



Independence Dental

Indemnity dental insurance for individuals and families

Underwritten by Independence American Insurance Company, (IAIC), a member of the IHC Group, an insurance organization composed of Independence Holding Company (NYSE: IHC) and its operating subsidiaries. For more information about IAIC and The IHC Group, visit www.ihcgroup.com. The Independence Dental plan series is administered by The Loomis Company.



Your Bright Smile: A Reflection of Your Health

Dental insurance can help cover the cost of exams and procedures, while promoting more frequent visits, ultimately keeping you healthier. Independence Dental offers a great plan for individuals and families.

Plan Design

	Independence 1000	Independence Ultra 1500	Independence 1500
Office Visit Copay <i>(limit 1 per day)</i>	\$20	\$20	None
Deductible	\$50	\$50	\$50
Maximum benefit <i>(per covered person, per calendar year)</i>	\$1,000	\$1,500	\$1,500
Preventive Care:			
Exams	100%	100%	100%
Cleanings	100%	100%	100%
Topical fluoride	100%	100%	100%
Sealants	100%	100%	100%
	<i>(calendar year deductible does not apply)</i>	<i>(calendar year deductible does not apply)</i>	
Diagnostic care:			
X-rays	100% <i>(calendar year deductible does not apply)</i>	100% <i>(calendar year deductible does not apply)</i>	80% <i>(6-month waiting period)</i>
Basic care:			
Fillings and extractions <i>(6-month waiting period)</i>	50%	80%	80%
Major care:			
Crowns, bridges, dentures, root canals, periodontics, endodontics and oral surgery <i>(12-month waiting period)</i>	50%	50%	50%

Charges in excess of the Usual, Customary and Reasonable charge are the responsibility of the insured person. This amount is the most common charge for treatment and services within your geographic area and is determined by the insurance carrier based on claims data and a standard allowance level.

Coinurance and waiting periods for diagnostic, basic and major vary by state.

Independence Dental – Coverage

Limits listed below apply per covered person.

Diagnostic Care	Basic Care
<ul style="list-style-type: none"> • Bitewing X-rays, limited to one per calendar year • Full-mouth X-rays, limited to one every three years 	<ul style="list-style-type: none"> • Simple extractions • Fillings <ul style="list-style-type: none"> » Amalgam restorations » Composite restorations, limited to anterior teeth and bicuspids • Emergency palliative treatment to temporarily release pain
Preventive Care	Major Care
<ul style="list-style-type: none"> • Routine oral exams, limited • Prophylaxis (the cleaning and scaling of teeth), limited to two per calendar year • Topical application of fluoride for dependent children, limited to one per calendar year (this benefit may vary by dependent age and state) • Sealants, one per tooth every three years for specific permanent molars (this benefit may vary by dependent age and state) • Space maintenance, including the initial appliance and adjustments within six months of installation for a dependent child up to age 16 	<ul style="list-style-type: none"> • Endodontic services • Periodontic services • Oral surgery • Surgical extractions • Dentures and maintenance prosthodontics • Inlays, onlays and crowns • Bridges

Eligibility

Independence Dental is available to the primary applicant age 18 to 99, his or her spouse age 18 to 99, and dependent children under the age of 26.

Effective date

The plan will be effective the first of the month following request for coverage, or a future selected effective date not more than 60 days following enrollment. Due date for payment will be the same as the effective date.

Covered charges

Expenses must be medically/dentally necessary and incurred by a covered person while the plan is in force. A covered procedure must be 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 dentist.

Coordination of benefits

This plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits. Coordinating benefits is not permitted in all states.

Alternative benefits

If we determine that a less expensive service or supply can be used in place of the proposed treatment based on broadly accepted standards of dental care, benefits are limited to the maximum allowable charge for the least expensive treatment. The maximum allowable charge is determined by the in-network reimbursement schedule.

Pre-treatment estimate

Except in an emergency, before a covered person may begin treatment that will cost more than the predetermination amount shown on the Schedule of Benefits, the dentist must submit a claim to us describing the treatment necessary and the cost. This estimate is not a guarantee of payment. We will still consider a claim for which the covered person has not obtained an estimate; however, the claim may be subject to reduced benefits based on our determination of the maximum allowable charge and medically necessary treatment.

Exclusions for Dental

The following exclusions list is an outline of the complete list available in the Independence Dental insurance Policy. Exclusions and limitations may vary by state.

