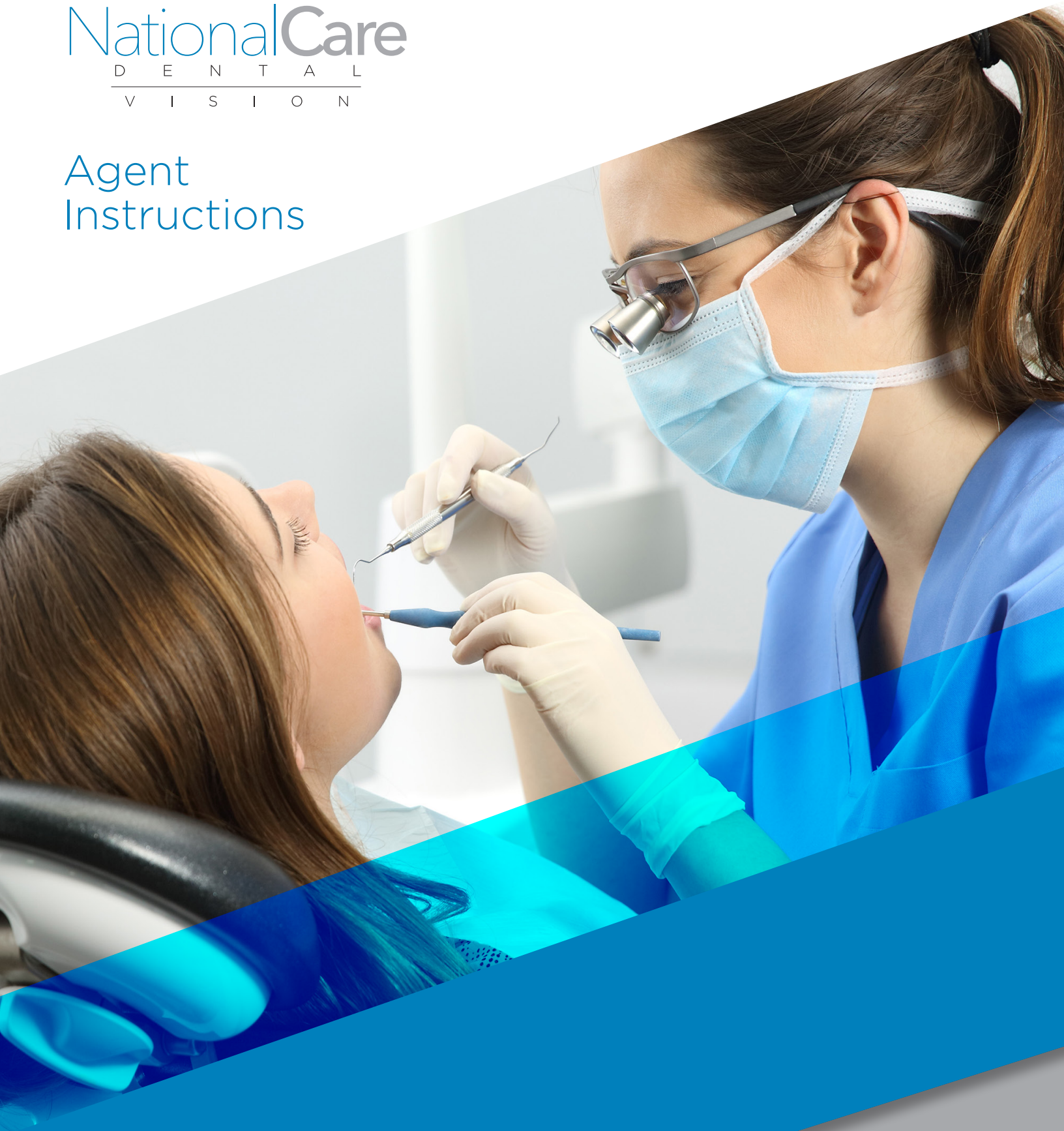




Agent Instructions



(844) 284-4944
AgentSupport@IHIPins.com

NationalCareDental.com



P3	NCD/V Fast Facts
P4	Agent/Member Resources
P9	Getting Contracted
P13	Online Enrollment Portal
P28	e-Signature Process
P43	Dental & Vision Rates
P45	Benefit Options
P49	Plan Highlights
P58	Limitations & Exclusions

Plans

National Care Dental & Vision is one of our proprietary products created with the promise of providing quality and affordable dental and vision benefits to uninsured and under-insured individuals and families.

National Care Dental & Vision has expanded its market to include nationally recognized associations and businesses. Through providing innovative and cost saving benefits and retaining excellence in service, we have been able to meet the needs of our rapidly expanding customer base.

1500 Plan	3000 Plan	3000+ Plan
\$1,500 Annual Max	\$3,000 Annual Max	Additional **\$2,000 Buy
\$1,500 annual max per person \$50 annual deductible for basic and major services (per person) No deductible for preventative services.	\$3,000 annual max per person \$50 annual deductible for basic and major services (per person) No deductible for preventative services.	Total Benefit with buy up option **\$5,000 annual max per person \$50 annual deductible for basic and major services (per person) No deductible for preventative services.
Products are not available in all states. Please call (844) 284-4944 to verify current state availability.	Products are not available in all states. Please call (844) 284-4944 to verify current state availability.	Products are not available in all states. Please call (844) 284-4944 to verify current state availability.
No Waiting Period On your activation date, you have access to the full range of dental benefits Type 1 and 2	No Waiting Period On your activation date, you have access to the full range of dental benefits Type 1 and 2	No Waiting Period On your activation date, you have access to the full range of dental benefits Type 1 and 2
Preventive Services - 100% Basic Services - 80% Major Services - 50%	Preventive Services - 100% Basic Services - 80% Major Services - 50%	Preventive Services - 100% Basic Services - 80% Major Services - 50%

Top 5 Reasons to Sell NCD/V

- Highest level commission in the industry- Paid Weekly
- National Care Dental is underwritten by Nationwide Insurance, a well-known and highly rated NATIONAL BRAND
- Competitive premiums
- No maximum age
- Large national PPO network

Top 5 Reasons Customers want NCD/V

- Immediate benefit for preventative services-- 100% no deductible
- Highest maximum annual benefit levels in the industry
- Competitive premiums
- No maximum age
- Large national PPO network



Section 1: Agent/Member Resources



Our Advantage

With the ever-increasing cost of dental & vision care, our goal is simple: To make dental & vision care affordable for the uninsured and under-insured.

National Care Dental & Vision products were created with the promise of providing high-quality, affordable dental & vision care plus procedures.

Savings

Lower your out-of-pocket costs on exams and procedures as well as glasses, and dental devices

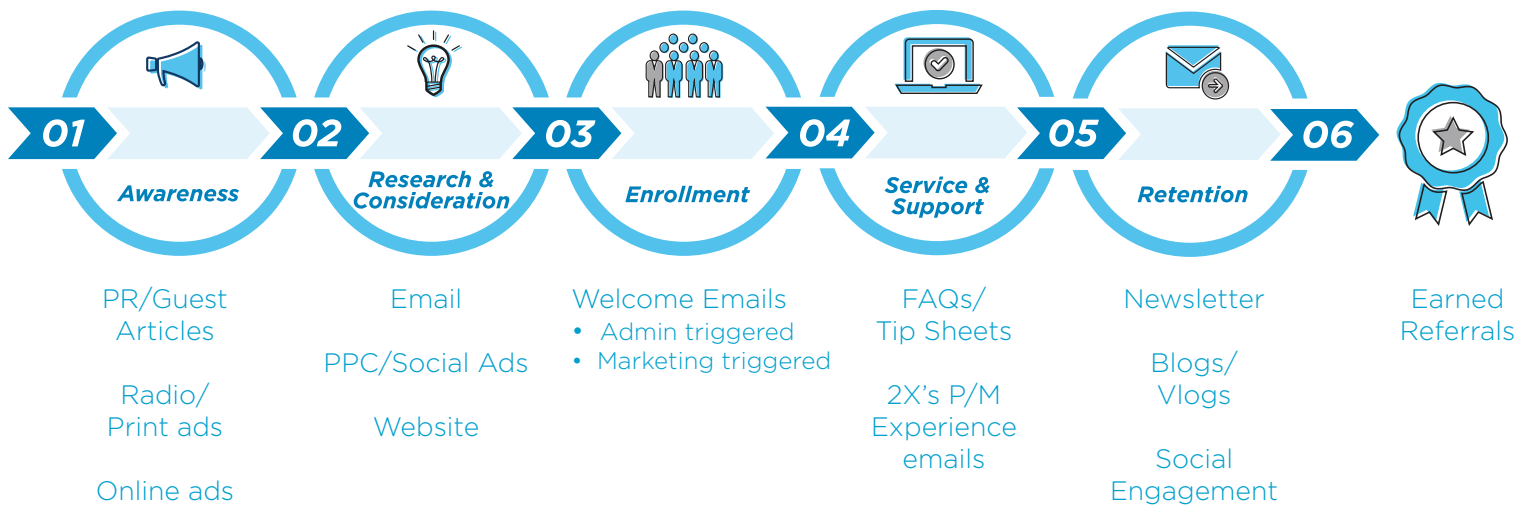
Quality Care

You'll get access to personalized care from doctors in one of the nations largest networks. They'll take time to get to know you and your unique dental & vision needs. Taking great care of your self today will help detect and prevent serious health problems in the future such as gum disease, diabetes or high blood pressure.

Our plans are provided by Nationwide Life Insurance Company through the National Small Business Association, as well as, tremendous new preferred provider networks such as Careington, Connection Dental and DenteMax networks.

We are committed to providing affordable coverage, and simple administration to better serve you.

The Journey



Click logo to return home.

Once the member is enrolled and the payment is processed, the member will receive a welcome email giving them access to their member portal as well as an overview of the benefits they have enrolled in.



676452155
May 1, 2020

Dear Member Name,

Thank you for choosing National Care Dental/Vision for your health coverage. Your new ID cards are being mailed and will arrive within 15 business days of your effective date. If you need to utilize your benefits before your cards arrive, you may download a temporary card from the member portal. Additionally, please note that your monthly credit card statement will reference a transaction from our billing partner: [INSCOVERAGE8006562204](#).

Member Portal Information

As a member of National Care Dental/Vision, you now have 24/7 access to our [Member Portal](#), where you can easily review product information, location of a provider, download temporary ID cards, update payment information or even send us a message or request. Logging in is easy, simply click on the link below and enter your Username and Password.

Website: www.nationalcaredental.com

Username: username

Password: password

Enrollment Summary

Member ID: XXXXXXXXXX

Products:

National Small Business Association

\$3.00 - Member - Monthly - Product - Created Date: April 20, 2020 - First Billing Date: May 1, 2020 - Active Date: May 1, 2020 - Next Billing Date: June 1, 2020

NationalCare Dental \$3,000

\$59.00 - Member - Monthly - Product - Created Date: April 20, 2020 - First Billing Date: May 1, 2020 - Fulfillment Date: April 21, 2020 - Active Date: May 1, 2020 - Next Billing Date: June 1, 2020

Dependents:

No

Payment Method:

ACH/Bank Draft - xxxxXXXX

National Care Dental/Vision Member Services

Questions? Contact Member Services at (800) 979-8266 (8-6 CST Monday-Friday). Our fast, friendly Member Services team is ready to help!

We look forward to serving you!

National Care Dental/Vision sends out periodic emails to provide you with valuable information regarding your plan benefits. We do not sell your information or share your email address with unauthorized third parties. However, we may disclose member information to companies associated with HIP and/or unaffiliated third parties who fulfill the products, services, and discounts.

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Serviced by IHIP (Innovative Health Insurance Partners)

<http://www.1administration.com/email/unsubscribe?id1=17289336&id2=676452155&id3=24523500>

[\[View as Webpage\]](#)



Serviced by **IHIP** Innovative Health Insurance Partners

Members can download temporary ID cards from their member portal.

Dear Testy Mctesty,





Welcome to the National Care family! Thank you for trusting us to service your dental insurance needs. We value your decision and are committed to providing you and your family with exceptional customer service. Member satisfaction is our #1 priority.

To reduce your out-of-pocket expenses, it is imperative to utilize an In-Network provider. For a complete list of Careington Maximum Care Dental PPO Network Providers nationwide, please visit: www.careington.com/co/maxCarePlus. Once on the site, you can select which dental specialty you are needing to see. (You also have the option to enter in the name of a dental provider if you already have one.) Then enter in either your city and state or zip. Then select "Search for Providers". You may also contact us at 877-870-4447 and, we'll be happy to assist you.

If for any reason you should have questions or concerns regarding your dental benefits, please do not hesitate to contact us. For billing or customer service inquiries, please call 877-870-4447, 8-6 CST Monday-Friday. For claims inquiries, please call 1-888-538-9333. Your dental insurance ID Card is included below. Present this card at your next dental appointment and start receiving the dental benefits you deserve.

