NationalCare
DENTAL

**Real** Benefits.
**Real** Value.

(800) 979-8266
Info@NationalCareDental.com

NationalCareDental.com

Nationwide®
is on your side

# Nationwide Is On Your Side

We're all smiles at MBA and Nationwide Insurance. These unique new dental plans will provide you so many reasons to smile - including strength and reliability!

- Nationwide puts Members first and protects what matters most
- Fortune 100 company with a healthy and diverse portfolio of insurance and financial services
- Commitment to the health benefits industry for more than 70 years

***Products are not available in all states. Please call 800-979-8266 to verify current state availability.***

*Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration.

# Annual Maximum Benefit Options

## 1500, 3000 or 3000+ Additional **$2000 Buy Up

| | |
|---|---|
| • Deductible | • $50 annual deductible for basic and major services (per person)<br>$150 Max (per family)<br>No deductible for preventative services. |
| **PREVENTIVE CARE (100% Coverage) No Waiting Period** | |
| • Routine Exam (1 in 6 months)<br>• Bitewing X-rays (1 per 12 months) | • Cleaning (2 in 12 months)<br>• Fluoride for children under age 16 (1 in 12 months) |
| **BASIC CARE (80% Coverage) No Waiting Period** | |
| • Full Mouth/Panoramic X-rays (1 in 3 years)<br>• Sealants (ages 6 through 16)<br>• Space Maintainers (child under 16) | • Restorative Amalgams<br>• Simple Extractions |
| **MAJOR CARE* (50% Coverage) 12 Month Waiting Period** | |
| • Onlays<br>• Oral Surgery<br>• Implants<br>• Crowns (1 per tooth, per 7 years)<br>• Crown Repair<br>• Endodontics (nonsurgical)<br>• Periodontics (nonsurgical) | • Periodontics (surgical)<br>• Denture Repair<br>• Dentures (1 appliance per 5 years)<br>• Bridge (1 per 7 years)<br>• Complex Extractions<br>• Anesthesia |

*Waiting period for major services may be waived with proof of prior coverage provided by the Member. Proof of prior coverage will only be accepted from the prior carrier within 30 days of effective date on National Care Dental and showing 12 months of continuous fully insured coverage with no lapse. DHMO, discount, or scheduled plan coverage will not be accepted.

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# National Care Dental FAQs

## Does my Dental Plan have a waiting period?

There are NO WAITING PERIODS for preventive and basic dental care. There is a 12-month waiting period for major dental care. All benefits begin on your plan effective date.

## Who is eligible to purchase the plan?

Anyone age 18 and older in approved states. You can request coverage for your dependents; dependent eligibility varies based on state law.

## Do I have coverage if I travel outside of the state I live in?

Yes.

## Are my rates guaranteed?

You will receive a 30-day notice prior to any rate change (more if required by state law).

## Is there coverage out of network?

This plan is typical of a standard PPO plan. There is coverage out of network, however, you would be subject to higher out of pocket costs. In NC, MA, VA a Member may see any provider and reimbursements are based on the CMAC customary maximum allowable charge.

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# National Care Dental FAQs (cont.)

## How do I submit claims?

You or your dentist submit completed claim forms along with any requested information to the address provided on your Member ID card. Dentists may submit claims electronically to the contact information provided on your Member ID card. You may also contact Member Services directly for assistance.

## When will I receive my insurance ID card?

Member ID cards are generally shipped within 7-10 business days after your enrollment has been processed. Actual receipt of your ID cards may vary, as all ID cards are sent via USPS First Class Mail. Replacement ID cards may be requested by contacting Member Services at (800) 979-8266.

## What is your refund/cancellation policy?

To receive a refund, submit a written or verbal notice of cancellation to our office. This notice must be received prior to your policy effective date*.

Innovative Health Insurance Partners
Attn: National Care Dental
4201 Spring Valley Road, Suite 1500, Dallas, TX 75244
or by calling (800) 979-8266.

## What if I have more questions?

Please contact your insurance agent.

*No refunds are permitted once policy effective date has commenced. No refunds are permitted if any claims have been submitted or filed for any service or product for which you have been enrolled.

