

# Madison Dental



## Quality, affordable dental insurance coverage for your entire family

Madison Dental offers three great plans, all with quick and simple online quoting and enrollment

Underwritten by Madison National Insurance Company, Inc. in all states except New York and New Hampshire. Underwritten by Standard Security Life Insurance Company of New York in the states of New York and New Hampshire.

Refer to a separate brochure for residents of Idaho, North Carolina and Texas.

## Three Great Plans

	Value	Primary	Superior
<b>Office copay</b>	\$10 \$25 for ages 65+	\$10 \$25 for ages 65+	\$10 \$25 for ages 65+
<b>Deductible, per person</b>	\$50 \$100 for ages 65+	\$50 \$100 for ages 65+	\$50 \$100 for ages 65+
<b>Coinsurance</b>	Year 1    Year 2	Year 1    Year 2	
Preventive	80%    100%	80%    100%	100%
Diagnostic	80%    100%	60%    80%	90%
Basic	25%    80%	25%    75%	80%
Major	Not covered <sup>1</sup>	10%    40%	50%
<b>Calendar-year maximum, per person</b>	\$500	\$1,000	\$1,250
<b>Waiting periods</b>	None	None	Basic: 4 months Major: 15 months

### All three plans are available as an indemnity or PPO plan.

**PPO:** Madison Dental utilizes the DenteMax network, which provides access to more than 81,000 providers nationwide. Visit [www.dentemax.com](http://www.dentemax.com) to find a dentist in your area. If a PPO plan is selected, a discount may be available on the Value plan for major care if these services are received at network providers.<sup>2</sup> Discounts are available at the provider's discretion in states where not prohibited by law.

**Indemnity:** This plan allows you to see any dentist you wish without network restrictions.<sup>3</sup>

## Quality Dental Insurance Coverage

Madison Dental covered services include:

(Limits reflected below are per covered person)

### Preventive Care

- Routine oral exams – limited to two per calendar year
- Prophylaxis (the cleaning and scaling of teeth) – limited to two per calendar year
- Topical application of fluoride – for dependent children under age 19; limited to one per calendar year (not applicable in all states)

### 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 – limited to anterior teeth and bicuspids
  - Sedative fillings
- Maintenance Prosthodontics
  - Denture repairs/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

<sup>1</sup> Although not covered under the plan, a discount may be available at network providers for major care services.

<sup>2</sup> Out-of-network charges in excess of the network fee, or maximum allowable charge (MAC), are the responsibility of the insured person.

<sup>3</sup> Claims reimbursement is subject to usual, customary and reasonable charges.

# Madison Dental Rates Locate you state and ZIP code in the chart below

Alabama	1	Illinois	1	Montana	2	Pennsylvania	1
Alaska	8	600-608	3	Nebraska	1	190-191	4
Arizona	1	610-619	1	Nevada	4	189, 192-194	3
850-851	2	Indiana	1	893-898	5	Rhode Island	3
852-853	3	460-466, 469, 473	2	New Hampshire	4	South Carolina	2
Arkansas	1	Iowa	2	New Jersey	4	South Dakota	1
California	6	Kansas	1	070, 074-076, 078	5	Tennessee	1
900-904	6	660-661, 664-666, 672	1	079, 088-089	5	370-372, 380-384	2
905-916, 926-931	6	Kentucky	1	New Mexico	1	Texas	1
940-944	6	Louisiana	1	New York	2	762-764, 769-769	1
945-951	7	700-701, 707-712	1	100-102	8	788, 790, 799	1
Colorado	3	Maine	3	103-114	5	750, 751, 760,761,770	2
800-804, 808-909	4	Maryland	1	115-119	4	772-777, 786, 781, 789	2
Connecticut	5	206-209	3	120-129	3	752-753	2
068-069	6	210-214	2	North Carolina	2	Utah	3
Delaware	5	Massachusetts	4	275-277	3	Vermont	3
Dist of Columbia	4	017-019	5	282	4	Virginia	1
Florida	2	021-022	6	North Dakota	1	201	4
330, 332-334, 340	3	Michigan	2	Ohio	1	220-223	3
331	4	480-485	3	430-432, 434-436	1	233-237	2
Georgia	1	Minnesota	2	439-445, 450-452	1	Washington	4
301-302	3	554	4	456	1	980-981	6
300, 303, 311	3	550-553, 555	3	Oklahoma	1	982-986	5
Hawaii	4	Mississippi	1	730-731, 740-741	1	West Virginia	1
Idaho	1	Missouri	1	Oregon	4	Wisconsin	2
837	3	630-634, 640-641	2	970-975	5	532-534, 537	3
						Wyoming	1