Thank you for allowing us to service your dental insurance needs.
National Care Dental

Temporary ID Card

 		Send Claims to National Care Dental Plan Merchants Benefit Administration Attn: MBA National Care Dental PO BOX 981640 El Paso, TX 79998-1640 EDI Payor ID: MBAAZ	Billing & Customer Service National Care Dental www.nationalcaredental.com 877-870-4447 memberservice@nationalcaredental.com
Member Name:	Effective Date:	Benefits, Eligibility & Claim Status https://main.mbaadmin.com 1-888-538-9333 To find a list of network providers, visit https://www.careington.com/co/maxCarePlus/	If your dental services are expected to exceed \$300, we request that you have your dentist submit a pre-treatment estimate to us first. We will notify you of that services are allowed under the policy. We may suggest alternative procedures to the proposed plan based on professional endorsed dental care standards.
Coverage Type:	Member ID#:		
Underwritten by:  Nationwide <small>It's on your side</small>		Served by:  IHIP <small>Innovative Health Insurance Partners</small>	

Enrollment is FAST & EASY!

1. Attend an introductory webinar
2. Swift Online Contracting
3. Attend training webinar
4. Log in to your Agent Portal & GO!

Service you expect and deserve:

- Online marketing portal
- Agent support via email (insert email list)





Section 2: Getting Contracted




Click logo to return home.



You will receive an email with contracting instructions.

Click the online
appointment
portal link.


NationalCare
D E N T A L
V I S I O N

Agent Contracting Instructions

Thank you for your interest in joining National Care Dental.
To begin the appointment process, please see the instructions below.

STEP 1: Visit the online appointment portal at: [Click Here!](#)

Enrollment Portal

1. Enter password:
2. Complete online sign up
3. E-Sign and submit
- 4.

Click logo to return home.

Enter the password provided to you in the contracting email.

IHIP

Agent Sign Up

To sign up as an authorized marketing representative, please enter the password provided to you.

Enter Your Password:

For more information, please contact:

- IHIP

Enter the password
provided to you
in the contracting
email here.

Enter all required information. Required information is indicated with a red star.

IHIP

Agent Sign Up

Fill out the new marketing representative sign up form with your information. You will receive an email confirmation containing your ID number, your personal website link, and your username/password to access the management area.

For more information, please contact:

- IHIP

Company Name OR Full Name:

Salutation First Name * Middle Last Name * Suffix Credentials

Primary Address

Address 1 * Address 2

City * State * Postal/Zip Code *

Secondary Address

Address 1 Address 2

City State Postal/Zip Code

Home Address

Address 1 Address 2

City State Postal/Zip Code

Contact Information

Main Phone * Alt Phone Fax

Email Address * Your Picture or Logo No file selected.

Information about you or your company:

Click logo to return home.

Enter all required information. Required information is indicated with a red star.

Choose a username
& password to access
your back office.

You must enter your
resident individual health
license in order to begin
selling immediately after
submitting your contract.

Responsible Individual/Owner

Date of Birth	Social Security #	Driver's License	DL Number
<input type="text"/>	<input type="text"/>	Select ...	<input type="text"/>
Agent Type	State Registered	Type of Company	
Select ...	Select ...	Select ...	

Access to Your Back Office

Pick a Username *	Pick a Password *
<input type="text" value="kristeno2020"/>	<input type="password" value="*****"/>

ID Numbers

Federal Tax ID or Social Security Number *	Tax ID Type *	NPN Number * - SEARCH
<input type="text"/>	Select ...	<input type="text"/>

Your License

[Add License](#)

Compensation

1st Year = 0%
Renewals = 0%

Agreement

GENERAL AGENT AGREEMENT

This General Agent Agreement ("Agreement") and the Commission Schedule attached hereto (or delivered contemporaneously herewith), is made by and between the first signatory stated below ("General Agent") and Innovative Health Insurance Partners LLC (hereinafter referred to as "IHIP" or "the Company") on date of last signature for the purpose of conducting insurance sales and marketing activities.

IHIP is an insurance sales agency that sells, markets and/or enrolls insurance policies and non-insurance products of various companies, including insurance carriers. IHIP desires to engage the services of General Agent to market, sell and/or enroll products marketed by IHIP. Before soliciting any potential customer or client, General Agent agrees to provide copies of all required insurance and other licenses required by law for the solicitation of insurance sales.

I. INDEPENDENT CONTRACTOR

1. General Agent agrees to utilize its best efforts to accomplish the following duties as a General Agent of IHIP:

A. Recruit, timely and adequately train and supervise agents, subject to approval by IHIP, to promote and affect sales of products available through IHIP. IHIP reserves the right to refuse to accept

Your License

License State	License Type	License Number
Texas	Health	1234567
	Life	
	Personal Lines	

License Expiration Does Not Expire? ☐ Yes Attach License Document No file selected.

[Remove License](#)



Section 3: Online Enrollment Portal



Once you complete the online contracting process, you will receive a welcome email.

This welcome email will contain the link to your personal enrollment site, username and password to access your back office and Agent Support contact information.



Dear Kristen Oakley, 550503

Welcome to NationalCare Dental! We are very pleased that you have chosen to represent our products and have completed the contracting process! We look forward to working with you! Below you will find your Enrollment Website as well as your back office link and log in.

Agent Website & Login

Your Enrollment Site is used for quoting, member enrollments, as well as Agent Recruitment:

<http://www.1enrollment.com/550503>

Your Agent Back Office can be used to manage your book of business, view reports, and product brochures as well as Verification Scripts:

<http://www.1enrollment.com/manage/>

Username:

Password:

Agent Support & Licensing

For questions or assistance please contact agentservices@ihipins.com

Thank you again for choosing National Care Dental! Happy Selling!

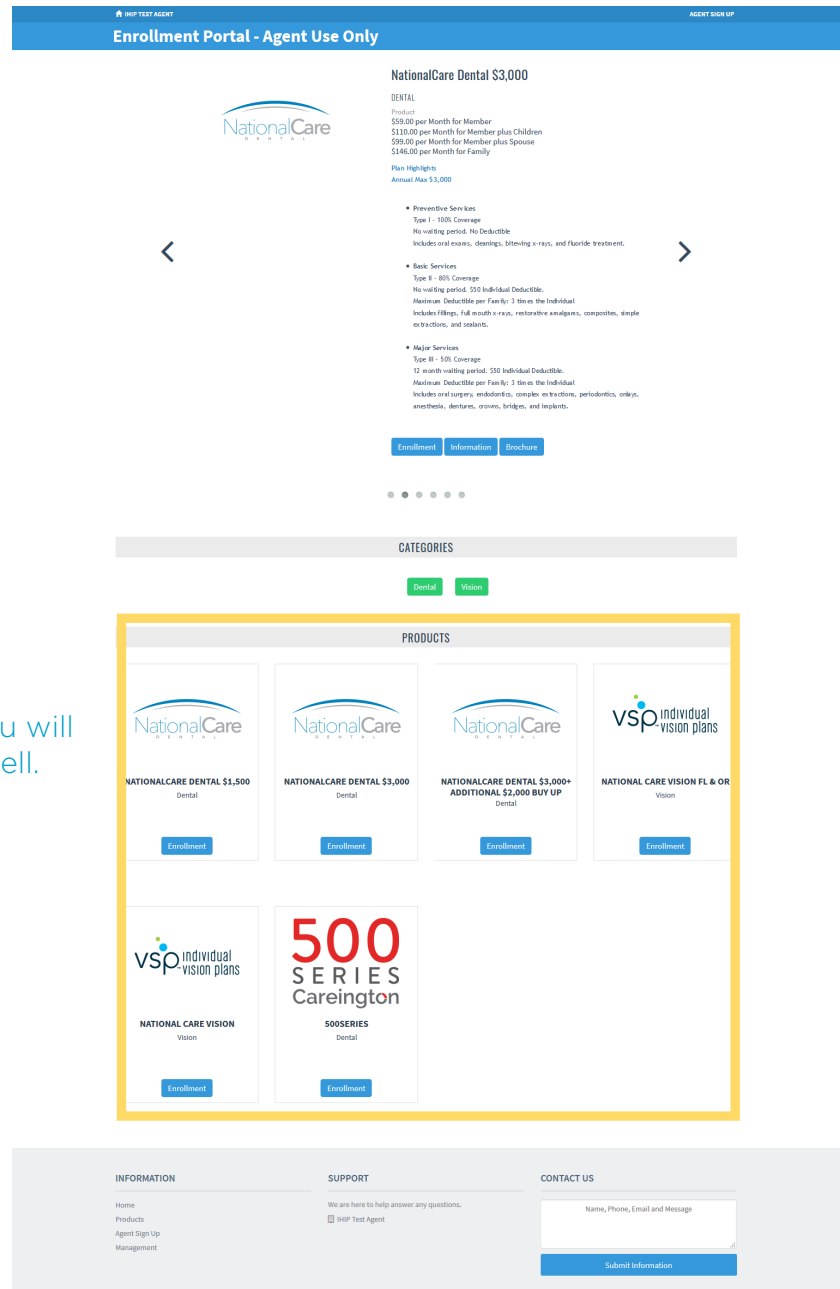
Sincerely,
Your Agent Support Team
Phone: (844) 284-4944
eFax: (979) 337-8240

You received this email as confirmation of your signup as a Marketing Representative for Innovative Health Insurance Partners. If you believe you received this email in error, please contact Agent Support immediately.

IHIP Innovative Health
Insurance Partners
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Click logo to return home.

This is your online enrollment portal.



The screenshot displays the 'Enrollment Portal - Agent Use Only' interface. At the top, there's a navigation bar with 'HIP TEST AGENT' and 'AGENT SIGN UP' links. The main content area features the NationalCare logo and a detailed view of the 'NationalCare Dental \$3,000' plan. This view includes a 'DENTAL' section with product details (e.g., \$59.00 per month for member, \$110.00 for member plus children) and plan highlights (e.g., Annual Max \$3,000). Below this, there are three tabs: 'Enrollment', 'Information', and 'Brochure'. A 'CATEGORIES' section follows, with 'Dental' and 'Vision' options. The 'PRODUCTS' section is highlighted with a yellow border and shows a grid of available plans, including 'NATIONALCARE DENTAL \$1,500', 'NATIONALCARE DENTAL \$3,000', 'NATIONALCARE DENTAL \$3,000+ ADDITIONAL \$2,000 BUY UP', 'NATIONAL CARE VISION FL & OR', 'NATIONAL CARE VISION', and '500 SERIES Careington'. Each product card has an 'Enrollment' button. At the bottom, there's a footer with 'INFORMATION' (Home, Products, Agent Sign Up, Management), 'SUPPORT' (We are here to help answer any questions, HIP Test Agent), and 'CONTACT US' (Name, Phone, Email and Message, Submit Information).

If you scroll down, below the banner you will see all products available for you to sell.



Click logo to return home.

The instructions below will tell you how to navigate your enrollment portal.

Enrollment Portal - Agent Use Only




Dental

Vision

If you scroll down, below the banner you will see all products available for you to sell. Hover over the product.



PRODUCTS

 NATIONALCARE DENTAL \$1,500 Dental Enrollment	 NATIONALCARE DENTAL \$3,000 Dental Enrollment	 NATIONALCARE DENTAL \$3,000+ ADDITIONAL \$2,000 BUY UP Dental Enrollment
---	--	--

[Click logo to return home.](#)

The instructions below will tell you how to navigate your enrollment portal.

After clicking the View Info button, you will see plan highlights for the specific benefit. This includes the plan summary and details on procedures covered.




HIIP TEST AGENT

AGENT SIGN UP


Enrollment Portal - Agent Use Only

Home / Dental / NationalCare Dental \$1,500



NationalCare Dental \$1,500

DETAILS PRICING STATES DOWNLOADS TERMS



Plan Highlights
Annual Max \$1,500

- Preventive Services**
Type I - 100% Coverage
No waiting period. No Deductible.
Includes oral exams, cleanings, bitewing x-rays, and fluoride treatment.
- Basic Services**
Type II - 80% Coverage
No waiting period. \$50.00 Individual deductible.
Maximum Deductible per Family: 3 times the Individual
Includes fillings, full mouth x-rays, restorative amalgams, composites, simple extractions, and sealants.
- Major Services**
Type III - 50% Coverage
12 month waiting period. \$50.00 Individual deductible.
Maximum Deductible per Family: 3 times the Individual
Includes oral surgery, endodontics, complex extractions, periodontics, Onlays, anesthesia, dentures, crowns, bridges, and implants.

*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 the 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.

PRODUCT DETAILS

Type I
Preventive Services
100%
Learn More

Type II
Basic Services
80%
Learn More

Type III
Major Services
50%
Learn More

Limitations & Exclusions

Click logo to return home.

The instructions below will tell you how to navigate your enrollment portal.

On Dental, click the Learn More Button to view procedures covered under that specific tier.

