

**Producer's Guide to
IHC Health Solutions'
Group Dental
and Vision Products**



For IHC Health Solutions contracted producers only.
Not for public distribution.

Producer Appointment

Before you sell your first Group Dental or Vision case, you must have a current life/health insurance license for the state(s) in which you do business. Contact your General Agent or IHC Health Solutions to determine licensing, appointment and contracting rules for the state(s) in which you do business prior to submitting any Group Dental or Vision Plan applications. Producers must be appointed by the appropriate carrier and have completed a Producer's Agreement with IHC Health Solutions. Some states allow producers to submit the required appointment request with their initial case submission. Contact your General Agent to verify whether the state(s) in which you do business allows this.

Producer Required Forms - Please provide us with each of the following documents, properly completed, signed and dated:

- Legible photocopy of your current state life/health insurance license(s)
- IHC Health Solutions Producer's Agreement
- Any other state-required forms
- Appointment fee, if applicable*

***Resident appointment fees** will be paid by us. Contact your General Agent if you have any questions about these fees. If you are already appointed through MNL, no additional appointment fee is required. Submit a completed Producer's Agreement with a dental commission schedule.

After MNL appoints you and IHC Health Solutions executes the Producer's Agreement, IHC Health Solutions will send you a welcome kit that will include confirmation of your appointment. If proper licensing and appointment procedures are not followed or if you are not appointed, no commissions will be paid to you until this has been completed.

Commissions

You will receive monthly commissions, as earned, subject to the terms and conditions of the IHC Health Solutions Producer's Agreement. Total commissions are paid on the 15th of the month for premium that has been received, posted and earned by the last day of the previous month, providing that the amount is greater than \$2. For amounts less than \$2, the balance will be forwarded to your next month's commission statement, subject to the same minimums.

If for any reason we refund any premium or part of a premium on any policy, you will be required to repay to IHC Health Solutions any commissions that you have received on that refunded amount. Such refunds may be shown as adjustments on your commission statement. To continue to receive commissions, the case must remain in-force, the premiums must be paid and you must actively service the account.

New Business Requirements

Please submit the following to your General Agent, who will review the forms for completeness and forward them to Underwriting.

- **Employer Application**, signed by owner or officer of the Participating Employer. (Please be sure to complete the Producer/General Agent Information portion on the back of the Employer Application.)
 - **Employee Application** for each employee.
 - **New Business Submission Form** - please make sure all applicable items are completed to ensure efficient case processing.
 - **Employer's check for the first month's premium.** Checks should be made payable to the appropriate carrier.
 - **Copy of prior carrier billing, if applicable.**
 - **Verification of Eligibility**

Employee Choice

Employers can allow their employees to choose different dental benefit plans to fit their needs, based on group size. Groups enrolling 5+ lives have unlimited plan design options.

Note: Groups enrolling 100+ lives must be quoted by the home office. In addition, takeover groups of 100+ must submit experience and, if requesting customization, must also submit plan specifications.

Group Eligibility

- Dental offices and dental related businesses are ineligible
- Groups of independent contractors or those with 1099 employees are eligible for our association product.

Eligibility

Employees - Employees who are directly employed on a full or part-time basis working the minimum # of hours required may apply for coverage through a participating employer. To be eligible for coverage under the plan, an employee must be engaged in active employment on a full or part-time basis as of the Certificate Effective Date.

Dependents - Also eligible to apply are the lawful spouse of an eligible employee and unmarried children under age 19 (under age 23 if unmarried and full-time students - may vary by state, check with IHC Health Solutions) who depend on the employee for support.

Newborn Children - The dependent child of an insured person will be insured from birth for a period of at least 31 days. Coverage will terminate at the end of 31 days if the insured does not complete and submit an application to have the newborn dependent added to his/her coverage.

Newly Adopted Children - A child who is adopted on or after the effective date of an insured's coverage under the Dental and Vision Plan will be insured for a period of at least 31 days from the earlier of the date of placement in the insured's home for the purpose of adoption or the date of an entry of an order granting the insured custody of the child for purpose of adoption.

Court Ordered Coverage for Dependent Children - To add a dependent for whom an insured person is mandated by a court order to provide dental coverage, we must receive notification within 30 days of the issuance of a court order providing for the payment of dental expenses/dental insurance coverage for this dependent.

The following documents are required:

- A copy of the court order providing for payment of dental expenses and/or dental insurance coverage on behalf of the child by the noncustodial parent; or
- A release signed by the insured permitting us to communicate directly with the custodial parent.

Participation Requirements

IHC Health Solutions requires no participation percentage unless the employer is paying 100% of the employee premium. Otherwise, as long as a minimum of 5 people are enrolled, no participation is required. If a group has 75% participation or better, they will qualify for a reduced rate. Groups of 2-4 lives require 100% participation of employees and dependents. There is no dependent participation required for groups of 5 or more. This applies to both dental and vision cases.

Changes to Group Size

Group size is determined at case issue and is not recalculated until renewal. Add-on employees that will effect participation requirements or waiting periods, will count towards group size at renewal. Refer to the Verification of Eligibility form for calculating employee participation.