## Indemnity Monthly Rates

Value Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$22.32	\$24.33	\$26.14	\$27.95	\$29.97	\$31.78	\$34.20	\$38.23
Subscriber +1	\$36.18	\$39.91	\$43.26	\$46.62	\$50.34	\$53.70	\$58.17	\$65.62
Subscriber +2	\$45.97	\$50.91	\$55.35	\$59.79	\$64.72	\$69.17	\$75.09	\$84.96
Subscriber +3	\$55.76	\$61.90	\$67.43	\$72.96	\$79.11	\$84.63	\$92.01	\$104.29
Subscriber +4	\$65.55	\$72.90	\$79.52	\$86.13	\$93.49	\$100.10	\$108.93	\$123.63
Subscriber +5	\$75.34	\$83.90	\$91.60	\$99.31	\$107.87	\$115.57	\$125.84	\$142.97
Subscriber +6 or more	\$85.13	\$94.90	\$103.69	\$112.48	\$122.25	\$131.04	\$142.76	\$162.30

Primary Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$32.72	\$36.01	\$38.98	\$41.95	\$45.25	\$48.22	\$52.18	\$58.77
Subscriber +1	\$55.43	\$61.53	\$67.02	\$72.51	\$78.61	\$84.10	\$91.43	\$103.63
Subscriber +2	\$71.46	\$79.54	\$86.81	\$94.08	\$102.16	\$109.44	\$119.13	\$135.29
Subscriber +3	\$87.48	\$97.54	\$106.60	\$115.65	\$125.71	\$134.77	\$146.84	\$166.96
Subscriber +4	\$103.51	\$115.55	\$126.39	\$137.22	\$149.26	\$160.10	\$174.54	\$198.62
Subscriber +5	\$119.54	\$133.56	\$146.18	\$158.79	\$172.81	\$185.43	\$202.25	\$230.29
Subscriber +6 or more	\$135.57	\$151.57	\$165.97	\$180.37	\$196.36	\$210.76	\$229.96	\$261.95

Superior Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$37.27	\$41.13	\$44.60	\$48.07	\$51.93	\$55.41	\$60.04	\$67.76
Subscriber +1	\$63.84	\$70.98	\$77.41	\$83.84	\$90.98	\$97.40	\$105.97	\$120.25
Subscriber +2	\$82.60	\$92.06	\$100.57	\$109.08	\$118.54	\$127.05	\$138.40	\$157.31
Subscriber +3	\$101.36	\$113.13	\$123.73	\$134.32	\$146.10	\$156.69	\$170.82	\$194.36
Subscriber +4	\$120.12	\$134.21	\$146.89	\$159.57	\$173.66	\$186.34	\$203.24	\$231.42
Subscriber +5	\$138.88	\$155.28	\$170.05	\$184.81	\$201.22	\$215.98	\$235.67	\$268.47
Subscriber +6 or more	\$157.64	\$176.36	\$193.21	\$210.05	\$228.78	\$245.62	\$268.09	\$305.53

## PPO Monthly Rates

Value Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$19.05	\$20.66	\$22.11	\$23.56	\$25.18	\$26.63	\$28.56	\$31.78
Subscriber +1	\$30.15	\$33.13	\$35.81	\$38.49	\$41.47	\$44.16	\$47.73	\$53.70
Subscriber +2	\$37.98	\$41.93	\$45.48	\$49.03	\$52.98	\$56.53	\$61.27	\$69.17
Subscriber +3	\$45.81	\$50.72	\$55.15	\$59.57	\$64.48	\$68.91	\$74.81	\$84.63
Subscriber +4	\$53.64	\$59.52	\$64.81	\$70.11	\$75.99	\$81.28	\$88.34	\$100.10
Subscriber +5	\$61.47	\$68.32	\$74.48	\$80.65	\$87.49	\$93.66	\$101.88	\$115.57
Subscriber +6 or more	\$69.30	\$77.12	\$84.15	\$91.18	\$99.00	\$106.03	\$115.41	\$131.04

Primary Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$27.37	\$30.01	\$32.38	\$34.76	\$37.40	\$39.77	\$42.94	\$48.22
Subscriber +1	\$45.54	\$50.42	\$54.81	\$59.20	\$64.09	\$68.48	\$74.34	\$84.10
Subscriber +2	\$58.36	\$64.82	\$70.64	\$76.46	\$82.92	\$88.74	\$96.50	\$109.43
Subscriber +3	\$71.18	\$79.23	\$86.47	\$93.71	\$101.76	\$109.00	\$118.66	\$134.76
Subscriber +4	\$84.01	\$93.64	\$102.30	\$110.97	\$120.60	\$129.27	\$140.82	\$160.08
Subscriber +5	\$96.83	\$108.04	\$118.13	\$128.23	\$139.44	\$149.53	\$162.99	\$185.41
Subscriber +6 or more	\$109.65	\$122.45	\$133.96	\$145.48	\$158.28	\$169.79	\$185.15	\$210.74