PRODUCT DETAILS

Type I Preventive Services 100%	Type II Basic Services 80%	Type III Major Services 50%
Learn More	Learn More	Learn More

Major Services

SPACE MAINTAINERS - The fee includes all adjustments within six months after installation. Allowable only for the purpose of maintaining spaces created by extractions of primary teeth or un-erupted teeth.

- Space maintainer-fixed-unilateral
- Space maintainer-fixed-bilateral
- Space maintainer-removable-unilateral
- Space maintainer-removable-bilateral
- Removal of fixed space maintainer
- Recement or re-bond space maintainer

Gold Foil Restoration - Covered only when needed due to decay

- Gold foil - one surface.
- Gold foil - two surfaces.
- Gold foil - three surfaces.

Click logo to return home.

Locating a Provider

To Locate a Provider Click the Image Below

Click the Maximum Care PPO logo search for a provider in network.



MAXIMUM[™]
CARE PPO
plus Connection Dental Network[®]

Questions? (800) 290-0523
[Nominate a Provider](#)

MAXIMUM[™]
CARE PPO
plus Connection Dental Network[®]

Provider Search

Don't see your provider?
[Nominate your local provider today.](#)

[Español](#)

Step 1

What Type of Provider are you looking for? *

* Required Field

☒ DENTAL

Step 2

Narrow your search:

(Example: Last Name, First Name)

DENTAL Specialty

Provider Name
(Optional)

Step 3

Limit your search to this area or location

City*

State*

Tip: Enter either City and State -OR- Enter just zip

Zip*

Display closest within 100 miles

☐ 10 providers ☒ 25 providers ☐ 50 providers ☐ 100 providers

[Search for Providers](#)

When contacting a provider, please identify yourself as a member of the network associated with that provider (i.e. Careington etc.)

Step 2: This is where you can search for a specific provider. (If the member wants to see if their preferred provider is in network.)

Step 3: This is where you can either search by city and state or zip code to see a list of providers within the members area.

[Click logo to return home.](#)

Locating a Provider



[Español](#)

Provider Search Results

Results for: **75001**

[Print List](#) / [E-mail List](#) / [New Search](#)

Don't see your provider?

[Nominate](#) your local provider today.

For your convenience, click on the provider name to access a map to their location.

Results from provider search do not guarantee participation. Please confirm participation with Member Services prior to service.

Step 4

Dental Providers

[Collapse...](#)

Search Results (25 found) << first 100 < previous 100 | Page 1 of 1 | next 100 > last 100 >> 100

Search results are listed. You can click the drop down and change from viewing only 5 providers to viewing 100 providers if applicable.



Name	Specialties	Address	Distance
CONTRUCCI, JORDANA THE ADDISON DENTIST ENGLISH Additional information	GENERAL DENTIST Accepting plan: CPPO	4145 BELT LINE RD STE 208 ADDISON, TX 75001 (972) 233-0973	Map Est. Distance - 0.0 miles
WILLIAMS, MICHELE DENTAL HEALTH PROFESSIONALS ENGLISH Additional information	GENERAL DENTIST Accepting plan: DTMX	4145 BELT LINE ROAD SUITE 208 ADDISON, TX 75001 (972) 233-0973	Map Est. Distance - 0.0 miles
BINGHAM, THOMAS COMFORT DENTAL ADDISON PLLC ENGLISH, SPANISH Additional information	GENERAL DENTIST Accepting plan: DTMX	3744 BELTLINE ROAD ADDISON, TX 75001 (972) 243-3948	Map Est. Distance - 0.0 miles
PETROS, ALLEN COMFORT DENTAL ADDISON PLLC ENGLISH, SPANISH Additional information	GENERAL DENTIST Accepting plan: DTMX	3744 BELTLINE ROAD ADDISON, TX 75001 (972) 243-3948	Map Est. Distance - 0.0 miles
ANYAEGBU, ADEYINKA THE ADDISON DENTIST ENGLISH Additional information	GENERAL DENTIST Accepting plan: CPPO	4145 BELT LINE RD STE 208 ADDISON, TX 75001 (972) 233-0973	Map Est. Distance - 0.0 miles
POTTER, JOHN DENTAL HEALTH PROFESSIONALS	GENERAL DENTIST	4145 BELT LINE ROAD SUITE 208	Map Est. Distance - 0.0 miles

[Click logo to return home.](#)

National Small Business Association

Members must join the National Small Business Association in order to gain access to Dental benefits. This is a \$3 fee charged monthly to the member. Please note this fee is not charged if the member is enrolled in a stand-alone vision policy.

The NSBA gives the member discounts to all of the company logos you see here. Members receive an email from the association with instructions on how to access these discounts.

National Small Business Association Benefits

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



National Small Business Association | www.nsba.net | (833) 226-4159



[Learn More](#)



[Learn More](#)



[Learn More](#)



[Learn More](#)

Pricing Tab

DETAILS	PRICING	STATES	DOWNLOADS	TERMS
<p>Product</p> <p>\$59.00 per Month for Member</p> <p>\$110.00 per Month for Member plus Children</p> <p>\$99.00 per Month for Member plus Spouse</p> <p>\$146.00 per Month for Family</p> <p>ENROLLMENT</p>				

Click the pricing tab to view the pricing per level of each benefit. (Member, Member plus Children, Member plus Spouse, Family)

States Tab

States Available

AL, AR, AZ, CA, CT, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, ND, NE, NJ, NM, NV, OH, OK, PA, RI, SC, TN, TX, UT, VA, WI, WV, WY

States Not Available

AK, CO, HI, ME, MA, MN, MT, NH, NY, NC, OR, PR, SD, VT, WA

Click the States tab to view the States that are available and the States that are not available to sell the benefit in.

Terms Tab

DETAILS

PRICING

STATES

DOWNLOADS

TERMS

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 towards the satisfaction of any Deductible:

1. Any Services which are not included in the Schedule of Covered Procedures;
2. Any Services 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;
7. Appliances, Services or procedures relating to:
 - a. the change or maintenance of vertical dimensions;
 - 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;

Click the Terms tab to view limitations and exclusions.

How to Enroll

Enrollment Portal - Agent Use Only


Dental

Vision

PRODUCTS

Click the blue enrollment button to enroll the member in a specific benefit.






VIEW INFO


NATIONALCARE DENTAL \$1,500
Dental

Enrollment



NATIONALCARE DENTAL \$3,000
Dental

Enrollment



**NATIONALCARE DENTAL \$3,000+
ADDITIONAL \$2,000 BUY UP**
Dental

Enrollment



NATIONAL CARE VISION FL & OR
Vision

Enrollment

Click logo to return home.

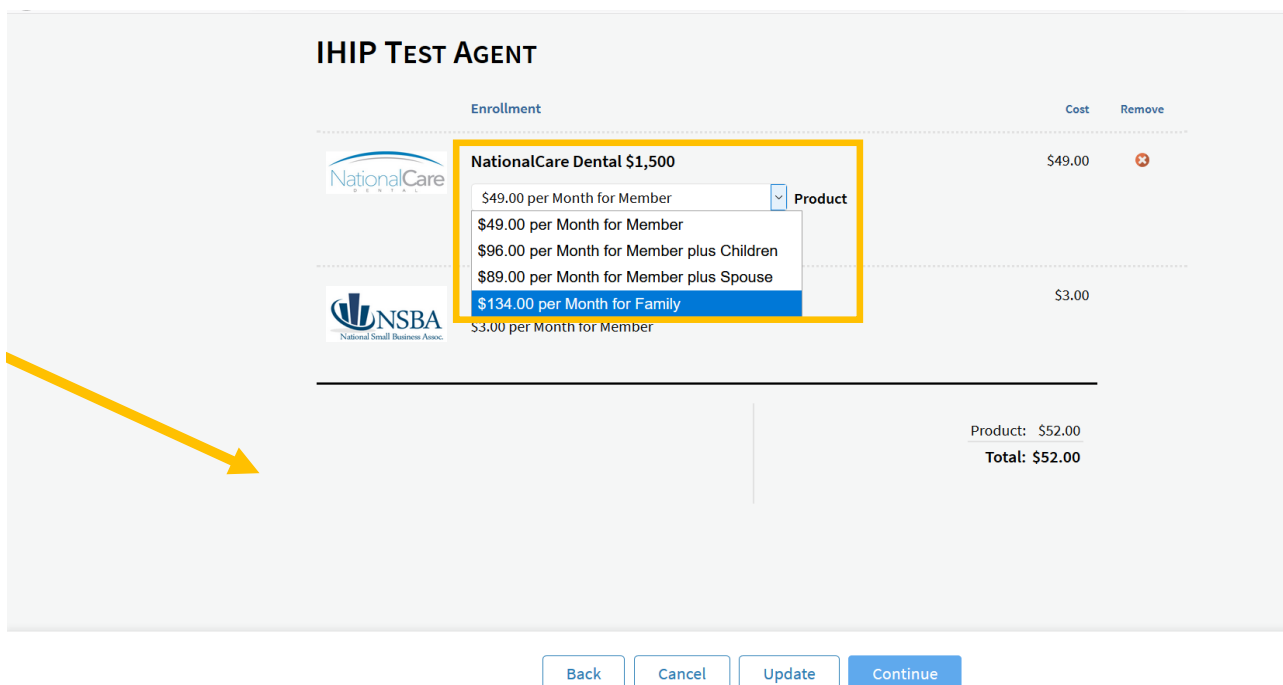
Online Enrollment Portal

Once you click the blue enrollment button this will take you to the pre-check out page.




Click the dropdown under the product to change the level of coverage from Member to Member plus Children, Member plus Spouse, or Family.

To add additional products, click the back button, and repeat the previous steps.

When all products are added, click the Blue Continue button to continue enrolling the member.



The screenshot shows the 'IHIP TEST AGENT' enrollment page. A dropdown menu is open for 'NationalCare Dental \$1,500', showing options: '\$49.00 per Month for Member', '\$49.00 per Month for Member', '\$96.00 per Month for Member plus Children', '\$89.00 per Month for Member plus Spouse', and '\$134.00 per Month for Family'. The 'Family' option is highlighted. A yellow arrow points to the 'Continue' button at the bottom right.

Enrollment	Cost	Remove
 NationalCare Dental \$1,500	\$49.00	
<input type="text" value="\$49.00 per Month for Member"/> Product		
<input type="text" value="\$49.00 per Month for Member"/>		
<input type="text" value="\$96.00 per Month for Member plus Children"/>		
<input type="text" value="\$89.00 per Month for Member plus Spouse"/>		
<input type="text" value="\$134.00 per Month for Family"/>		
 NSBA National Small Business Assoc.	\$3.00	
<input type="text" value="\$3.00 per Month for Member"/>		

Product: \$52.00
Total: \$52.00

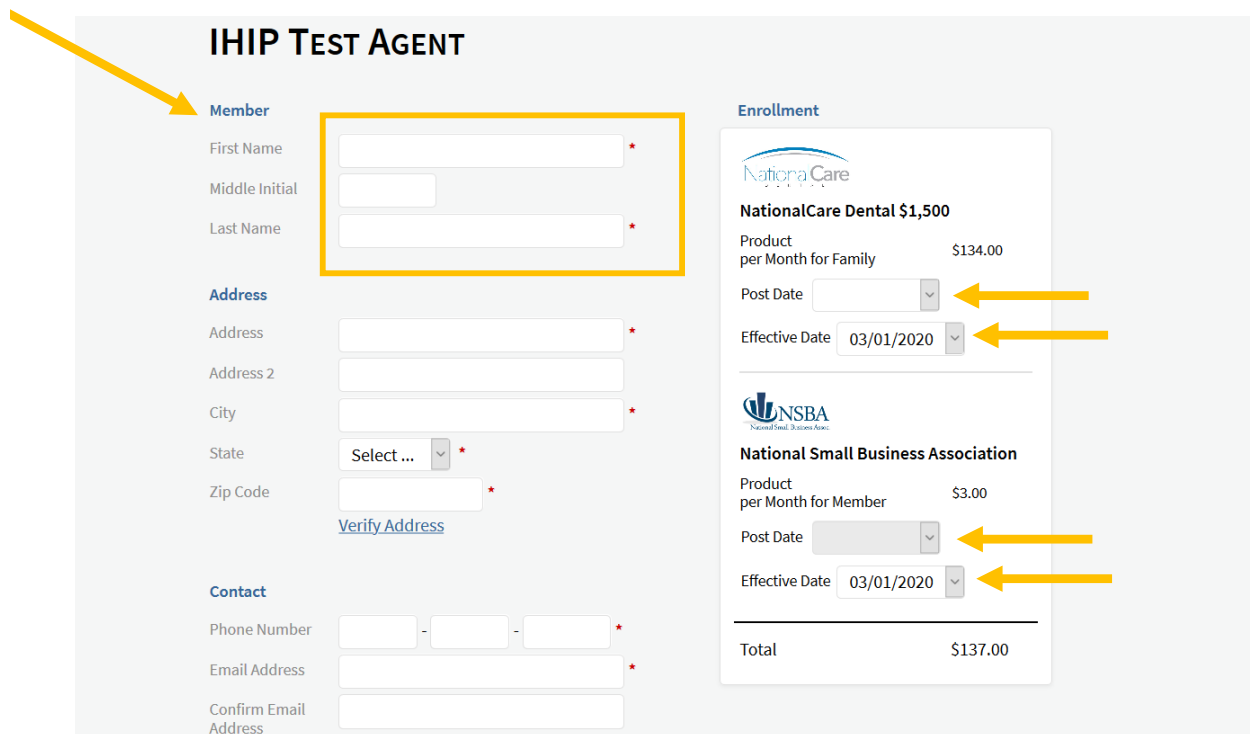
[Back](#) [Cancel](#) [Update](#) [Continue](#)

Final Check Out Page

Now you will see the final check out page. Everything with a red star is required.

