Health Plan Administrators
Independence Holding Group

Secure DentalOne

- ***Three plan options available*** — *Choose from our BasicOne, ClassicOne and PremierOne plans*
- ***One deductible, for life*** — *Save in the long-term through our unique $100 lifetime deductible*

Insured by: Standard Security Life Insurance Company of New York
Administered by: Health Plan Administrators, Inc.
Marketed by:
Professional Mass Marketing International, Inc.
3400 Coral Way, Suite 603
Miami, FL 33145
(800) 881-7664

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 a complete listing, the Group Policy is available for inspection at the Policyholder's offices.
Benefits may vary in different states. Secure DentalOne may not be available in all states.

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SSL Secure DentalOne Web Bro. 8-08

What is Secure DentalOne?

Secure DentalOne offers you access to high quality, affordable dental coverage for your entire family. Coverage is provided for preventive, basic and major dental services per insured person as follows:

First, you meet the $100.00 Lifetime Deductible per person.

Secure DentalOne pays a percentage of covered expenses based on the Reasonable and Customary (R&C) fees for those Covered Charges on the *ClassicOne* and *PremierOne* plans. You can select your own dentist. The *BasicOne* plan is a PPO plan subject to Maximum Allowable Charge (MAC).

	BasicOne*	ClassicOne	PremierOne
Waiting Periods			
Preventive	0	0	0
Diagnostic	NA	0	0
Basic	NA	6 months	0
Major	NA	12 months	0
Coinsurance			Graded Benefit
Preventive	80%	80%	100%
Diagnostic	NA	80%	100%
Basic	NA	50%	25/50/75%**
Major	NA	50%	10/20/40%**
Office Co-pay	NA	NA	$10
Deductible	NA	$100 lifetime applies to all services	$100 lifetime applies to all services
Calendar Year Maximum	NA	$750	$1,250

*BasicOne option subject to PPO MAC pricing

**Year 1/Year 2/Year 3

What services are covered?

Preventive Care

Routine oral exams—limited to 2 per calendar year

Prophylaxis (the cleaning and scaling of teeth)—limited to 2 per calendar year

Topical application of fluoride—for dependent children under age 19; limited to 1 per calendar year (not applicable in all states)

Diagnostic Care*

Intra-Oral Occlusal Film

Bitewing X-rays (up to a set of 4)—limited to 1 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

Antibiotic injections administered by a Dentist

Maintenance Prosthodontics

Denture repairs/Adjustments

Denture Rebase—no less than 24 months apart

Denture Reline—no less than 24 months apart

Major Care*

Endodontic treatment

Periodontic services

Inlays, onlays and crowns

Prosthetic services—dentures or bridges

Oral surgery

*Applies only to *ClassicOne* and *PremierOne* options

Who is eligible for this coverage?

This plan is offered to individuals and their spouse through age 64, and their eligible dependents (state requirements for dependent eligibility may vary).

When does my coverage start?

Coverage starts on the effective date. The effective date issued will begin on the first of the month (at12:00 a.m.) following HPA, Inc.'s receipt of the completed Enrollment Form and payment of the first month of premium.

What is the calendar year maximum?

The maximum amount payable for all Covered Dental Charges in any calendar year as shown in the Coverage Schedule. The Calendar Year Maximum will apply to each insured person.

What are my payment options?

You can pay Monthly through auto bank withdrawal or credit card. Quarterly or Annually can be paid by credit card. Please call HPA at 1-800-277-3323 ext. 3 for information and a list bill application form.

What is a Reasonable and Customary Fee?

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 comparable professional services, drugs, procedures, devices, supplies or treatment within the same Geographic Area as determined by Us.

"Geographic Area" means the three digit zip code in which the service, treatment, procedure, drugs or supplies are provided; or a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

What is Maximum Allowable Charge (MAC)?

The *BasicOne* plan is a PPO plan using the Dentemax PPO network and fee schedule for in and out of network benefits. The MAC benefit is payable as a percentage of the network fee schedule regardless of whether the treatment is provided by a network provider. Out-of-network charges in excess of the network fee schedule are the responsibility of the insured.

What is a Covered Charge?

Expenses must be incurred while the Policy is in force and the person is covered by the Policy. To be a covered charge, the dental services must be performed by: • A licensed Dentist acting within the scope of his license; • A licensed Physician performing dental services within the scope of his license; or • A licensed dental hygienist acting under the supervision and direction of a Dentist.

When is a Covered Charge considered incurred?

A covered charge is considered incurred on the following dates: • For full and partial dentures—on the date the first 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 day surgery is performed. • For all other services—on the date the service is performed.

What is an Alternate Benefit?

An alternate benefit will apply: (1) If we determine that a less expensive alternative procedure, service or Course of Treatment can be performed in place of the proposed treatment to correct a dental condition; and (2) the alternative treatment will produce a professionally satisfactory result; then the maximum we will allow will be the Reasonable and Customary charge for the less expensive treatment.

Predetermination of Benefits

Except in an Emergency, if You need treatment which will cost more than the Predetermination Amount shown on the Schedule of Benefits page, Your Dentist must submit a claim to Us before beginning treatment which describes the treatment necessary and its cost. We have the right to request any additional information We deem necessary to evaluate this claim. This includes, but is not limited to, dental records and X-rays. We will prepare and return to You and Your Dentist an estimate of the treatment and the amount for which benefits are payable. This estimate is not a guarantee of payment by Us.

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:

This Plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits. This helps keep the cost of the Plan reasonable.

What is the OrthoCare Program?

The OrthoCare Orthodontic Discount Program* is an optional program for orthodontic care. When using a contracted OrthoCare Orthodontist, you will save 15% - 20% on the services performed. The OrthoCare program has been designed to offer orthodontic benefits to both individuals and families, providing benefits for the routine orthodontic treatment for children and adults.

**The optional OrthoCare Program is not an insurance benefit, nor is it affiliated with Standard Security Life Insurance Company of New York or a part of the Secure DentalOne insurance plan. OrthoCare is not available in all states.*

Who is the Association?

Communicating for America, Inc.** (CA) provides many benefits and discounts to its members. Your enrollment as a member of CA is completed upon receipt of the association annual dues. Your membership information will be mailed shortly thereafter.

***CA is not affiliated with Standard Security Life Insurance Company of New York, nor is it a part of the insurance coverage. CA is a 501c5 non-profit association headquartered in Fergus Falls, Minn., providing members valued benefits and savings since 1972.*

What services are not covered?

These services are not covered by Secure DentalOne:

- 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.
- 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 on the Schedule of Benefits.
- Cosmetic procedures, unless the coverage is elected by the Insured Person and the required premium is paid.
- 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 Insured Person and the required premium is paid.
- Periodontal splinting.
- Porcelain on crowns, or pontics posterior to the 2nd bicuspid.
- Replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 5 year period.
- Relining of dentures more often than once in any 2 year period.
- Lost, stolen, or missing dentures or bridges or for duplicates.
- 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 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 which 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.
- Orthodontia, unless this coverage is elected by the Insured Person and the required premium is paid.
- Prosthodontics, unless this coverage is elected by the Insured 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 in connection with a covered dental service.
- 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 2nd bicuspid.
- Crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology.
- Temporomandibular joint syndrome.

About HPA

Health Plan Administrators, Inc. (HPA) is a fully licensed, full service Third Party Administrator servicing business worldwide. HPA provides state-of-the-art industry leading insurance services.

1-800-277-3323

www.hpa-inc.com