- Treatment, services or supplies which:
 - » Are not medically/dentally necessary;
 - » Are not prescribed by a dental provider;
 - » Are determined to be experimental or 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 rendered in accordance with generally accepted standards of dental practice; or
 - » Are not covered services
- Expenses resulting from:
 - » Suicide, attempted suicide or intentionally self-inflicted injury
 - » War, or from voluntary participation in a riot or insurrection;
 - » Engaging in an illegal act or occupation, the commission of a felony or assault;
 - » Fixed or removable bridgework involving replacement of a natural tooth or teeth that were lost prior to the covered person's effective date of coverage;
 - » Telephone consultations, failure to keep a scheduled appointment, completion of claim forms or attending dental provider statements;
 - » Use of materials, other than fluorides or sealants, to prevent tooth decay
 - » 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;
 - » Replacement of third molars;
 - » Crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology; or
 - » Any service not specifically listed in the Schedule of Benefits
- Expenses incurred by a covered person while on active duty in the armed forces
- Expenses for which benefits are paid or payable under Workers' Compensation Act or similar laws
- Treatment that began before the covered person's effective date of coverage or after the covered person's termination of coverage
- Congenital or developmental malformations existing on the covered person's effective date
- Periodontal splinting
- Replacement of partial or full dentures, fixed bridgework, crowns, gold restorations and jackets more often than once in any 60-month period per tooth
- Relining of dentures more often than once in any 24-month period
- Expenses for lost, stolen or missing appliances of any type, or for duplicates
- Prescription drugs and analgesia pre-medication
- Dental education or training programs, diet and nutrition counseling
- Expenses resulting from the following, unless stated on the Schedule of Benefits:
 - » Prosthodontics;
 - » Orthodontia;
 - » 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; or
 - » Porcelain on crowns, or pontics posterior to the second bicuspid
- Cosmetic dentistry
- Charges that are payable under any other insurance, unless specifically available under the Coordination of Benefits provision in the Policy
- 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
- Bite registrations
- Bacteriologic cultures
- Temporomandibular joint syndrome (TMJ), unless coverage is required by state mandate

This product is not considered to be Minimal Essential Coverage as defined by the Patient Protection and Affordable Care Act (ACA). Enrolling in and maintaining an Independence Dental plan will not exempt you from the Shared Responsibility Payment (tax) that may apply if you do not have a plan with ACA-compliant coverage. Certain Independence Dental plan selections are only available with an existing major medical ACA-compliant plan. An attestation may be required indicating all family members applying for the Independence Dental plan have ACA coverage.

Not all plans or combinations of benefits are available in all states.

This brochure provides a very brief description of the important features of Independence Dental. This brochure is not a certificate of coverage or policy and only the actual certificate or policy provisions will control. The certificate or policy itself sets forth in detail the rights and obligations of both the certificate holder or policy holder and the insurance company. It is, therefore, important that you READ THE CERTIFICATE OR POLICY CAREFULLY. For complete details, refer to the Individual Dental Policy, Policy form number (IAIC IDEN POL 0414).

About Independence American Insurance Company

Independence American Insurance Company is domiciled in Delaware and licensed to write property and casualty insurance in all 50 states and the District of Columbia. Its products include short-term medical, employer medical stop-loss, hospital indemnity, fixed indemnity limited benefit, group and individual dental, pet insurance, and non-subscriber occupational accident insurance in Texas. Independence American is rated A- (Excellent) for financial strength by A.M. Best, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

The Loomis Company

The Loomis Company (Loomis), founded in 1955, has been a leading Third Party Administrator (TPA) since 1978. Loomis has strategically invested in industry leading ERP platforms, and partnered with well-respected companies to enhance and grow product offerings. Loomis supports a wide spectrum of clients from self-funded municipalities, school districts and employer groups, to large fully insured health plans who operate on and off state and federal marketplaces. Through innovation and a progressive business model, Loomis is able to fully support and interface with its clients and carriers to drive maximum efficiencies required in the ever evolving healthcare environment.

About The IHC Group

The IHC Group is an insurance organization composed of Independence Holding Company (NYSE: IHC) and its operating subsidiaries. The IHC Group has been providing life and health solutions for over 30 years.

“IHC” and “The IHC Group” are the brand names for plans, products and services provided by one or more of the subsidiaries and affiliate member companies of The IHC Group (“IHC Entities”). Plans, products and services are solely and only provided by one or more IHC Entities specified on the plan, product or service contract, not The IHC Group. Not all plans, products and services are available in each state.



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