On the right-hand side of the screen you will see drop downs for Post Date & Effective Date. You must choose a Post Date and Effective Date for each product. If the member wants to pay on the day of enrollment, enter that day in the post date drop down. If they would like to pay on a future date, enter that date.

The effective date will always be the first of the following month. You can choose the following month or the next month.



IHIP TEST AGENT

Member

First Name *

Middle Initial

Last Name *

Address

Address *

Address 2

City *

State *

Zip Code *

[Verify Address](#)

Contact

Phone Number - - *

Email Address *

Confirm Email Address

Enrollment

NationalCare Dental \$1,500

Product per Month for Family \$134.00

Post Date *

Effective Date 03/01/2020 *

NSBA
National Small Business Association

National Small Business Association

Product per Month for Member \$3.00

Post Date *

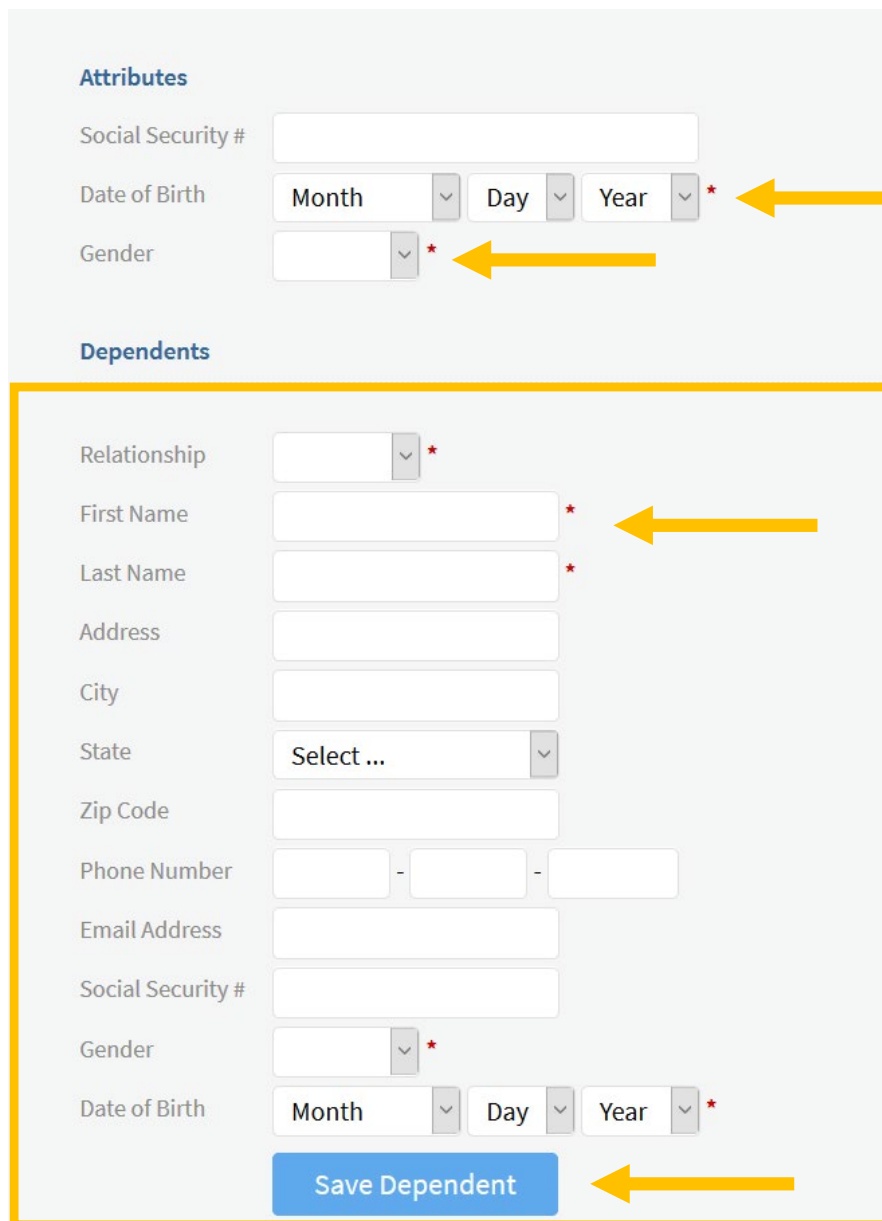
Effective Date 03/01/2020 *

Total \$137.00

Final Check Out Page: Attributes & Dependents

Attributes: A social is not required, but a date of birth and gender are.

Dependents: Enter the required dependent information and press Save Dependent. The dependent information will populate to the right-hand side of the screen. Continue entering dependents until all dependents are populated.



Attributes

Social Security #

Date of Birth *

Gender *

Dependents

Relationship *

First Name *

Last Name *

Address

City

State

Zip Code

Phone Number - -

Email Address

Social Security #

Gender *





Date of Birth *


Save Dependent

Payment

Members have 2 options to choose to pay for their benefits: Credit/Debit Card or ACH Bank Draft. Select the radio button next to their method of choice and enter the required payment information.

Payment Method

☒ Credit/Debit Card    

☐ ACH 

Credit Card Number

Card Expiration Date

Security Code/CVV2

☐ Same as Member information

First Name

Last Name

Address

City

State

Zip Code

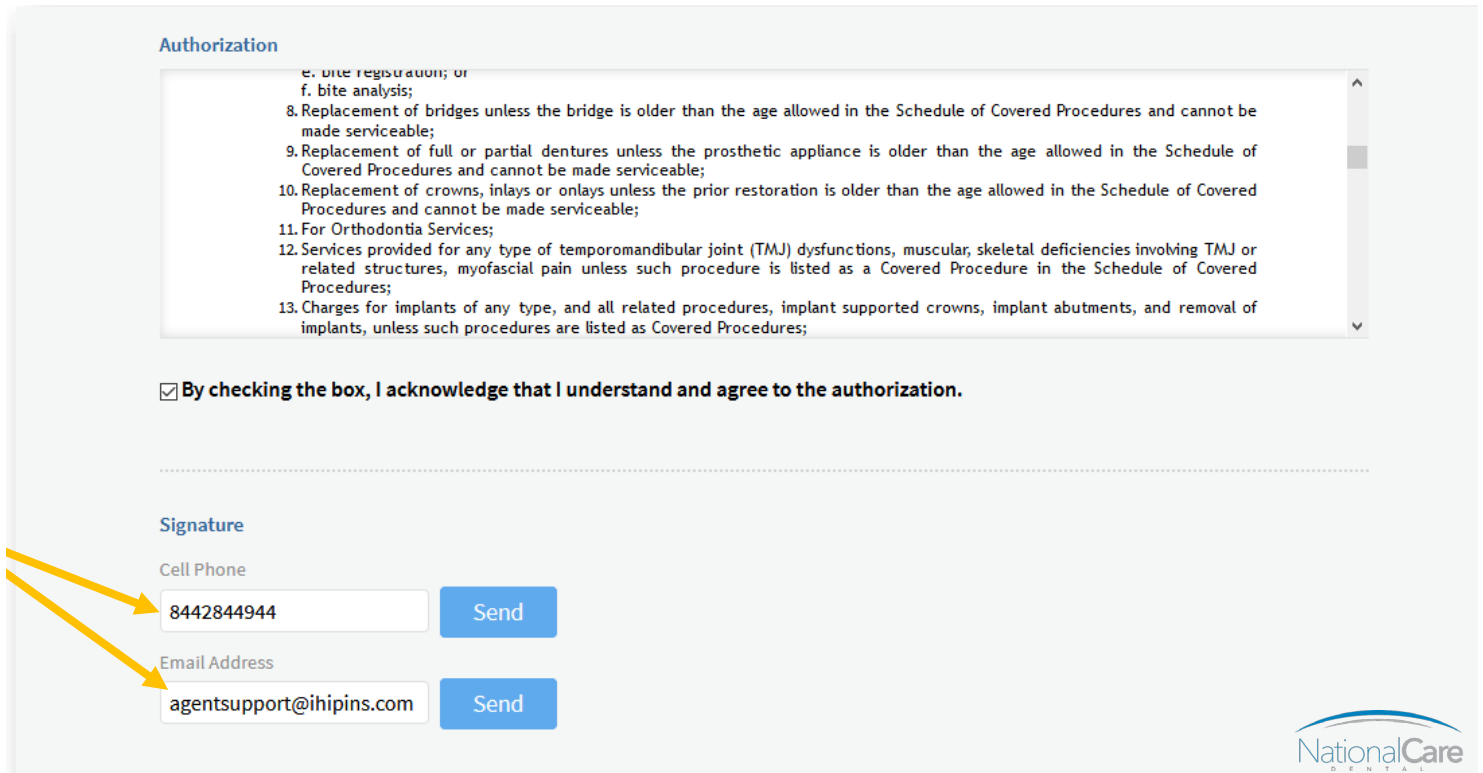


Section 4: e-Signature Process



Click logo to return home.

Once you have completed the enrollment, at the bottom of the page is the authorization and signature section.



The screenshot shows a web form titled "Authorization" and "Signature". The "Authorization" section contains a list of covered procedures, including: e. one 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;.

Below the list is a checkbox labeled "By checking the box, I acknowledge that I understand and agree to the authorization." which is checked.

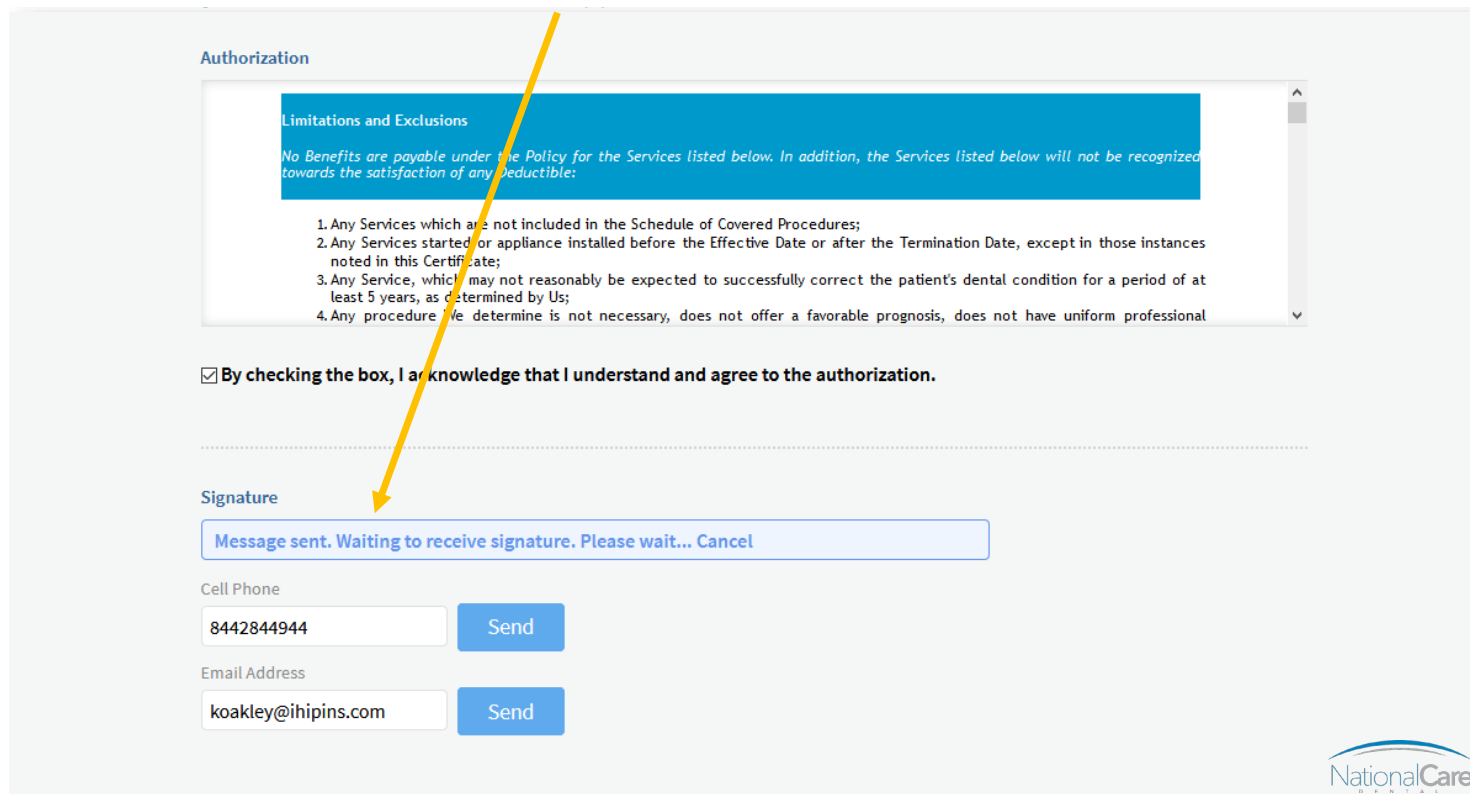
The "Signature" section has two input fields: "Cell Phone" and "Email Address". The "Cell Phone" field contains the number "8442844944" and has a "Send" button next to it. The "Email Address" field contains the email "agentsupport@ihipins.com" and has a "Send" button next to it. Two yellow arrows point to the "Cell Phone" and "Email Address" fields.