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# In Network

National Care Dental – Underwritten By Nationwide Insurance offers the use of Maximum Care PPO** which includes all Dentemax, Careington and Connection Dental network providers. Maximum Care PPO provides a national, seamless, credentialed PPO dental network, ranked in the top ten for network size with over 300,000 access points for your Dental Care needs. Maximum Care dentists offer fees below normal costs. The National Care Dental plan gives you the freedom to select any dentist you please, but if you use the Maximum Care network and you choose a dentist in the network, you may receive additional cost savings on fees to you and your family.

# Out-of-Network

Out-of-Network benefits will be paid based on MAC fees. MAC means the Maximum Allowable Charge for your plan. You may be responsible for the difference between the MAC and the actual dental charge from a Non-Participating Provider.

**network not required in NC, MA, VA and will be paid based on MAC which is the Maximum Allowable Charge for your plan."

# National Small Business Assoc.

When enrolling into National Care Dental you automatically become a member of the National Small Business Association (NSBA). The NSBA monthly membership fee is $3.00 and is included in your monthly billing. You can learn more about the non-insurance benefits and services by visiting **www.nsba.net.**

## Available Member programs through NSBA

Enjoy discounts, rewards, and perks on thousands of the brands you love in a variety of categories:

- Vision/Rx
- Hearing
- Travel
- Auto
- Electronics
- Medical Bill Solutions
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Tickets
- Sports & Outdoors
- Local Deal
- Education
- Apparel

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# Schedule Of Benefits

## Limitations and Exclusions

No Benefits are payable under the Policy for the Services listed below. In addition, the Services listed below will not be recognized toward the satisfaction of any Deductible:

1. Any Services which are not included in the Schedule of Covered Procedures;
2. Any Service started or appliance installed before the Effective Date or after the Termination Date, except in those instances noted in this Certificate;
3. Any Service, which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least 5 years, as determined by Us;
4. Any procedure We determine is not necessary, does not offer a favorable prognosis, does not have uniform professional endorsement or is experimental in nature;
5. Crowns, inlays, onlays, cast restorations, or other laboratory prepared restorations on teeth, which may be satisfactorily restored with an amalgam or composite resin filling;
6. Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations unless such procedure is listed in the Schedule of Covered Procedures;

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## Limitations and Exclusions (continued)

7. Appliances, Services or procedures relating to:
   a. the change or maintenance of vertical dimension;
   b. restoration of occlusion (unless otherwise noted in the Schedule of Covered Procedures—only for occlusal guards);
   c. splinting;
   d. correction of attrition, abrasion, erosion or abfraction;
   e. bite registration; or
   f. bite analysis;
8. Replacement of bridges unless the bridge is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
9. Replacement of full or partial dentures unless the prosthetic appliance is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
10. Replacement of crowns, inlays or onlays unless the prior restoration is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
11. For Orthodontia Services;
12. Services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain unless such procedure is listed as a Covered Procedure in the Schedule of Covered Procedures;
13. Charges for implants of any type, and all related procedures, implant supported crowns, implant abutments, and removal of implants, unless such procedures are listed as Covered Procedures;

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## Limitations and Exclusions (continued)

14. Charges for precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized Services or attachments;

15. Athletic mouth guards; myofunctional therapy; treatment for malignancies, cysts and neoplasms; failure to keep scheduled appointment; charges for completion of Claim forms, infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; charges for travel time; transportation costs; professional advice; treatment of jaw fractures; orthognathic surgery; exams required by a third party other than Us, personal supplies (e.g., water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;

16. Prescription drugs, premedication, pharmaceuticals, or analgesia;

17. Dental disease, defect or injury caused by a declared or undeclared war or any act of war or terrorism or taking part in an insurrection or riot; the commission or attempted commission of a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane;

18. Dental treatment not approved by the American Dental Association or which is clearly experimental in nature;

19. Any charge for a Service for which benefits are available under Worker's Compensation or an Occupational Disease Act or Law, even if You did not purchase the coverage that is available to You;

20. Any charge for a Service performed outside of the United States other than for Emergency Treatment. Benefits for Emergency Treatment performed outside of the United States are limited to a maximum of $100 per Plan Year.