Requests to Decline Coverage, or “Waivers of Coverage”

For plans where the employee is contributing any or all of the premium, any eligible employee who is not applying for dental and/or vision coverage must complete a waiver of coverage. For groups of 5+ eligible employees, employees who have alternate group dental and/or vision coverage and waive coverage under the group dental and/or vision plan will not be counted against participation requirements. NOT required for employee paid plans.

Effective Date of Coverage

Employers may request a coverage effective date of the 1st or the 15th of the month (must have a 15th of month effective date on prior plan to qualify). However, the premium due date will always be the 1st of the month. All applications must be signed and dated on or before the requested effective date and received by IHC Health Solutions no later than the day before the requested effective date. Any application received after the requested effective date, if approved, will be made effective the next available date. Newly hired employees added to the Dental Plan will have their coverage made effective the 1st of the month following completion of their benefit waiting periods. Applications that are more than 60 days old upon receipt will be returned unprocessed.

Benefit Waiting Period and Takeover Credit

Waiting period is defined as the number of consecutive months a person must be covered under the plan before benefits are payable. Employees are eligible for second year level benefits 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.

To receive prior carrier credit, submit the following:

- A copy of the present carrier’s certificate booklet or a policy.
- The previous carrier’s billing for the month in which coverage is requested under the Plan.

Orthodontia waiting period and Takeover Credit

Orthodontia is available only to dependents under 19. Waiting periods for orthodontia benefits are as follows:

For groups of 10+ only

(available for groups of 5-9 if ortho is offered in current dental plan)

- 12 months

However, if orthodontia is a covered service with the employer’s prior carrier, each covered person will receive credit for the orthodontia waiting period and annual maximum, not to exceed the Policy’s Lifetime Maximum.

Usual, Customary and Reasonable (UCR)

Usual, Customary and Reasonable: 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.

IHC Health Solutions’ UCR levels are determined using a proprietary blending of data provided through it’s own claims data and the data provided by a professional service referred to as MDR through the company Ingenix. IHC Health Solutions’ standard UCR level is the 90th percentile and the rating system accommodates.

Preferred Provider Option (PPO)

Dental

Maximum Allowable Charge (MAC)

In-network

Services received from an in-network dentist are subject to the Maximum Allowable Charge (MAC). The MAC for each covered procedure is the amount agreed to by the dentist. Insureds are never balance billed.

Out-of-network

Services received from an out-of-network dentist, are also subject to the MAC. However, if the out-of-network dentist charges more than the MAC, the insured is responsible for the balance.

Incentive

In-network

Services received from an in-network dentist are subject to the applicable in-network coinsurance for that plan. The coinsurance is applied per the fee schedule.

Out-of-network

Services received from an out-of-network dentist are subject to the applicable out-of-network coinsurance for that plan. The coinsurance is applied per the fee schedule.

Vision

Vision benefits are paid on an In-Network and Out-of-Network basis per the schedule of benefits. Out-of-Network benefits are based on a reimbursement up to a specified dollar amount for a specific service. Refer to the schedule of benefits for details.

Preferred* PPO Network Coverage for Flexident Dental Products

Connection Dental: AK, AL, AR, HI, ID, IA, KS, KY, MO, MN, MT, NE, ND, OK, PA, SD, TX, UT, WI, WV, WY

DenteMax: AZ, CO, CT, DE, D.C., GA, IL, ME, MD, MA, MI, MS, NH, NJ, NM, NY, OH, OR, RI, SC, TN, VT, VA, WA, WY

Dentamax Plus: Louisiana only

Diversified Dental: Nevada only

First Dental Health: California only

Maverest Dental Alliance: Indiana only

Total Dental Administrators: Utah only

Prestige: Florida only

*Networks may be available in more states than listed above. Contact IHC Health Solutions for more information.

State Availability for Davis Vision:

AK, AL, AR, AZ, CA, CO, DE, D.C., FL, HI, IA, IL, IN, KY, KS, LA, MA, MD, MI, MN, MO, MS, MT, ND, NE, NJ, NM, NV, NY, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WI, WY, WV.

As of 3/1/10, Davis Vision not currently available in the following states: CT, GA, ID, ME, NC, NH, OH, OK, VT. *Please check with IHC Health Solutions for updated state approvals.*

Coordination of Benefits

If a person covered under this plan is also covered under one or more other eligible plans, benefits will be coordinated with the benefits payable under those plans. For purposes of applying the Coordination of Benefits provision, an eligible plan is defined as: a) any group insurance or group type coverage, whether insured or uninsured, including prepayment, group practice or individual practice coverage; and b) any governmental program, or coverage required by or provided by law, except Medicaid.

Premium Payments and Grace Period

Premiums are due on the first day of the month and should be received at IHC Health Solutions no later than the 10th of the month for which the premium is due. A grace period of 31 days is allowed for any premium after the first premium.

Termination of Insurance

For complete details, please refer to the certificate of coverage.

Additional Information

For more information about IHC Health Solutions' group dental, vision and one life dental for individuals programs, please contact your General Agent or the IHC Health Solutions Marketing Team at 800-935-2009, option 7.