The NationalCare Dental Vision logo is in the bottom right corner.

Choose either text or email and press the send button. Do not navigate from the page or refresh your page.

Click logo to return home.

Once the signature is sent a blue box will appear.



Authorization

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 towards the satisfaction of any Deductible:

1. Any Services which are not included in the Schedule of Covered Procedures;
2. Any Services 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

☒ By checking the box, I acknowledge that I understand and agree to the authorization.

.....

Signature


Message sent. Waiting to receive signature. Please wait... Cancel

Cell Phone

8442844944

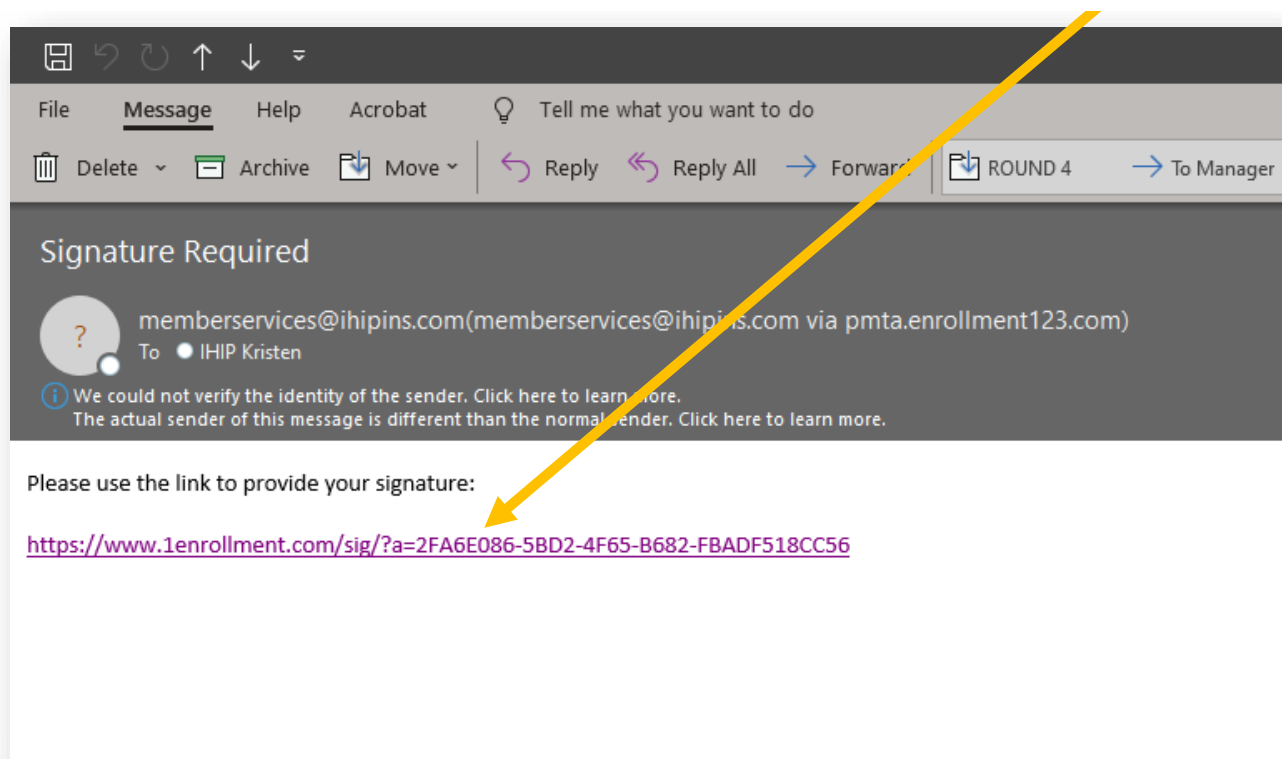
Email Address

koakley@ihipins.com



Click logo to return home.

The member will receive the email or text with a link.
When the member receives the email, they will click the link.



[Click logo to return home.](#)

The first part of the page will show the member information, the product(s) they enrolled in, Terms and Conditions, & The Electronic Signature Consent.

Member Information

Name: Kristen Oakley
Address: 4201 Spring Valley, Dallas, TX 75244-3631
Phone: (940) 231-4872
Email: koakley@ihipins.com
Date of Birth: 02-01-1986
Gender: F

Product Information

NationalCare Dental \$1,500

Effective Date: July 1, 2020
First Billing Date: June 1, 2020

\$49.00 per Month for Member

National Small Business Association

Effective Date: July 1, 2020
First Billing Date: June 1, 2020

\$3.00 per Month for Member

Payment Method

Type: Credit Card
Name: Kristen Oakley
Number: xxxxxxxxxxx-3428
Expiration: January 2023

Thank you for trusting Innovative Health Insurance Partners ("the Company") with providing you with the service you deserve for your healthcare products and services! Please read the following Enrollment Agreement ("Agreement") carefully to ensure your understanding of the Products and Services you have elected as well as all terms and conditions.

Terms and Conditions

Products and Services Enrollment Confirmation

Your enrollment may be comprised of a variety of insurance and non-insurance products, memberships, savings programs, services and administration costs ("Products and Services"), which vary depending on what you have elected to enroll in. This Agreement includes the terms and conditions of your enrollment and includes the plan description of the Products and Services enrolled in. Please review this Agreement carefully. If you agree with the terms and conditions and the benefit descriptions included in this Agreement, please acknowledge by electronically signing the Agreement. Please save a copy for your records. If you do not agree with the terms and

The first part of the page will show the member information, the product(s) they enrolled in, Terms and Conditions, & The Electronic Signature Consent.

1. Electronic Signature Agreement

You are signing this Agreement electronically, accepting and agreeing as if signed by you in writing. You agree your electronic signature is the legal equivalent of your manual (wet ink) signature on this Agreement. By signing, you consent to be legally bound by this Agreement's terms and conditions. This Agreement may be executed by providing an electronic signature under the terms of the Electronic Signatures Act, 15 U.S.C. SS 7001 et. seq., and may not be denied legal effect solely because it is in electronic form or permits the completion of the business transaction referenced herein electronically instead of in person. You further expressly authorize to provide the Company the authority to automatically debit your bank account or credit card for the initial payment and on the recurring payment due date for Products and Services monthly premiums, contributions, membership dues and administration charges for Products and Services enrolled in. If the due date occurs on a weekend or holiday, you understand that the payments may be deducted on the prior business day. You understand that this authorization will remain in effect until cancellation of your Products and Services.

2. Consent to Electronic Delivery

You specifically agree to receive and/or obtain "Electronic Communications" from the Company. You accept Electronic Communications from the Company via the email account and cellular phone that you provided to the Company, as reasonable and proper notice, for the purpose of any and all laws, rules, and regulations, and agree that such electronic form fully satisfies any requirement that such communications be provided to you in writing or in a form that you may keep. You acknowledge that, for your records, you are able to retain the Company's Electronic Communications by printing and/or downloading and saving this Agreement and any other agreements and Electronic Communications, documents, or records that you agree to using your e-signature. Because a valid email address is required in order for you to obtain electronic communications from the Company, you agree to keep the Company informed of any changes in your email address. You may modify your email address by contacting us at (877) 870-4447, Monday-Friday, 8am-6pm CST. The Company may notify you through email when an Electronic Communication or updated agreement pertaining to your account is available.

3. Revocation of electronic delivery

You have the right to withdraw your consent to receive/obtain communications with the Company at any time by contacting us at (877) 870-4447, Monday-Friday, 8am-6pm CST.

4. Hardware, software and operating system

You are responsible for installation, maintenance, and operation of your computer, browser and software. The Company is not responsible for errors or failures from any malfunction of your computer, browser or software. We require, at minimum, a functioning modern web browser that was released in the past two years running on an up-to-date operating system. Unsupported browsers may not receive full functionality of the product.

5. Controlling Agreement

This Agreement supplements and modifies other agreements that you may have with the Company. To the extent that this Agreement and another agreement contain conflicting provisions, the provisions in this agreement will control. All other obligations of the parties remain subject to the terms and conditions of any other agreement.

I CONSENT AND AGREE TO THE USE OF ELECTRONIC SIGNATURES OF DOCUMENTS AND AGREE THAT MY E-SIGNATURE SHALL SERVE AS MY CONSENT. I AGREE I AM FULLY RESPONSIBLE FOR REVIEWING THIS AGREEMENT AND HAVE REVIEWED SUCH AGREEMENT CAREFULLY TO ENSURE MY FULL UNDERSTANDING OF ALL PROVISIONS OF THE AGREEMENT. I ALSO AGREE THAT, BY ELECTRONICALLY SIGNING THIS AGREEMENT, MY AGREEMENT OR CONSENT SHALL BE LEGALLY BINDING AND ENFORCEABLE AND THE LEGAL EQUIVALENT OF MY HANDWRITTEN OR MANUAL SIGNATURE. I CERTIFY THAT I AM THE APPLICANT OF THE PRODUCTS AND SERVICES FOR WHICH I AM APPLYING AND HAVE A FULL AND COMPLETE UNDERSTANDING OF THE PRODUCTS AND SERVICES, INCLUDING THE LIMITATIONS AND EXCLUSIONS.

IT IS RECOMMENDED THAT YOU PRINT A COPY OF THIS AGREEMENT FOR FUTURE REFERENCE.

Date: May 21, 2020 at 1:44:43 PM



[Click logo to return home.](#)

At the bottom of the page is where the member will sign, print their name and press the Red Accept button.

You are responsible for installation, maintenance, and operation of your computer, browser and software. The Company is not responsible for errors or failures from any malfunction of your computer, browser or software. We require, at minimum, a functioning modern web browser that was released in the past two years running on an up-to-date operating system. Unsupported browsers may not receive full functionality of the product.

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IT IS RECOMMENDED THAT YOU PRINT A COPY OF THIS AGREEMENT FOR FUTURE REFERENCE.

Date: May 21, 2020 at 1:44:43 PM

IP Address: 69.170.70.165

System: Mozilla/5.0 (Windows NT 10.0; Win64; x64; rv:76.0) Gecko/20100101 Firefox/76.0



Signature OK.



Clear Signature

Type Your Name

Kristen Oakley

☒ Check here if signing as a Parent or Legal Guardian for the Primary Applicant

Accept



[Click logo to return home.](#)

At the bottom of the page is where the member will sign, print their name and press the Red Accept button.

You are responsible for installation, maintenance, and operation of your computer, browser and software. The Company is not responsible for errors or failures from any malfunction of your computer, browser or software. We require, at minimum, a functioning modern web browser that was released in the past two years running on an up-to-date operating system. Unsupported browsers may not receive full functionality of the product.

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I CONSENT AND AGREE TO THE USE OF ELECTRONIC SIGNATURES OF DOCUMENTS AND AGREE THAT MY E-SIGNATURE SHALL SERVE AS MY CONSENT. I AGREE I AM FULLY RESPONSIBLE FOR REVIEWING THIS AGREEMENT AND HAVE REVIEWED SUCH AGREEMENT CAREFULLY TO ENSURE MY FULL UNDERSTANDING OF ALL PROVISIONS OF THE AGREEMENT. I ALSO AGREE THAT, BY ELECTRONICALLY SIGNING THIS AGREEMENT, MY AGREEMENT OR CONSENT SHALL BE LEGALLY BINDING AND ENFORCEABLE AND THE LEGAL EQUIVALENT OF MY HANDWRITTEN OR MANUAL SIGNATURE. I CERTIFY THAT I AM THE APPLICANT OF THE PRODUCTS AND SERVICES FOR WHICH I AM APPLYING AND HAVE A FULL AND COMPLETE UNDERSTANDING OF THE PRODUCTS AND SERVICES, INCLUDING THE LIMITATIONS AND EXCLUSIONS.