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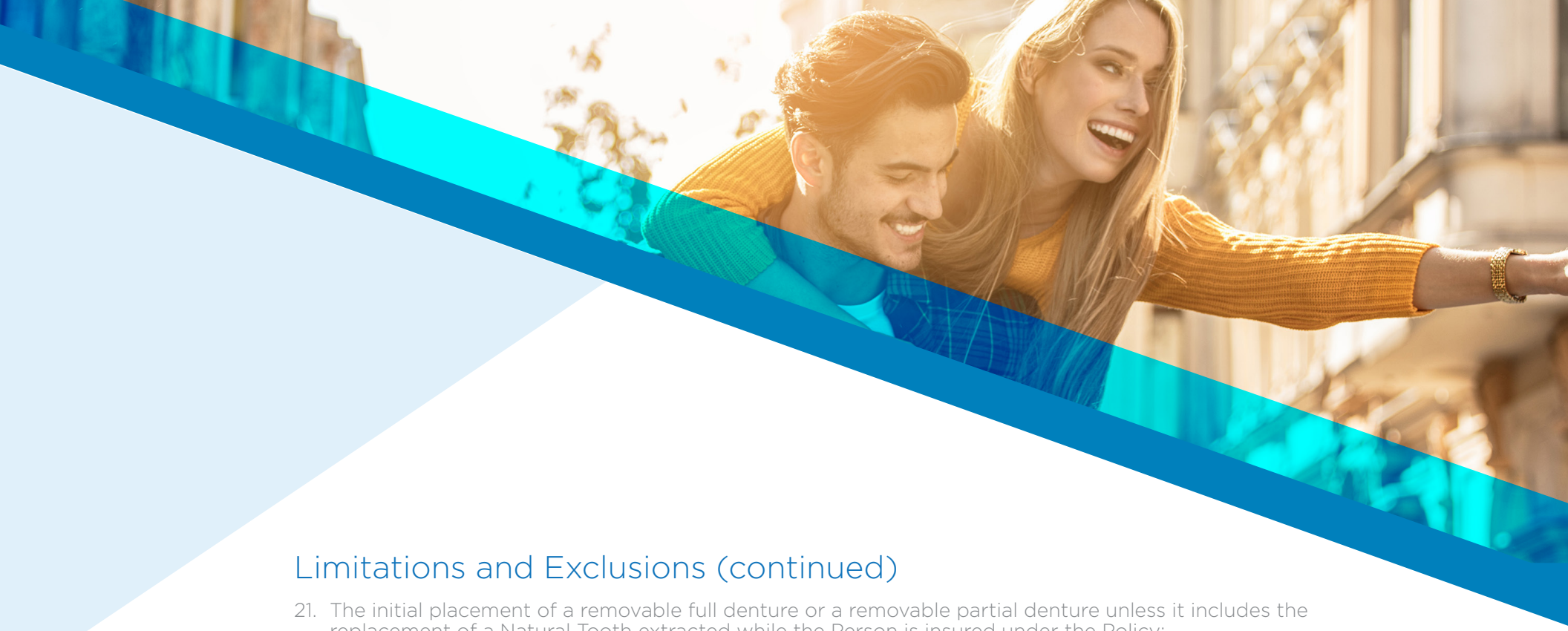

## Limitations and Exclusions (continued)

21. The initial placement of a removable full denture or a removable partial denture unless it includes the replacement of a Natural Tooth extracted while the Person is insured under the Policy;

22. The initial placement of a fixed partial denture including a Maryland Bridge, unless it includes the replacement of a Natural Tooth extracted while the Person is insured under the Policy, provided that tooth was not an abutment to an existing partial denture. Frequency Limitations for replacement of Dentures and bridges are stated in the Schedule of Covered Procedures. Benefits are payable only for the replacement of those teeth which were extracted while the Person was insured under the Policy;

23. The replacement of teeth beyond the normal complement of 32;

24. The replacement of an existing removable partial denture with a fixed partial denture unless upgrading to a fixed partial denture is essential to the correction of the Covered Person's dental condition;

25. Local, including light anesthetic, as a separate fee;

26. Any Treatment Plan which involves full-mouth reconstruction by the removal and reestablishment of occlusal contacts of 10 or more teeth with restorations, crowns, onlays, inlays, fixed partial dentures, dentures, or any combination of these Services;

27. Services with respect to congenital (hereditary) or developmental (before birth) malformations, except during the 31 day period immediately following the birth of Your Child, including but not limited to; cleft palate, maxillary and mandibular (upper and lower) malformations, enamel hypoplasia (lack of development), fluorosis, and anodontia;



