	\$97.34	\$104.70	\$114.51	\$130.87
Subscriber + 5	\$76.83	\$86.31	\$94.85	\$103.38	\$112.87	\$121.41	\$132.79	\$151.76
Subscriber +6 or more	\$87.40	\$98.19	\$107.90	\$117.61	\$128.40	\$138.11	\$151.06	\$172.64

Superior Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$21.44	\$24.09	\$26.47	\$28.85	\$31.50	\$33.88	\$37.06	\$42.35
Subscriber + 1	\$42.88	\$48.17	\$52.94	\$57.70	\$63.00	\$67.76	\$74.11	\$84.70
Subscriber +2	\$52.78	\$59.29	\$65.15	\$71.02	\$77.53	\$83.40	\$91.22	\$104.25
Subscriber +3	\$65.14	\$73.19	\$80.43	\$87.66	\$95.71	\$102.94	\$112.60	\$128.68
Subscriber + 4	\$77.51	\$87.08	\$95.70	\$104.31	\$113.88	\$122.49	\$133.97	\$153.11
Subscriber + 5	\$89.88	\$100.98	\$110.97	\$120.95	\$132.05	\$142.04	\$155.35	\$177.55
Subscriber +6 or more	\$102.25	\$114.88	\$126.24	\$137.60	\$150.22	\$161.58	\$176.73	\$201.98

\*Monthly rates do not include the \$1 monthly association fee and the \$5 monthly billing fee

# Madison Dental Exclusions

## *What services are not covered?*

These services are not covered by Madison National Life Insurance Company. Benefits will not be paid for dental expenses arising from or in connection with:

- 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.
- 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 which began, before the Covered Person's Effective Date of coverage or after the Covered Person's termination of coverage.
- Congenital or development malformations existing on the Covered Person's effective date as shown on the Schedule of Benefits.
- Cosmetic procedures, unless the coverage is elected by the Insured Person 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 Insured Person 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 bridge work, crowns, gold restorations and jackets more often than once in any 5 year period.
- Relining of dentures more often than once in any 2 year period.
- Lost, stolen, or missing dentures or bridges or for duplicates.
- 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 as shown on the Schedule of Benefits. Benefits may be payable for bridgework required for loss of teeth while covered under the Policy, if such bridgework is not an abutment for non-covered bridgework.
- Prescription Drugs and analgesia pre-medication.
- 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.
- Dental education or training programs including oral hygiene or plaque control programs.
- Counseling on diet and nutrition.
- Military service, including service in a military reserve unit.
- Orthodontia, unless this coverage is elected by the Insured Person and the required premium is paid.
- Prosthodontics, unless this coverage is elected by the Insured Person and the required premium is paid.
- 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 in connection with a covered dental service.
- 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.

# Plan Information

## Covered Charges:

A Covered Charge is the Reasonable and Customary Charge for a Medically Necessary Covered Procedure which is performed by: a licensed Dentist 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 licensed Dentist.

The plan will pay benefits for the dental procedures or expenses reflected in the Schedule of Benefits, subject to any stated deductible, coinsurance, copay, annual and lifetime maximum amounts and to all other stated Maximums, Limitations, Exclusions and provisions of the Policy. Covered charges must be incurred while the Policy is in force and the person is covered under the Policy.

## Expenses Incurred:

A Covered Charge is considered incurred on the following dates: for full and partial dentures – on the date the final impression is taken; for fixed bridges, crowns, inlays and onlays – on the date the teeth are first prepared; for root canal therapy – on the date the pulp chamber is opened; for periodontal surgery – on the date surgery is performed; for all other services – on the date the service is performed.

## Calendar Year Maximum:

The Calendar Year Maximum will apply to each insured person. Prosthodontics and orthodontics have separate calendar year maximums.

## Predetermination of Benefits:

Except in an Emergency, if You need treatment which will cost more than the Predetermination Amount shown on the Schedule of Benefits page, Your Dentist must submit a claim to Us before beginning treatment which describes the treatment necessary and its cost. We have the right to request any additional information We deem necessary to evaluate this claim. This includes, but is not limited to, dental records and X-rays. We will prepare and return to You and Your Dentist an estimate of the treatment and the amount for which benefits are payable. This estimate is not a guarantee of payment by Us.

We will still consider a claim for which You have not obtained prior approval. These claims will be subject to reduced benefits based on Our determination of 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 an individual will receive benefits. This helps keep the cost of the Plan reasonable.

## Alternative Benefit:

If: (1) We determine that a less expensive alternate procedure, service or course of treatment can be performed in place of the proposed

treatment to correct a dental condition; and (2) the alternative treatment will produce a professionally satisfactory result, then the maximum We will allow will be the charge for the less expensive treatment.

## Eligibility:

Individuals plus their eligible dependents (spouse and unmarried children from birth to age 19; extended to age 25 if child is a full-time student). This is subject to state requirements.

## Insured's Insurance:

The Insured's Insurance shall terminate on the earliest of the following dates:

1. The date of termination of the Policy;
2. The next premium due date after We receive Your written request to terminate coverage of the Insured Person under the Policy;
3. The last premium due date prior to a grace period, if the premium then due is not paid within the grace period;
4. The date the Insured Person has been determined by Us to have committed an act of fraud or made an intentional misrepresentation of material fact under the terms of the Policy;
5. The date the Insured reaches the Maximum Benefit while covered under the Policy as specified in the Schedule of Benefits; or
6. The date of Your death.

## Effective Date of Coverage:

- Insured Person Insurance

The insurance coverage under the Policy shall become effective for the Insured Person on the premium due date coincident with or next following the date on which We approve his or her written request for coverage and he or she pays the applicable premium.

- Dependent Insurance

The insurance coverage under the Policy shall become effective for an eligible Dependent on the premium due date coincident with or next following the date on which We approve the Insured Person's written request for coverage and the applicable premium is paid.

## 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.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; or a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Notice: This brochure provides a very brief description of some important features of the coverage. It is not the Insurance Group Policy or Certificate. A full explanation of benefits, exclusions and limitations are contained in the Certificate of Insurance under group policy form MNL ADEN-POL 0905 or SSL ADEN-POL 0905.