IT IS RECOMMENDED THAT YOU PRINT A COPY OF THIS AGREEMENT FOR FUTURE REFERENCE.

Date: May 21, 2020 at 1:44:43 PM

IP Address: 69.170.70.165

System: Mozilla/5.0 (Windows NT 10.0; Win64; x64; rv:76.0) Gecko/20100101 Firefox/76.0



Signature OK.



Clear Signature

Type Your Name

Kristen Oakley

☒ Check here if signing as a Parent or Legal Guardian for the Primary Applicant

Accept



Next: The member will see a confirmation that the e-signature has been signed.

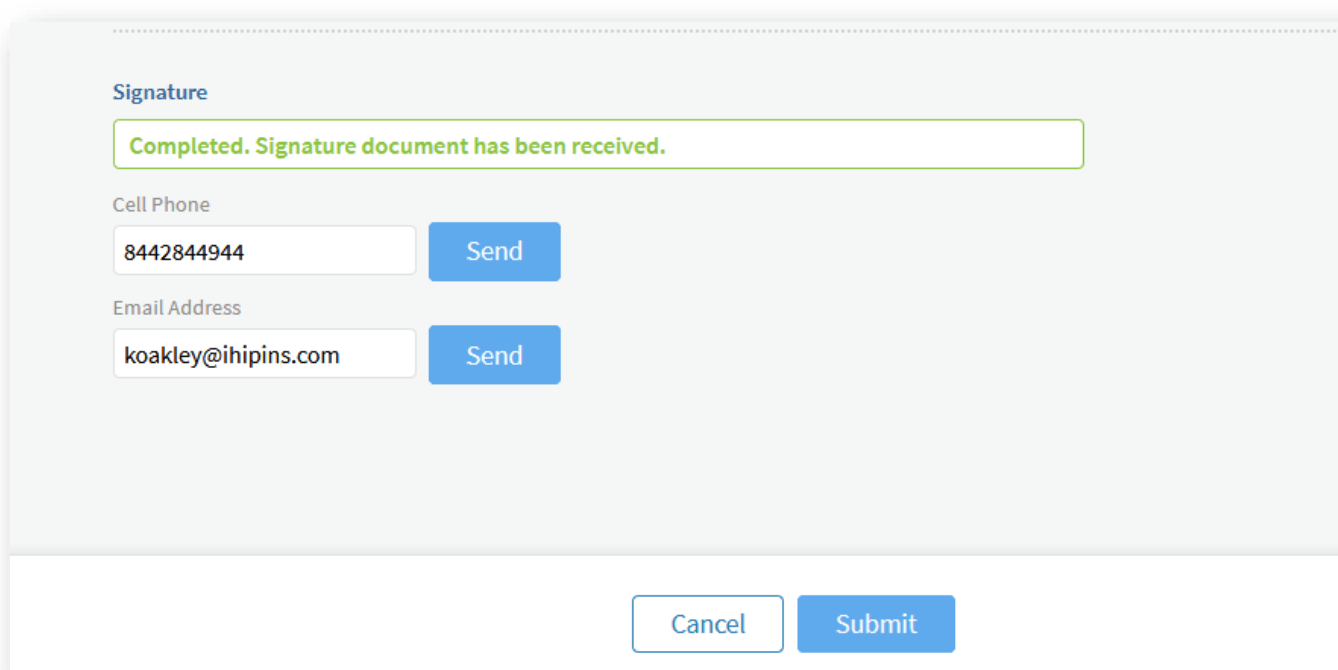
Completed. You have successfully signed your document.

[Click logo to return home.](#)

Once the member completes the signature, the green box will appear. This signifies that your client has executed the agreement.

You can now press the submitorder button.

Please note: If you navigate away from the page before the signature is completed and the box turns green, there could be issues with the enrollment. See next page for further details.



The screenshot shows a web form titled "Signature" with a green-bordered box containing the text "Completed. Signature document has been received." Below this, there are two input fields: "Cell Phone" with the value "8442844944" and "Email Address" with the value "koakley@ihipins.com". Each input field has a blue "Send" button next to it. At the bottom of the form, there are two buttons: "Cancel" and "Submit".

Important: E-Signature Details

Members have 2 options to choose to pay for their benefits: Credit/Debit Card or ACH Bank Draft. Select the radio button next to their method of choice and enter the required payment information.

Q: If an e-signature is sent, no billing is entered and the member never signs, what happens?

A: Member never bills.

Q: If an e-signature is sent, no billing date is entered and the member signs 24-48 hours from now, what happens?

A: E-signature is uploaded to the account, but the member never bills

Q: If the agent signs the member up today and puts a billing date in for tomorrow but the member doesn't sign by that billing date, what happens?

A: The member will bill on the date of the first billing date.

Q: If the member does sign, but the agent never presses the submit button, what happens?

A: As long as the agent entered a first billing date, the payment will be taken out on that date. Our member services team will reach out to the member to obtain the e-signature.

[Click logo to return home.](#)

Once you press the Blue Submit Button, you will see a confirmation of the enrollment.

Confirmation

May 21, 2020 at 1:59 PM - 676548937 - Kristen Oakley

Member

Name: Kristen Oakley
Address: 4201 Spring Valley, Dallas, TX 75244-3631
Phone: (940) 231-4872
Email: koakley@ihipins.com

Products

NationalCare Dental \$1,500
Policy: 2257686
Active: July 1, 2020
\$49.00 Product per Month for Member

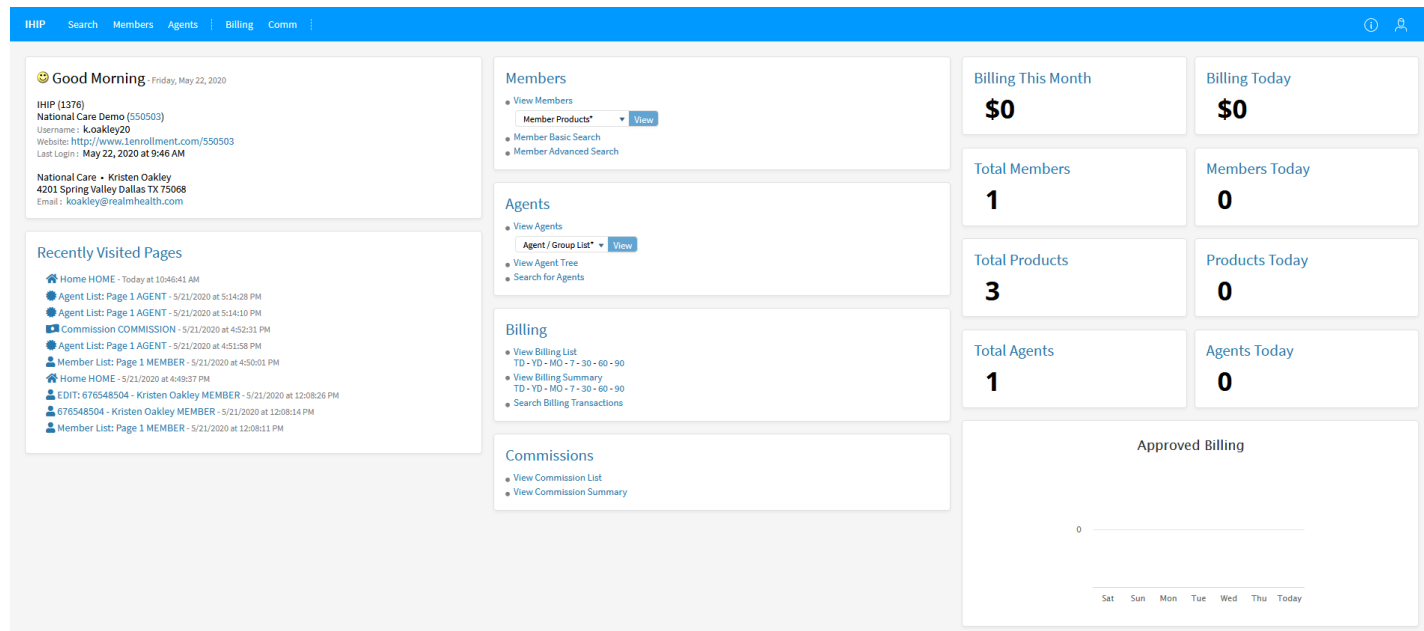
National Small Business Association
Policy: 2257687
Active: July 1, 2020
\$3.00 Product per Month for Member

Summary

\$52.00 Total

Click logo to return home.

After enrolling a member or recruiting an agent, login to your back office using the credentials provided in your welcome email.

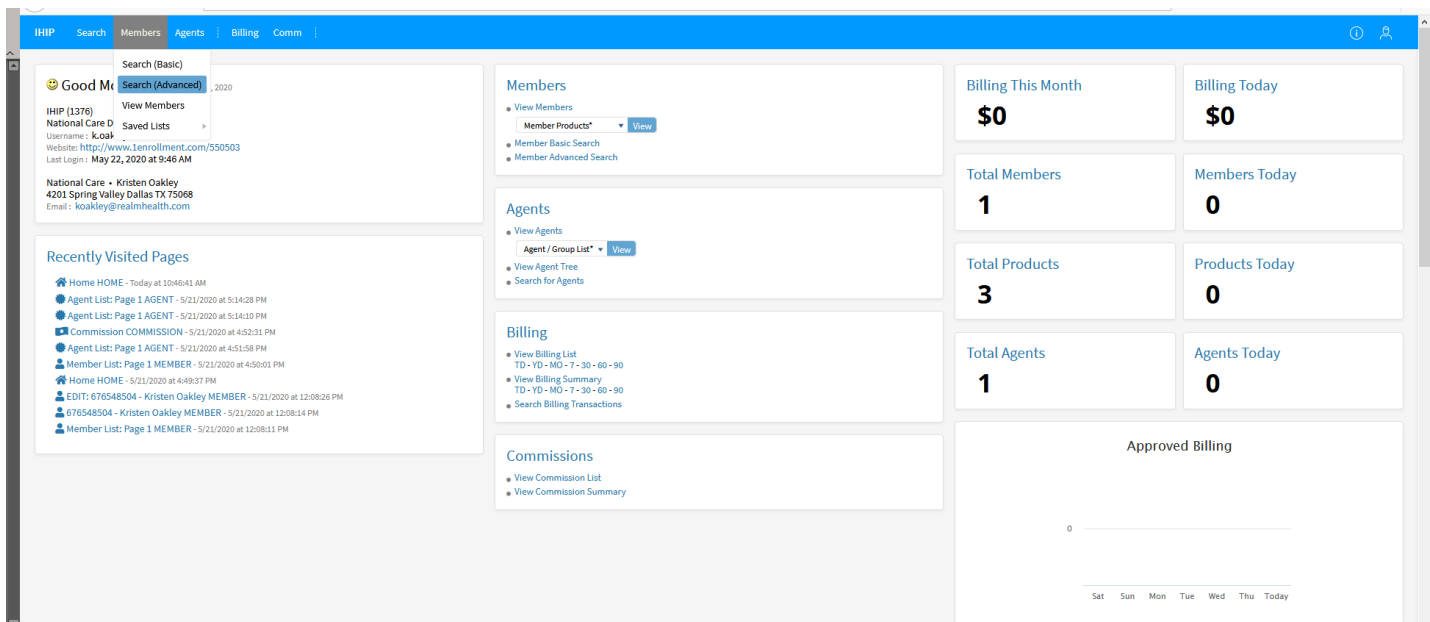


The screenshot shows the Agent Back Office dashboard with a blue header bar containing navigation links: IHIP, Search, Members, Agents, Billing, and Comm. The dashboard is divided into several sections:

- Good Morning** (Friday, May 22, 2020):
 - IHIP (1376)
 - National Care Demo (550503)
 - Username: k.oakley20
 - Website: <http://www.1enrollment.com/550503>
 - Last Login: May 22, 2020 at 9:46 AM
 - National Care • Kristen Oakley
 - 4201 Spring Valley Dallas TX 75068
 - Email: koakley@realhealth.com
- Recently Visited Pages**:
 - Home HOME - Today at 10:46:41 AM
 - Agent List: Page 1 AGENT - 5/21/2020 at 5:14:28 PM
 - Agent List: Page 1 AGENT - 5/21/2020 at 5:14:10 PM
 - Commission COMMISSION - 5/21/2020 at 4:52:31 PM
 - Agent List: Page 1 AGENT - 5/21/2020 at 4:51:58 PM
 - Member List: Page 1 MEMBER - 5/21/2020 at 4:50:01 PM
 - Home HOME - 5/21/2020 at 4:49:37 PM
 - EDIT: 676548504 - Kristen Oakley MEMBER - 5/21/2020 at 12:08:26 PM
 - 676548504 - Kristen Oakley MEMBER - 5/21/2020 at 12:08:14 PM
 - Member List: Page 1 MEMBER - 5/21/2020 at 12:08:11 PM
- Members**:
 - View Members
 - Member Products* (dropdown menu)
 - Member Basic Search
 - Member Advanced Search
- Agents**:
 - View Agents
 - Agent / Group List* (dropdown menu)
 - View Agent Tree
 - Search for Agents
- Billing**:
 - View Billing List
 - TD - YD - MO - 7 - 30 - 60 - 90
 - View Billing Summary
 - TD - YD - MO - 7 - 30 - 60 - 90
 - Search Billing Transactions
- Commissions**:
 - View Commission List
 - View Commission Summary
- Billing Summary** (Right Column):
 - Billing This Month: \$0
 - Billing Today: \$0
 - Total Members: 1
 - Members Today: 0
 - Total Products: 3
 - Products Today: 0
 - Total Agents: 1
 - Agents Today: 0
 - Approved Billing: 0

Click logo to return home.