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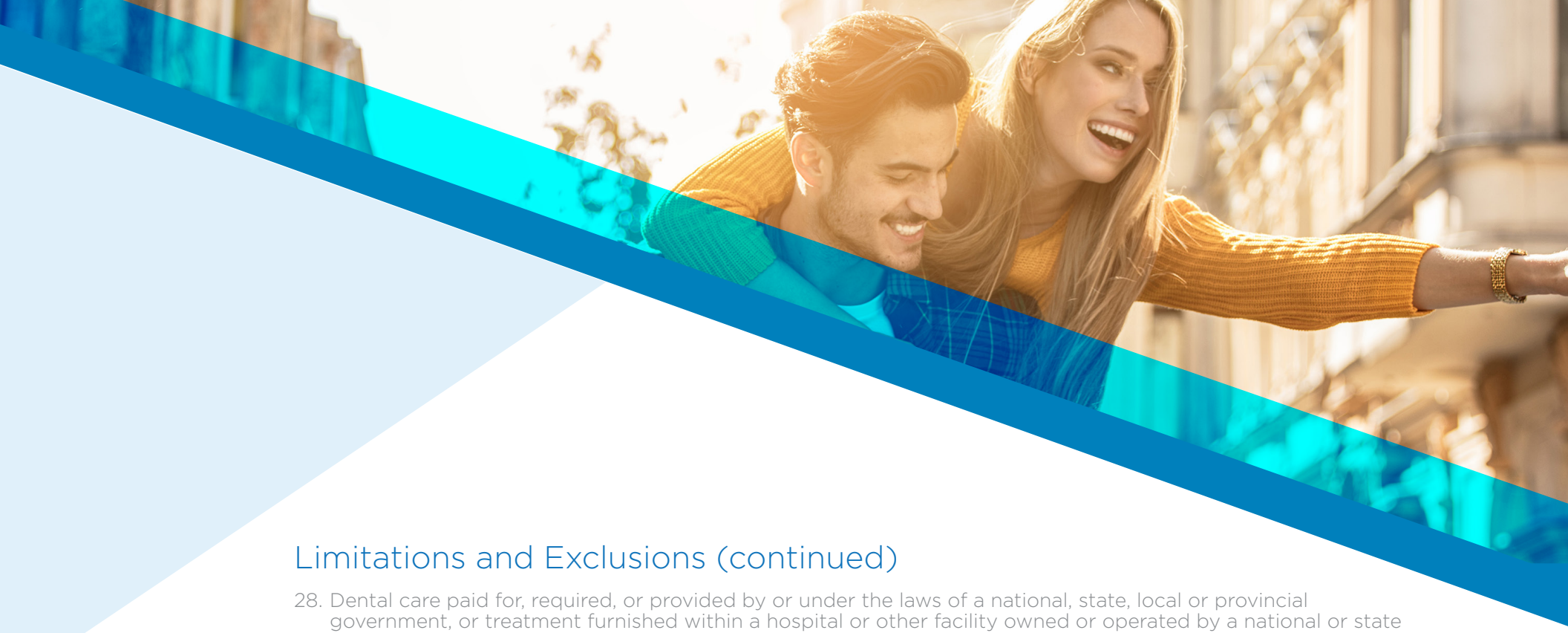

## Limitations and Exclusions (continued)

28. Dental care paid for, required, or provided by or under the laws of a national, state, local or provincial government, or treatment furnished within a hospital or other facility owned or operated by a national or state government unless the Insured Person has a legal obligation to pay;
29. Dental services performed in a hospital and related hospital fees;
30. Services covered under an existing medical plan;
31. The portion of an expense which is in excess of the reasonable charge;
32. Fees associated with a cancelled or missed appointment;
33. General anesthesia and I.V. sedation

**TAKEOVER BENEFITS.** Takeover benefits are provided only if so, indicated in the schedule of benefits. If takeover benefits are provided, an insured is eligible for takeover benefits only if the person both: (1) was insured under the participating employer's prior plan the day before the participating employer's effective date under the policy; and (2) has been continuously insured under the policy since the participating employer's effective date. If takeover benefits are provided and the insured is eligible for takeover benefits, then we will reduce the insured's waiting period(s) by the length of time, ending on the day before the participating employer's effective date, that the insured was continuously covered for similar classes of service under the participating employer's prior plan.



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# Contact Your Agent Today!

or call **(800) 979-8266**
to find an agent

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