

Secure DentalOne

Dental Insurance



Affordable, quality dental insurance coverage

- Available to individuals and families, including those over age 65
- Three great plan options
- Lifetime deductible

www.ihcbenefits.com 

*Underwritten by Standard Security Life Insurance Company of New York, a member of The IHC Group
Refer to a separate brochure for residents of Georgia, Idaho, North Carolina and Texas
Secure DentalOne is only available to members of Communicating for America, Inc.*



Secure DentalOne is quality, affordable dental insurance coverage for you and your family. The BasicOne, ClassicOne and PremierOne plans allow you to select from three levels of benefits, all with no waiting period for preventive care!

	BasicOne	ClassicOne	PremierOne
Office copay	None	None	\$10
Lifetime deductible	\$0	\$100	\$100
Coinsurance			(Year 1/2/3)
- Preventive	80%	80%	100%
- Diagnostic	PPO discount	80%	100%
- Basic	PPO discount	50%	25%/50%/75%
- Major	PPO discount	50%	10%/20%/40%
Calendar-year maximum	No maximum	\$750	\$1,250
Waiting periods	None	Basic - 6 months Major - 12 months	None

The deductible, calendar-year maximum and waiting periods apply per covered person.

Preventive care

- Routine oral exams - limited to two per calendar year
- Prophylaxis (cleaning and scaling of teeth) - limited to two per calendar year
- Topical application of fluoride - for children under age 19; limited to one per calendar year (may vary by state)

Diagnostic care

- Intra-oral occlusal film
- Bitewing X-rays (up to a set of four) - limited to one per calendar year
- Full-mouth X-rays (panoramic film or full series) - no less than 36 months apart

Basic care

- Simple extraction
- Pin retention - per tooth, in addition to restorations
- Fillings (restorations) - amalgam restorations, composite restorations for anterior teeth and bicuspid, and sedative fillings
- Maintenance prosthodontics - denture repairs and adjustments, denture rebase no less than 24 months apart, denture relines no less than 24 months apart

Major care

- Endodontic treatment
- Periodontic services
- Inlays, onlays and crowns
- Prosthetic services - dentures or bridges
- Oral surgery

BasicOne - PPO plan*

The BasicOne plan utilizes the DenteMax* dental PPO network. When a DenteMax provider is used for covered services, plan benefits will be

applied to the entire amount charged by the provider. However, when a dental provider is used that is not part of the DenteMax network, charges above the maximum allowable charge (MAC) will be the covered person's responsibility and not applied to the plan benefits. The MAC amount is based on the PPO network contracted schedule of charges based on the service and geographic area. To find a dentist, visit DenteMax on the Web at www.dentemax.com.

* For residents of Maine, the Connection Dental Network replaces DenteMax as the dental PPO network. To find a dentist, visit www.connectiondental.com.

ClassicOne and PremierOne - Traditional plans

Although visiting a PPO network provider is not required with the ClassicOne and PremierOne plans, benefits are subject to reasonable and customary (R&C) charges. R&C is the most common charge for similar professional services, drugs, procedures, devices, supplies or treatments within the covered person's geographic area. The most common charge is the lesser of the:

- 1) Actual amount charged by the provider,
- 2) Negotiated rate, or
- 3) Usual charge that would have been made by a provider within the same geographic area for the same or comparable services, drugs, procedures, devices, supplies or treatment.

Eligibility

Secure DentalOne is available to you, your spouse and eligible dependents. Eligibility does not end at age 64! (The definition of an eligible dependent varies by state.)

Effective date

Coverage will begin as of the requested effective date, provided the application and payment are received at least one day prior.

Payment options

You can pay monthly through an automatic bank withdrawal or credit card charge. Quarterly or annual payments must be made through a credit card. If you are interested in a list bill, contact the sales center at 800-277-3323, ext. 3.

OrthoCare - Discounted orthodontia care

The OrthoCare Discount Program is an optional program for you and your family. It provides children and adults with benefits for routine orthodontic treatment. You may save 15 to 20 percent on services performed by a contracted OrthoCare orthodontist.

This program: 1) is not a health insurance policy, 2) does not make payments directly to the providers of health services, 3) provides discounts at certain locations for health services, and 4) does not guarantee the quality of the services or procedures offered by the providers. The member is obligated to pay the provider for all the health care services that the member will receive, but the member will receive a pre-negotiated discount from the providers listed in the network, in accordance with the specific pre-negotiated discounted fee schedule. Discounts vary by provider. The OrthoCare program is not available in all states. The discount medical plan organization that operates this program is American Dental Professional Services, LLC located at 9054 N. Deerbrook Trail, Milwaukee, WI 53223

Alternate benefits

An alternate benefit will apply if:

- 1) We determine that a less expensive alternate procedure, service or course of treatment can be performed in place of the proposed treatment to correct a dental condition, and
- 2) The alternate treatment will produce a professionally satisfactory result.

