



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. 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% 50% | Included 50% 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 Lifetime Maximum | | \$500 \$1,000 | \$500 \$1,000 | \$500 \$1,000 |

Add-ons for groups of 10+

Package 1 – Coverage provided for implants and veneers. *Value: Discount; Economy: 1st year - 10%/2nd year - 40%; Superior and Superior Indemnity: 1st year - 10%/2nd year - 50%*

Package 2 – Treat Endodontics and Periodontics as basic rather than major services. *Economy, Superior and Superior Indemnity plans only.*

Package 3 – Orthodontia (dependents under 19). See above for benefit. *Economy plan only.*

Package 4 – Waiver of the \$100 deductible for Prev/Diag/Basic/Major services. *Economy, Superior and Superior Indemnity plans only.*

* 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: Credit applied towards Lifetime Deductible for amount satisfied on the prior group plan. Purchase of add-on Package 4 waives Lifetime Deductible, 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



Standard Security Life Insurance Company of New York

is the insurer for the dental benefits described in this brochure.

Standard Security Life Insurance Company of New York has been **rated A (Excellent)** by A.M. Best Company, which rates an insurer on its relative financial strength and ability to meet its obligations to insureds.

While the Excellent rating reflects the company's outstanding financial performance and capitalization, it is not a warranty of the company's present or future financial position. A.M. Best reports that companies rated A (Excellent) *"have an excellent ability to meet their ongoing obligations to policyholders"*.



Insurers Administrative Corporation

is responsible for all general administration on the IAC Dental Advantage plans. IAC is a subsidiary of Independence Holding Company (IHC), a publicly-traded health and life insurance holding company with more than \$1 billion in assets (NYSE: IHC). Over the past 26 years, IHC has built a solid reputation for financial stability and has grown to become a respected industry leader. Since 1978, IAC has administered and marketed fully-insured, partially self-funded and international products including:

- Major Medical for small groups and individuals
- Dental and vision plans
- Group Life, AD&D, LTD and STD
- Self-funded products and administration

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.

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.