To search for a member, hover over the members tab at the top of the page and select “Search (advanced)”



The screenshot shows the Agent Back Office dashboard with the 'Members' tab selected in the top navigation bar. The dashboard is divided into several sections:

- Left Sidebar:**
 - Good Morning:** Displays user information for Kristen Oakley, including her IHIP number (1376), username (K.oak), website, and last login time (May 22, 2020 at 9:46 AM).
 - Recently Visited Pages:** A list of recently visited pages with timestamps, including Home, Agent List, Commission, and Member List.
- Main Content Area:**
 - Members:** A section with a search bar and a 'View Members' button. It also includes links for 'Member Basic Search' and 'Member Advanced Search'.
 - Agents:** A section with a search bar and a 'View Agents' button. It also includes links for 'View Agent Tree' and 'Search for Agents'.
 - Billing:** A section with links for 'View Billing List', 'View Billing Summary', and 'Search Billing Transactions'.
 - Commissions:** A section with links for 'View Commission List' and 'View Commission Summary'.
- Right Sidebar:**
 - Billing This Month:** Displays a total of \$0.
 - Billing Today:** Displays a total of \$0.
 - Total Members:** Displays a total of 1.
 - Members Today:** Displays a total of 0.
 - Total Products:** Displays a total of 3.
 - Products Today:** Displays a total of 0.
 - Total Agents:** Displays a total of 1.
 - Agents Today:** Displays a total of 0.
 - Approved Billing:** A section with a bar chart showing approved billing over a 7-day period (Sat to Today).

Click logo to return home.

Now, you can search by member demographics. Enter the desired criteria and press the search members button in the top right-hand corner.

Member Search ▼ Open All • Primary • Dates • Tracking • Payment • Attributes • Dependents • Custom • Close All ▲ Search Members Save Clear

Primary

Status: ☐ Tree ☐ Not

Member ID:

Member IDs: one-per-line or comma list

Agent ID: ☐ Tree ☐ Not

Agent IDs: one-per-line or comma list

☐ Tree ☐ Not

Include Test Agents: ☒ No ☐ Yes

Assigned Agent ID: ☐ Tree ☐ Not

Product: ☐ Tree ☐ Not

Enroller: ☐ Tree ☐ Not

First Name: ☐ Blank

Last Name: ☐ Blank

Company:

City:

State: ctrl+click

Zip Code:

Email: ☒ Any ☐ Blank ☐ Not Blank

Phone:

Policy Number: one-per-line or comma list

Code 2: one-per-line or comma list

Products: ctrl+click

OR ☒ AND ☐ NONE ☐

25860 - 500Series - Careington 500 Series
24013 - AAIC Membership Fee - AAIC Membership Fee
28691 - AAIC Membership Fee (Wkly) - AAIC Members
28704 - Accident - Accident - Option A - Atlas Van Lin
28177 - Accident - Accident - Option A
27830 - Accident - Option A - Accident - Option A
28261 - Accident - Option A (Wkly) - Accident - Option
29140 - Business Cards - 250 - Business Cards - 250
28705 - Critical Illness - Critical Illness - Atlas Van Lin
28210 - Critical Illness - Critical Illness
28265 - Critical Illness (Wkly) - Critical Illness

Status: ☒ Active ☐ Inactive ☐ All

Sort: ☒ Name ☐ ID

NOT Products: ctrl+click

25860 - 500Series - Careington 500 Series
24013 - AAIC Membership Fee - AAIC Membership Fee
28691 - AAIC Membership Fee (Wkly) - AAIC Members
28704 - Accident - Accident - Option A - Atlas Van Lin

Status: ☒ Active ☐ Inactive ☐ All

Sort: ☒ Name ☐ ID

Product IDs: one-per-line or comma list

Category:

Sub-Category:

Category 3:

Click logo to return home.

Now you will see the member details that you have searched for.

Date the member was created, Member ID number, First & Last Name, City & State, Phone number, Product, Paid, Billing Date, Fulfillment, Active Date, Next Billing Date, Amount, Hold, Inactive, Agent Information

HIP

Search

Members

Agents

Billing

Comm

Member Products

Keep Search☒

Member Products*

View List

Member Products

Download

Total 3 • Page: 1

Summary

Map

Work

Export

#	Created	ID	Name	City+State	Phone	Email	PID	Product	Policy	Paid	Billing	Fulfillment	Active	Paid Thru	Next Billing	Amount	Hold	Inactive	Agent ID	Agent	Enroller	View	Batch
1	5/21/2020	676551083	Kristen Oakley	Dallas, TX	(940) 231-4872		27711	National Care Vision	2257797		5/21/2020					\$21.00	5/21/2020		550503	National Care Demo (550503)			<input type="checkbox"/>
2	5/21/2020	676551083	Kristen Oakley	Dallas, TX	(940) 231-4872		27708	NationalCare Dental \$3,000	2257798							\$146.00	5/21/2020		550503	National Care Demo (550503)			<input type="checkbox"/>
3	5/21/2020	676551083	Kristen Oakley	Dallas, TX	(940) 231-4872		27710	National Small Business Association	2257799							\$3.00	5/21/2020		550503	National Care Demo (550503)			<input type="checkbox"/>

Paid = Green Check mark once the premiums are paid.

Fulfillment = Date fulfillment was sent.

Active = Effective Date of the benefit.

Next Billing = The next billing date.

Hold = If a date appears in this column, it is most likely because the member's payment has been declined. Our in house billing team will reach out on your behalf to obtain a payment from the member.

Inactive = Will show a date if the members benefits have been cancelled.



Section 5: Benefit Options





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!

National Small Business Assoc.

Welcome to the National Small Business Association (NSBA). We are pleased to present the many programs/resources made available to you through your membership.

Annual Maximum Benefit Options

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

<ul style="list-style-type: none"> • Deductible 	<ul style="list-style-type: none"> • \$50 annual deductible for basic and major services (per person) No deductible for preventative services.
PREVENTIVE CARE (100% Coverage) No Waiting Period	
<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 6 months) 	<ul style="list-style-type: none"> • Cleaning (2 in 12 months) • Fluoride for Children 19 & under (1 in 12 months)
BASIC CARE (80% Coverage) No Waiting Period	
<ul style="list-style-type: none"> • Full Mouth/Panoramic X-rays (1 in 3 years) • Sealants (ages 6 through 16) 	<ul style="list-style-type: none"> • Restorative Amalgams • Simple Extractions
MAJOR CARE* (50% Coverage) 12 Month Waiting Period	
<ul style="list-style-type: none"> • Space Maintainers • Onlays • Implants • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Periodontics (nonsurgical) 	<ul style="list-style-type: none"> • Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia

Products are not available in all states. Please call (844) 284-4944 to verify current state availability. Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration. For agent use only.



VSP Individual Vision Plans

VSP® Individual Vision Plans give you access to the services and products you need to care for your eyes. You'll enjoy comprehensive vision coverage and access to the personalized care you deserve all at low out-of-pocket costs. And, as a member, you'll get an annual average savings of more than \$200 on eye care and eyewear.¹

¹Comparison based on national average for comprehensive eye exams and most commonly purchased brands. This number represents typical savings for VSP members when they see a VSP network doctor.

Product Details: All states except FL and OR.

Copay	\$10 Exam / \$25 Materials per Covered Person per Office Visit	
Benefit	Frequency	
Exam:	Every 12 months	
Lenses:	Every 12 months	
Frame:	Every 24 months	
Benefit	Participating Provider	Non-Participating Provider
WellVision Exam Contact Lens Exam	Covered after \$10 Exam Copay 15% Savings on a contact lens exam	Up to \$45 after \$10 Exam Copay
Lenses:	Participating Provider	Non-Participating Provider
Single Vision	Covered after \$25 materials Copay	Up to \$30.00 after \$25 Materials Copay
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00 after \$25 Materials Copay
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00 after \$25 Materials Copay
Lenticular	Covered after \$25 materials Copay	Up to \$100.00 after \$25 Materials Copay
Impact-Resistant (polycarbonate) lenses for children	Fully covered with no Copay up to age 18	
Frames	\$150 allowance every 24 months	Up to \$70.00 allowance every 24 months
Elective Contact Lenses*	\$150 allowance every 12 months	Up to \$105.00 allowance every 12 months
Necessary Contact Lenses*	N/A	N/A
Discounts & Savings		
<ul style="list-style-type: none"> • Average 20-25% savings on other lens enhancements • 20% off additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of the patient's last WellVision Exam. • Extra \$20 to \$40 on featured frame brands. Brands and promotions subject to change. • Laser Vision Correction- Average 15% savings on the regular price or 5% savings on the promotional price from the contracted facilities. 		

*Contact Lenses are provided in lieu of all other lens once every 12 months and frames once every 24 months.

Products are not available in all states. Please call (844) 284-4944 to verify current state availability. Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration. For agent use only.



VSP Individual Vision Plans

VSP® Individual Vision Plans give you access to the services and products you need to care for your eyes. You'll enjoy comprehensive vision coverage and access to the personalized care you deserve all at low out-of-pocket costs. And, as a member, you'll get an annual average savings of more than \$200 on eye care and eyewear.¹

¹Comparison based on national average for comprehensive eye exams and most commonly purchased brands. This number represents typical savings for VSP members when they see a VSP network doctor.

Product Details: For states FL and OR.

Copay	\$10 Exam / \$25 Materials per Covered Person per Office Visit	
Benefit	Frequency	
Exam:	Every 12 months	
Lenses:	Every 12 months	
Frame:	Every 12 months	
Benefit	Participating Provider	Non-Participating Provider
WellVision Exam	Covered after \$10 Exam Copay	Up to \$45 after \$10 Exam Copay
Contact Lens Exam	15% Savings on a contact lens exam	
Lenses:	Participating Provider	Non-Participating Provider
Single Vision	Covered after \$25 materials Copay	Up to \$30.00 after \$25 Materials Copay
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00 after \$25 Materials Copay
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00 after \$25 Materials Copay
Lenticular	Covered after \$25 materials Copay	Up to \$100.00 after \$25 Materials Copay
Impact-Resistant (polycarbonate) lenses for children	Fully covered with no Copay up to age 18	
Frames	\$120 allowance every 12 months	Up to \$70.00 allowance every 12 months
Elective Contact Lenses*	\$120 allowance every 12 months	Up to \$105.00 allowance every 12 months
Necessary Contact Lenses*	N/A	N/A
Discounts & Savings		
<ul style="list-style-type: none"> Average 20-25% savings on other lens enhancements. 20% off additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of the patient's last WellVision Exam. Extra \$20 to \$40 on featured frame brands. Brands and promotions subject to change. Laser Vision Correction- Average 15% savings on the regular price or 5% savings on the promotional price from the contracted facilities. 		

*Contact Lenses are provided in lieu of all other lens once every 12 months and frames once every 24 months.

Products are not available in all states. Please call (844) 284-4944 to verify current state availability. Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration. For agent use only.



Section 6: Plan Highlights





Plan Highlights

Preventive Services

Type I - 100% Coverage

No waiting period. No Deductible.

Includes oral exams, cleanings, bitewing x-rays, and fluoride treatment.

Basic Services

Type II - 80% Coverage

No waiting period. \$50.00 Individual deductible.

Maximum Deductible per Family: 3 times the Individual

Includes fillings, full mouth x-rays, restorative amalgams, composites, simple extractions, and sealants.

Major Services

Type III - 50% Coverage

12 month waiting period. \$50.00 Individual deductible.

Maximum Deductible per Family: 3 times the Individual

Includes oral surgery, endodontics, complex extractions, periodontics, Onlays, anesthesia, dentures, crowns, bridges, and implants.

*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 the 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.