Superior Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$31.00	\$34.09	\$36.87	\$39.64	\$42.73	\$45.51	\$49.21	\$55.39
Subscriber +1	\$52.25	\$57.96	\$63.10	\$68.24	\$73.95	\$79.09	\$85.94	\$97.36
Subscriber +2	\$67.25	\$74.82	\$81.62	\$88.43	\$95.99	\$102.80	\$111.87	\$127.00
Subscriber +3	\$82.26	\$91.67	\$100.14	\$108.62	\$118.03	\$126.50	\$137.80	\$156.63
Subscriber +4	\$97.26	\$108.52	\$118.66	\$128.80	\$140.07	\$150.21	\$153.73	\$186.26
Subscriber +5	\$112.26	\$125.38	\$137.18	\$148.99	\$162.11	\$173.91	\$189.66	\$215.89
Subscriber +6 or more	\$127.26	\$142.23	\$155.70	\$169.18	\$184.15	\$197.62	\$215.58	\$245.52

\* Rates above are monthly and include administration and association fees. Quarterly and annual rates can be found online using the Madison Dental Web link. Rates are accurate at the time of printing but could change based on effective date of enrollment.

## Optional Orthodontia Discounts

The OrthoCare Discount Program is an optional program for orthodontic care.\* When using a contracted OrthoCare Orthodontist, you may save 15 – 20 percent on most services performed.

\* The OrthoCare Program is not an insurance benefit, nor is it affiliated with MNL or SSL as a part of the Madison Dental insurance plan. The OrthoCare Program is not available in all states.

## Madison Dental Partners

### Madison National Life Insurance Company, Inc.

In all states except New York and New Hampshire, Madison Dental is underwritten by Madison National Life Insurance Company, Inc. (MNL), a member of The IHC Group. Madison National is rated A- (Excellent) for financial strength by A.M. Best Company, Inc., a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations.

### Standard Security Life Insurance Company of New York

In the states of New York and New Hampshire, Madison Dental is underwritten by Standard Security Life Insurance Company of New York (SSL). Standard Security Life, a member of The IHC Group, is rated A- (Excellent) for financial strength by A.M. Best Company, Inc.

### The IHC Group

For almost three decades member companies of The IHC Group have built a reputation of commitment to the markets they serve. With over one million customers nationwide, The IHC Group's focus is to be an innovative partner to small businesses, individuals and families.

## Plan Information

*The following provides a brief overview of Madison Dental plan guidelines, definitions, limitations and exclusions. This brochure is not the insurance group policy or certificate. Please refer to the Certificate of Insurance under group policy form MNL ADEN-POL 0905 or SSL ADEN-POL 0905, issued to Communicating for America, Inc., for detailed definitions along with a full explanation of plan guidelines, benefits, exclusions and limitations.*

### Group Association

Madison Dental is a group association dental plan available to individuals and families. Membership enrollment in Communicating for America, Inc. (CA) is effective upon receipt of association dues, which are added to the plan premium. Communicating for America is a nonprofit association headquartered in Fergus Falls, Minn., providing members valued benefits and savings since 1972.

### Eligibility

Madison Dental is available to applicants aged 18 and older, their spouse and dependent children under the age of 26. The primary insured must be a member of CA and all family members must be residents of the United States in order to be covered.

### Covered Charges

Covered charges must be incurred while the policy is in force and the person is covered by the policy. To become a covered charge, the dental services must be performed by: a licensed dentist performing dental services within the scope of his license; or a licensed dental hygienist acting under the supervision and direction of a dentist. A covered charge is considered incurred on the following dates: for full and partial dentures—on the date the final impression is taken; for fixed bridges, crowns, inlays and onlays—on the date the teeth are first prepared; for root canal therapy—on the date the pulp chamber is opened; for periodontal surgery—on the date surgery is performed; for all other services—on the date the service is performed.

### Alternative Benefit

If 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 the alternative treatment will produce a professionally satisfactory result, then the maximum we will allow will be the charge for the less expensive treatment.

### Predetermination of Benefits

Except in an emergency, before you begin treatment that will cost more than the predetermination amount shown on the Certificate's schedule of benefits page, your dentist must submit a claim to us describing the treatment necessary and its cost. This estimate is not a guarantee of payment. We will still consider a claim for which you have not obtained prior approval. However, the claims will be subject to reduced benefits based on our determination of reasonable and customary charges, and medically necessary treatment.

### Coordination of Benefits

This plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits.

**The following treatment, services or supplies, and charges as a result of the following, are not covered by Madison Dental:**

- Treatment, services or supplies which:
  - Are not medically necessary
  - Are not prescribed by a dentist
  - Are determined to be experimental/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 covered procedures
- Self-inflicted injuries
- War or an 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 a 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 development malformations existing on the covered person’s effective date as shown in the certificate’s schedule of benefits
- 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
- Periodontal splinting
- Porcelain on crowns, or pontics posterior to the 2nd bicuspid
- Replacement of partial or full dentures, fixed or removable bridge work, crowns, gold restorations and jackets more often than once in any five-year period
- Lost, stolen or missing dentures or bridges for duplicates
- 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 3rd molars
- Composites on teeth posterior to the second bicuspid
- Crowns, inlays and onlays used to restore teeth with microfractures or fracture lines, undermined cusps, or existing large restorations without overt pathology
- Temporomandibular joint syndrome

For more information, please contact:

