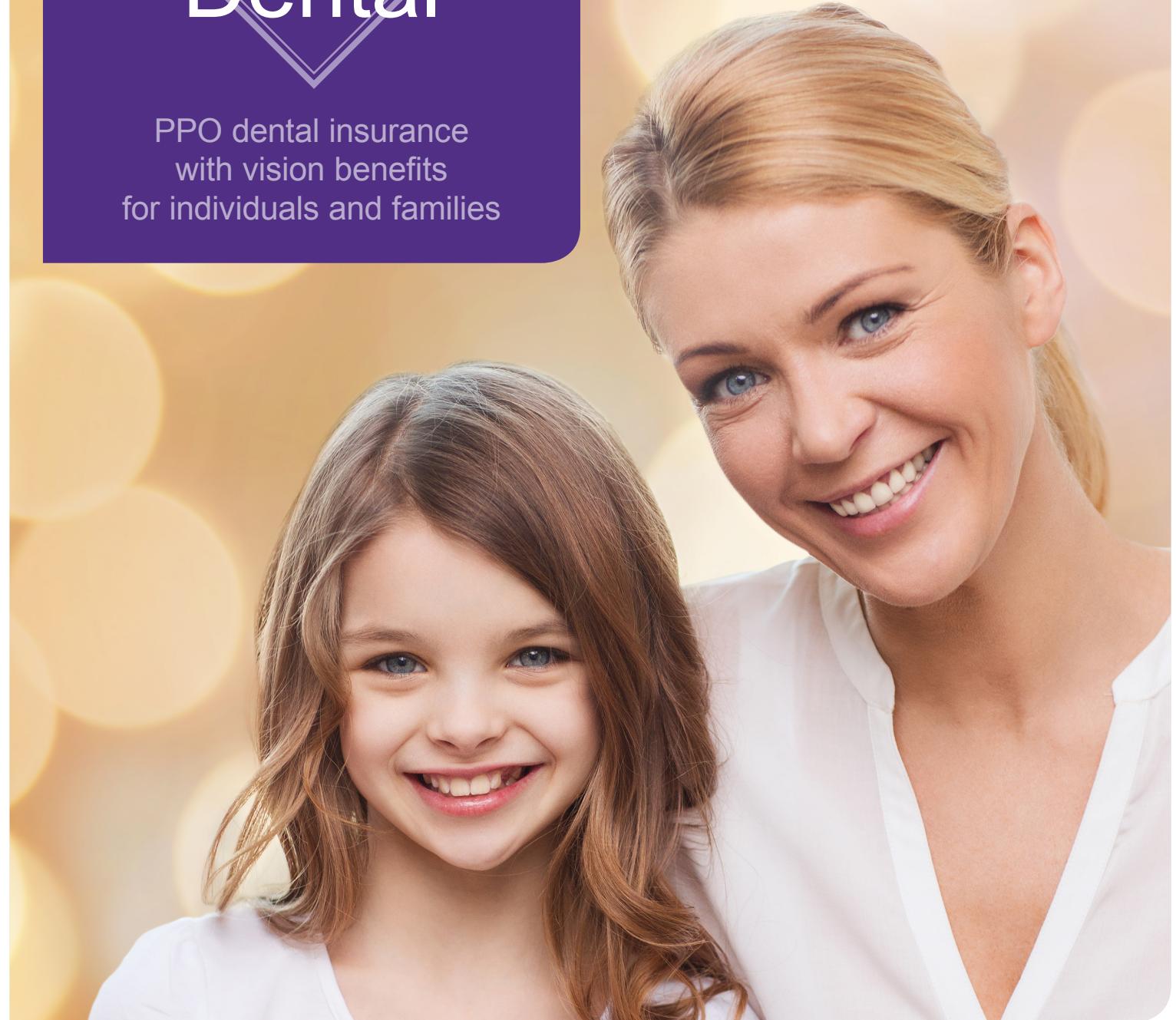


IHC PPO 1000



PPO dental insurance
with vision benefits
for individuals and families



Underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company.



Your bright smile – a reflection of your health

Dental insurance can help cover the cost of exams and procedures, while promoting more frequent visits, ultimately keeping you healthier. Frame Dental offers a great PPO plan for individuals and families.



Your oral health is more important than you may realize.

Regular dental checkups can help with the early detection of serious medical conditions and increase overall health.¹

IHC PPO 1000	
Deductible Applies per covered person, per calendar year to all covered services	\$50
Maximum benefit Applies per covered person, per calendar year	\$1,000
	The following percentages are paid by the plan after deductible:
Preventive care - Exams - Cleanings - Topical fluoride - Sealants	100% 100% 100% 100%
Diagnostic care X-rays	100%
Basic care Fillings and extractions	50% 6 month waiting period
Major care Crowns, bridges, dentures, root canals, periodontics, endodontics and oral surgery	No coverage*

*Although these services are not covered, a discount may be available at network providers. Discounts are available at the provider's discretion where not prohibited by law.

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.

The PPO network available with Frame Dental varies by state. Please refer to the provider directory for a complete list of available network dental providers in your area.

¹Mayo Clinic Staff. "Oral Health: A Window to Your Overall Health." Mayo Clinic, n.d. Web. 9 Dec. 2014. <<http://www.mayoclinic.org/healthy-living/adult-health/in-depth/dental/art-20047475>>.

Vision Insurance Program

In addition to the quality dental benefits available through Frame Dental, vision benefits are available through Davis Vision, a national leader in vision care plans with over 20 million members. The copays and benefit allowances listed below can help you save money on exams, lenses, frames and more. Simply visit an ophthalmologist, optometrist or retailer at one of the 47,000 points of access in both the private and retail settings. For a full list of providers and retailers in your area, access the directory at www.davisvision.com, select "Members" and enter Client Code 3096.

Benefits	Member Coverage	Out-of-Network Reimbursement
Eye Examination		
Copay	\$10	Up to a \$30 allowance
Frequency	12 months	12 months
Spectacle Lenses		
Copay ¹	\$20	Per pair: Single vision up to a \$25 allowance Bifocal up to a \$35 allowance Trifocal up to a \$45 allowance Lenticular up to a \$60 allowance
Frequency	12 months	
All ranges, prescriptions and sizes including glass or plastic	Included	
<i>Additional Options:</i> Polycarbonate lenses Fashion and gradient tinting of plastic lenses Glass-grey #3 prescription sunglasses	\$0 children/\$35 copay adults \$15 copay \$15 copay	
Frame		
In-network retail allowance	\$110, plus a Davis Vision network 20% discount off coverage ²	Up to a \$30 allowance
Frequency	24 months	24 months
Exclusive collections of frames: <i>(in lieu of frame allowance)</i> Fashion (up to \$100 retail value) Designer (up to \$175 retail value) Premier (up to \$225 retail value)	Included \$15 copay \$40 copay	N/A N/A N/A
Contact Lenses (in lieu of eyeglasses)		
Copay	\$0	Up to a \$75 allowance
Frequency	12 months	12 months
Elective allowance	\$110, plus a Davis Vision network 15% discount off coverage ²	Up to a \$225 allowance
Medically necessary (with prior approval)	Included	N/A
Value-Added Features		
One-year breakage warranty DavisVisioncontacts.com Laser Vision correction discount - up to 25% off the provider's U&C or 5% off promo price	Included Included Included	N/A N/A N/A

Additional lens options (copay):

Standard progressives \$65	Ultraviolet coating \$15	Standard anti-reflective coating \$40	Photochromic glass lenses \$20
Premium progressives \$105	High-index lenses \$60	Premium anti-reflective coating \$55	Plastic photosensitive lenses \$70
Blended-segment lenses \$20	Polarized lenses \$75	Ultra anti-reflective coating \$69	Intermediate vision lenses \$30
Scratch protection plan single vision \$20	Scratch protection plan multi-focal \$40		

¹One copay applies for frame and lenses when purchased together. If frame and/or lenses are purchased separately, copays would apply toward frame and lenses.

²Additional discounts are not insurance benefits and are not available at participating Walmart or Sam's Club locations.

There is no ownership affiliation between Davis Vision, Madison National Life Insurance Company or The IHC Group.

