



Independence Dental

Indemnity and PPO dental insurance for individuals and families

Underwritten by Independence American Insurance Company (IAIC), a member of The IHC Group. For more information about IAIC and The IHC Group, visit www.ihcgroup.com. The Independence Dental plan series is administered by The Loomis Company.

Plan Highlights

Independence Dental provides the choice between PPO or Indemnity insurance plans with easy-to-understand benefits. All plan options are free from copays and have no waiting periods for preventive, diagnostic and basic care services.

Benefit Categories

Benefits within each category may vary by state and frequency. Please review policy for full details.



Preventive Care

Routine oral exams, two cleanings per calendar year, topical fluoride for dependent children once per calendar year, sealants (one per tooth every three years for specific permanent molars), space maintenance, including installation or adjustments (within six months of installation for a dependent child up to age 16).



Diagnostic Care

Bitewing x-rays once per calendar year and full-mouth x-rays once every three years.



Basic Care

Simple extractions, fillings including amalgam and composite restorations (limited to anterior teeth and bicuspids) and emergency palliative treatment to temporarily relieve pain.



Major Care

Includes endodontic and periodontics services, oral surgery, surgical extractions, dentures and maintenance prosthodontics, inlays, onlays and crowns, and bridges.

PPO Plan Options	PPO 50	PPO 60	PPO 80
Copay	\$0		
Calendar-year deductible <i>(In-Network/Out-of-Network)</i> <i>Applies to Basic and Major care</i>	\$50 / \$50		
Maximum benefit <i>(per covered person, per calendar year)</i>	\$1,000	\$1,000	\$1,500
Coinsurance percentage (listed per covered person)			
Preventive Care <i>(In-Network/Out-of-Network)³</i>	100% / 70% ¹		
Diagnostic Care <i>(In-Network/Out-of-Network)</i>	100% / 70% ¹		
Basic Care <i>(In-Network/Out-of-Network)</i>	50% / 50% ²	60% / 50% ³	80% / 50% ⁴
Major Care <i>(In-Network/Out-of-Network)</i>	Not covered	50% / 50% ² 12-month waiting period ⁵	50% / 50% ² 12-month waiting period ⁵

¹ 100% / 100% in FL, GA and TX and 100% / 80% in ME

² 60% / 60% in GA

³ 60% / 60% in FL and TX, 70% / 70% in GA

⁴ 80% / 80% in FL, GA and TX, 80% / 60% in ME

⁵ 6-month waiting period in VT



When choosing a PPO plan design

When utilizing in-network dental providers:

Network providers have agreed to a negotiated, discounted dollar amount for each covered charge. Therefore, if all dental services are received from network providers, you will not be billed for any charges above the allowed amount, or maximum allowable charge.

When utilizing out-of-network providers:

If you receive dental services from a provider that is not included in the network, covered expenses are limited to the maximum allowable charge. You will receive a bill from the provider if out-of-network expenses exceed the maximum allowable charge. Out-of-network percentages may vary by state, refer to the policy for complete details.

The PPO network available with Independence Dental is not available in IL, KY, MA, MT, NC, NY, PA, RI, VA and WA and subject to change. Please refer to the provider directory for a complete list of available network dental providers in your area.



Indemnity Plan Options	Indemnity 50	Indemnity 60	Indemnity 80
Copay	\$0		
Calendar-year deductible <i>Applies to Basic and Major care</i>	\$50		
Maximum benefit <i>(per covered person, per calendar year)</i>	\$1,000	\$1,000	\$1,500
Coinsurance percentage (listed per covered person)			
Preventive Care	100%		
Diagnostic Care	100%		
Basic Care	50% ¹	60% ²	80%
Major Care	Not covered	50% ¹ 12-month waiting period ³	50% ¹ 12-month waiting period ³

¹ 60% in GA

² 70% in GA

³ 6-month waiting period in VT



Eligibility

Independence Dental is available to those up to age 99. Eligibility age may vary by state.

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.

Termination

The plan will continue as long as premium is paid and the primary insured does not become ineligible.

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, the benefit payment will be limited to the Reasonable and Customary Charge.

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 and Limitations

Exclusions and limitations vary by state, check the policy for a full listing.

- » 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, while sane or insane
 - 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

** In the state of Virginia, we will not provide benefits for any loss caused by or resulting from pre-existing conditions during the first 12 months of a covered person's effective date.*

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

About Independence American Insurance Company

Independence American Insurance Company is domiciled in Delaware and licensed to write property and/or casualty insurance in all 50 states and the District of Columbia. Its products include short-term medical, hospital indemnity, fixed indemnity limited benefit, group and individual dental, and pet insurance. Located at 485 Madison Ave., Floor 14, New York, NY 10022.

About The Loomis Company

The Loomis Company (Loomis) as an administrator for Independence American Insurance Company, 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.