If an alternate benefit applies, covered charges will be limited to the reasonable and customary charge for the less expensive treatment.

Pre-determination of benefits

Except in an emergency, before you can begin any treatment that costs more than the pre-determination amount shown on the schedule of benefits, your dentist must submit a claim describing the treatment and its cost. Additional information such as dental records and X-rays may be requested to evaluate the claim. An estimate of the treatment and the amount for which benefits are payable will be prepared and provided to you and your dentist. The estimate is not a guarantee of payment.

We will still consider a claim for which you have not obtained prior approval. These claims will be subject to reduced benefits based on our determination of reasonable and customary charges and medically necessary treatment.

Coordination of benefits

Secure DentalOne will coordinate with any other group, blanket or franchise plan under which an individual will receive benefits.

Covered charges

Expenses must be incurred by a covered person while coverage is in force. To be considered a covered charge, services must be performed by a:

- Licensed dentist acting in the scope of his license;
- Licensed physician performing dental services within the scope of his license; or
- Licensed dental hygienist acting under the supervision and direction of a dentist.

A covered charge is considered incurred on the following dates:

- Full and partial dentures - on the date the first impression is taken
- Fixed bridges, crown, inlays and onlays - the date teeth are first prepared
- Root canal therapy - on the date the pulp chamber is opened
- Periodontal surgery - on the day surgery is performed
- All other services - on the date the service is performed

Exclusions and limitations

The following are not covered by Secure DentalOne:

- Treatment, services or supplies that:
 - Are not medically necessary;
 - Are not prescribed by a dentist;
 - Are determined to be experimental/investigational in nature by the administrator;
 - 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; or
 - Are not covered procedures.
- Self-inflicted injuries
- War or act of war, whether or not declared
- A covered person's commission of a felony or an assault on another person
- Riot, nuclear accident or major disaster
- 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.
- Treatment which 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
- Cosmetic procedures, unless the coverage is elected by the insured person and the premium is paid
- Implants of any type and all related procedures, remove of implants, precision or semi-precision attachments, denture duplication, overdentures and any association surgery, or other customized services or attachments, unless the coverage is elected by the insured person and the required premium is paid
- Periodontal splinting
- Porcelain on crowns or pontics posterior to the second bicuspid
- Replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any five-year period
- Relining of dentures more often than once in any two-year period
- Lost, stolen or missing dentures or bridges or for duplicates
- Fixed or removable bridgework involving replacement of a natural tooth or teeth that was lost prior to the covered person's effective date of coverage as shown on the schedule of benefits. Benefits may be payable for bridgework required for loss of teeth while covered under the policy, if such bridgework is not an abutment for non-covered bridgework.
- Prescription drugs and analgesia pre-medication



- Telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending dentist statements and any other services or supplies that are not part of the direct treatment of the covered person.
- Dental education or training programs including oral hygiene or plaque control programs
- Counseling on diet and nutrition
- Military service, including service in a military reserve unit
- Prosthodontics, unless this coverage is elected by the covered person and the required premium is paid
- Charges payable under any medical insurance
- 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
- Use of materials, other than fluorides or sealants, to prevent tooth decay
- Bite registrations
- Bacteriologic cultures
- Therapeutic injections administered by a dentist
- 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)
- Replacement of third molars
- Composites on teeth posterior to the second bicuspid
- Crowns, inlays and onlays to restore teeth with micro fractures or fracture lines, undermined cusps or existing large restorations without overt pathology
- Temporomandibular joint syndrome

Association benefits

The Secure DentalOne is a group association plan and requires membership in Communicating for America, Inc (CA). CA is a 501c5 non-profit association headquartered in Fergus Falls, Minn., and has been providing members valuable benefits and savings since 1972. Association membership dues apply.

CA is not affiliated with the Secure DentalOne insurance carrier, Standard Security Life Insurance Company of New York.

The IHC Group

Secure DentalOne is underwritten by Standard Security life Insurance Company of New York, a member of The IHC Group.

This brochure provides a brief description of the benefits, exclusions and other provisions of the master policy #SSL ADEN-POL 0606 issued to Communicating for America. For complete details, please refer to the certificate of coverage (SSL ADEN-CER.001 0606). Benefits may vary by state. Secure DentalOne may not be available in all states.

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