Frame Dental – Coverage

Limits listed below apply 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, limited to one per calendar year (this benefit may vary by dependent age and state)
- Sealants, one per tooth every three years for specific permanent molars (this benefit may vary by dependent age and state)
- Space maintenance, including the initial appliance and adjustments within six months of installation for a dependent child up to age 16

Diagnostic care

- Bitewing X-rays, limited to one per calendar year
- Full-mouth X-rays, limited to one every three years

Basic care

- Simple extractions
- Fillings
 - ∞ Amalgam restorations
 - ∞ Composite restorations, limited to anterior teeth and bicuspids
- Emergency palliative treatment to temporarily release pain

Major care

- Endodontic services
- Periodontic services
- Oral surgery
- Surgical extractions
- Dentures and maintenance prosthodontics
- Inlays, onlays and crowns
- Bridges

Eligibility

Frame Dental is available to the primary applicant up to age 99, his or her spouse age 18 to 99, and dependent children under the age of 26.

Effective date

The plan will be effective the first of the month following request for coverage, or a future selected effective date not more than 60 days following enrollment.

Covered charges

Expenses must be medically/dentally necessary and incurred by a covered person while the plan is inforce. 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.

Coordination of benefits

This plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits. Coordinating benefits is not permitted in all states.

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, benefits are limited to the maximum allowable charge for the least expensive treatment. The maximum allowable charge is determined by the in-network reimbursement schedule.

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

The following exclusions list is an outline of the complete list available in the Frame Dental insurance Policy. Exclusions and limitations may vary by state.

- 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;
 - ∞ 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 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

THIS PLAN DOES NOT MEET MINIMAL ESSENTIAL COVERAGE REQUIREMENTS FOR PEDIATRIC DENTAL SERVICES AS PART OF THE ESSENTIAL HEALTH BENEFITS IN ACCORDANCE WITH THE AFFORDABLE CARE ACT (ACA) PROVISIONS.

Frame Dental: Important Vision Insurance Information

The following exclusions list is an outline of the complete list available in the Frame Dental Vision expense benefit rider. Exclusions and limitations may vary by state. No benefits are payable for any of the following conditions, procedures or materials unless otherwise specifically listed as a covered benefit:

- Expenses incurred before the coverage effective date
- Expenses covered under Workers' Compensation Act or similar legislation when due to an accident, injury or sickness arising out of employment for wage or profit
- Expenses which would not have been made had no insurance been in force
- Any procedure not specified in the Schedule of Benefit
- Treatment for cosmetic purposes
- Expenses resulting from war or any act of war
- Charges for eyeglasses or contact lenses not prescribed by an eye doctor
- Charges furnished or paid by a government agency unless the covered person is required to pay or charges made by a Veteran's Administration Hospital or by a doctor employed by such a hospital
- Charges in excess of the reasonable and customary charge which is the usual charge made by the provider for that care or comparable care, or the prevailing charges which would be made for the same or comparable care by most other providers in the area in which the care is furnished
- Expenses for medical or surgical treatment of the eye
- Drugs or other medications, vision aids or aniseikonic lenses
- Non-prescription eyeglasses, vision devices or sunglasses
- Replacement of lost, stolen or broken lenses or frames
- Orthoptics or vision training
- Additional fitting and measurement charges or special consultation charges due to the purchase of optional items

For full vision insurance details refer to the Vision Expense Benefit Rider (form MNL IDEN VEBR 0414).

Madison National Life Insurance Company, Inc.

Madison National Life Insurance Company, Inc. (Madison National Life), domiciled in Wisconsin, is licensed to sell insurance products in 49 states, the District of Columbia, Guam, American Samoa and the U.S. Virgin Islands. Its core products and services are health insurance, group life and disability income, employer stop-loss, specialized individual life and annuity products. It is rated A- (Excellent) for financial strength by A.M. Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating).

About The IHC Group

The IHC Group is an organization of insurance carriers and marketing and administrative affiliates that has been providing life, health, disability, medical stop-loss and specialty insurance solutions to groups and individuals for over 30 years. Members of The IHC Group include Independence Holding Company (NYSE:IHC), American Independence Corp. (NASDAQ: AMIC), Standard Security Life Insurance Company of New York, Madison National Life Insurance Company, Inc. and Independence American Insurance Company. Each insurance carrier in The IHC Group has a financial strength rating of A- (Excellent) from 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. (An A++ rating from A.M. Best is its highest rating.) For more information about The IHC Group, visit www.ihcgroup.com.

This brochure provides a brief description of the important features of Frame Dental. This brochure is not the insurance Policy and only the actual Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both the policyholder and the insurance company. It is, therefore, important that if you purchase coverage you READ THE POLICY CAREFULLY. For complete details, refer to Policy MNL IDEN POL 0414.