Product Pricing - Starting at:

\$49.00 per Month for Member

\$96.00 per Month for Member plus Children

\$89.00 per Month for Member plus Spouse

\$134.00 per Month for Family

States Available

AL, AR, AZ, CA, CT, DC, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, MI, MO, MS, ND, NE, NJ, NM, NV, OH, OK, PA, RI, SC, TN, TX, UT, VA, WI, WV, WY

Type I - Preventive Services 100%

Periodic oral evaluation
Limited oral evaluation, problem-focused
Oral evaluation (patient under 3 years of age)
Comprehensive oral evaluation
Detailed and extensive oral evaluation, problem-focused, by report
Re-evaluation-limited problem-focused
Comprehensive periodontal evaluation

Diagnostic Imaging

Bitewing, single film (limited to once in any six-month period)
Bitewing, two films (limited to once in any six-month period)
Bitewing, four films (limited to once in any six-month period)
Prophylaxis-adult
Prophylaxis-child
Topical application of fluoride varnish
Topical application of fluoride-excluding varnish

Type II - Basic Services 80%

Intraoral - complete series of radiographic images (will be allowed in any 36 months)
Intraoral - periapical first radiographic images
Intraoral - periapical each additional radiographic image
Intraoral - occlusal
Extraoral - first radiographic image
Extraoral - each additional radiographic image
Posterior - anterior or lateral skull and facial bone survey radiographic image
Panoramic radiographic image (will be allowed in any 36 months)
Pulp vitality tests
Diagnostic casts
Sealant

BASIC RESTORATIONS (FILLINGS), excluding inlays, Onlays, crowns, and bridges

Amalgam Restorations

Amalgam - one surface, primary or permanent
Amalgam - two surfaces, primary or permanent
Amalgam - three surfaces or permanent
Amalgam - four or more surfaces, primary or permanent

Resin Restorations - Benefit for resin restoration of a posterior tooth not to exceed benefit for amalgam restoration of the same tooth involving the same number of surfaces.

Resin-based composite - one surface - anterior
Resin-based composite - two surfaces - anterior
Resin-based composite - three surfaces - anterior
Resin-based composite - four or more surfaces - anterior
Resin-based composite - one surface - posterior
Resin-based composite - two surfaces - posterior
Resin-based composite - three or more surfaces - posterior
Resin-based composite - four or more surfaces - posterior
Protective restoration

Simple extractions - excluding surgical extractions and extractions of impacted teeth. The fee includes any local anesthesia and routine post-operative visits. Not covered if preliminary to, or otherwise associated with, orthodontic therapy.

Extraction-coronal remnants - deciduous tooth
Extraction-erupted tooth or exposed root
Palliative treatment

Type III – Major Services 50%

SPACE MAINTAINERS - The fee includes all adjustments within six months after installation. Allowable only for the purpose of maintaining spaces created by extractions of primary teeth or un-erupted teeth.

- Space maintainer-fixed-unilateral
- Space maintainer-fixed-bilateral
- Space maintainer-removable-unilateral
- Space maintainer-removable-bilateral
- Removal of fixed space maintainer
- Recement or re-bond space maintainer

Gold Foil Restoration - Covered only when needed due to decay

- Gold foil - one surface.
- Gold foil - two surfaces.
- Gold foil - three surfaces.

Inlay/Onlay Restorations - Covered only when needed due to decay.

- Inlay-metallic - one surface
- Inlay-metallic - two surfaces
- Inlay-metallic - three or more surfaces
- Onlay-metallic - three surfaces
- Onlay-metallic - four or more surfaces
- Inlay-porcelain/ceramic - one surface
- Inlay-porcelain/ceramic - two surfaces
- Inlay-porcelain/ceramic - three or more surfaces
- Onlay - porcelain/ceramic - two surfaces
- Onlay - porcelain/ceramic - three surfaces
- Onlay - porcelain/ceramic - four or more surfaces
- Inlay - resin-based composite - one surface
- Inlay - resin-based composite - two surfaces
- Inlay - resin-based composite - three or more surfaces
- Onlay - resin-based composite - two surfaces
- Onlay - resin-based composite - three surfaces
- Onlay - resin-based composite - four or more surfaces

Crowns-Single Restorations Only - Covered only when needed due to decay

- Crown - resin-based composite (indirect)
- Crown - resin with high noble metal
- Crown - resin with predominantly base metal
- Crown - resin with noble metal
- Crown - porcelain/ceramic substrate
- Crown - porcelain fused to high noble metal
- Crown - porcelain fused to a predominantly base metal
- Crown - porcelain fused to noble metal
- Crown - full cast high noble metal
- Crown - full cast predominantly base metal
- Crown - full cast noble metal
- Recement crown
- Prefabricated stainless steel crown - primary tooth
- Prefabricated stainless steel crown - permanent tooth (available to children under age 19 only)
- Prefabricated resin crown (available to children under age 19 only)
- Prefabricated stainless steel crown with resin window (available to children under age 19 only)
- Core build-up, including any pins when required
- Pin retention - per tooth, in addition to restoration
- Post and core in addition to the crown, indirectly fabricated
- Prefabricated post and core in addition to a crown
- Post removal
- Crown repair necessitated by restorative material failure

Endodontic. Endodontic surgical procedures include any local anesthesia and routine post-operative visits.

Endodontic Therapy for Primary Teeth - including necessary X-rays and cultures but, excluding final restoration, and limited to use on primary teeth only.

- Pulp cap - direct (excluding final restoration)
- Pulp cap - indirect (excluding final restoration)
- Therapeutic pulpotomy (excluding final restoration)
- Pulpal therapy (restorable filling) - anterior primary
- Pulpal therapy (restorable filling) - posterior primary

Endodontic Therapy - Including necessary X-rays and cultures but, excluding final restoration and limited to use on permanent teeth only.

- Endodontic therapy, anterior (excluding final restoration)
- Endodontic therapy, bicuspid (excluding final restoration)
- Endodontic therapy, molar (excluding final restoration)
- Retreatment of previous root canal-anterior
- Retreatment of previous root canal-bicuspid
- Retreatment of previous root canal-molar

Apexification / Recalcification

- Apexification/recalcification - initial visit
- Apexification/recalcification - interim medication replacement
- Apexification/recalcification - final visit

Apicoectomy / Periradicular Services

- Apicoectomy - anterior
- Apicoectomy - bicuspid (first root)
- Apicoectomy - molar (first root)
- Apicoectomy (each additional root)
- Retrograde filling - per root
- Root amputation - per root
- Endodontic endosseous implant
- Intentional re-implantation (including necessary splinting)

Other Endodontic Procedures

- Hemisection, including any root removal but not including root canal therapy

PERIODONTIC. Periodontal surgical procedures include any local anesthesia and routine post-operative visits.

Surgical Periodontal Services

- Gingivectomy or gingivoplasty - four or more teeth/quadrant
- Gingivectomy or gingivoplasty - one to three teeth/quadrant
- Gingival flap including root planning - four or more teeth/quadrant
- Clinical crown lengthening - hard tissue
- Osseous surgery - four or more teeth/quadrant
- Bone replacement graft - first site in quadrant
- Bone replacement graft - each additional site in quadrant
- Guided tissue regeneration - resorbable barrier
- Guided tissue regeneration - not a resorbable barrier
- Pedicle soft tissue graft procedure
- Subepithelial connective tissue graft, per tooth
- Distal or proximal wedge procedure
- Free soft tissue graft procedure, including donor site surgery, first tooth or edentulous tooth position in graft

Non-Surgical Periodontal Services Service

Provisional splinting - intracoronal

Provisional splinting - extracoronal

**Periodontal scaling & root planning four or more teeth, per quadrant

**Periodontal scaling & root planning one to three teeth, per quadrant

Full mouth debridement

Localized delivery of antimicrobial agents, per tooth

Periodontal maintenance

**Payment requires presence of periodontal disease as confirmed by both x-rays and pocket depth summaries of each tooth involved.

Prosthodontic, (Removable)

REMOVABLE PROSTHODONTICS (PARTIAL AND COMPLETE DENTURES) - Fees for both partial and complete dentures and relining include adjustments within 6 months after installation. Relines are not covered until more than 6 months after installation. Adjustments are not covered as separate procedures until more than 6 months after installation. Precision attachments, overdentures, specialized techniques, and characterizations are considered optional and the additional expense for these shall be borne by the patient. All partials include conventional clasps, rests, and teeth.

Complete Dentures

Complete dentures - maxillary

Complete dentures - mandibular

Immediate denture - maxillary

Immediate denture - mandibular

Partial Dentures

Maxillary partial denture - resin base

Mandibular partial denture - resin base

Maxillary partial denture - metal framework / resin base

Mandibular partial denture - metal framework / resin base

Removable unilateral partial denture - one-piece cast metal

Adjustments to Dentures

Adjust complete denture - maxillary

Adjust complete denture - mandibular

Adjust partial denture - maxillary

Adjust partial denture - mandibular

Repairs to Complete Dentures

Repair broken complete denture base

Replace missing or broken tooth on denture

Repairs to Partial Dentures

Repair resin denture base

Repair cast framework

Repair or replace broke clasp

Replace broken tooth - per tooth

Add tooth to existing partial denture

Add clasp to existing partial denture

Denture Rebase Procedures

Rebase complete maxillary denture

Rebase complete mandibular denture

Rebase maxillary partial denture

Rebase mandibular partial denture

Denture Reline Procedures

Reline complete maxillary denture (chair side)
Reline complete mandibular denture (chair side)
Reline maxillary partial denture (chair side)
Reline mandibular partial denture (chair side)
Reline complete maxillary denture (lab)
Reline complete mandibular denture (lab)
Reline maxillary partial denture (lab)
Reline mandibular partial denture(lab)

Other Removable Prosthetic Services

** Overdenture - complete maxillary
** Overdenture - partial maxillary
** Overdenture - complete mandibular
** Overdenture - partial mandibular

Fixed Partial Denture Pontics

Pontic - cast high noble metal
Pontic - cast predominantly base metal
Pontic - cast noble metal
Pontic - porcelain fused to high noble metal
Pontic - porcelain fused to predominantly base metal
Pontic - porcelain fused to noble metal
Pontic - porcelain / ceramic
Pontic - resin with high noble metal
Pontic - resin with predominantly base metal
Pontic - resin with noble metal

Fixed Partial Denture Retainers - Inlays/Onlays

Retainer - cast metal for resin bonded fixed prosthesis
Crown - resin with high noble metal
Crown - resin with predominantly base metal
Crown - resin with noble metal
Crown - porcelain/ceramic
Crown - Porcelain fused to high noble metal
Crown - Porcelain fused to a predominantly base metal

Fixed Partial Denture Retainers - Crowns

Crown - porcelain fused to noble metal
Crown - 3/4 cast high noble metal
Crown - full cast high noble metal
Crown - full cast predominantly base metal
Crown - full cast noble metal

Other Fixed Partial Denture Retainers Services

Re-cement or re-bond fixed partial denture
Stress breaker
Fixed partial denture repair

Implant Services

Implant Services are not covered unless the Participating Employer elects the optional implant coverage (as shown in the schedule of benefits) and pays the required premium. Services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years. Prosthesis over implant replacement is limited to every 5 years if unserviceable and cannot be repaired.

Surgical Services

Surgical placement of implant body: endosteal implant
Surgical placement: eposteal implant
Surgical placement: transosteal implant

Single Crowns, Abutment Supported

Abutment supported porcelain/ceramic crown
Abutment supported porcelain fused to metal crown (high noble metal)
Abutment supported porcelain fused to metal crown (predominantly base metal)
Abutment supported porcelain fused to metal crown (noble metal)
Abutment supported cast metal crown (high noble metal)
Abutment supported cast metal crown (predominantly base metal)
Abutment supported cast metal crown (noble metal)
Implant-supported porcelain/ceramic
Implant-supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
Implant-supported metal crown (titanium, titanium alloy, high noble metal)

Fixed Partial Denture Retainer, Abutment Supported

Abutment supported retainer for porcelain/ceramic FPD
Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
Abutment supported retainer for porcelain fused to metal FPD (noble metal)
Abutment supported retainer for cast metal fad (high noble metal)
Abutment supported retainer for cast metal fad (predominantly base metal)
Abutment supported retainer for cast metal fad (noble metal)

Fixed Partial Denture Retainer, Implant Supported

Implant supported retainer for ceramic FPD
Implant supported retainer for porcelain fused to metal fad (titanium, titanium alloy, or high noble metal)
Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)

Other Implant Services

Abutment supported crown – (titanium)
Implant removal, by report
Abutment supported retainer crown for fad (titanium)

Fixed Partial Denture Pontics

Indirect resin-based composite
Cast high noble
Cast predominately base metal
Cast noble metal

Titanium

Porcelain fused to high noble metal
Porcelain fused to a predominately base metal
Porcelain fused to noble metal
Porcelain/ceramic

Inlays / Onlays

Porcelain/ceramic, two surfaces
Porcelain/ceramic, three or four surfaces
Cast high noble metal, two surfaces
Cast high noble metal, three or four surfaces

Cast predominately base metal, two surfaces
Cast predominately base metal, three or more surfaces
Cast noble metal, two surfaces
Cast noble metal, three or more surfaces

Titanium

Oral and Maxillofacial Surgery. Including any local anesthesia and routine post-operative visits.

Surgical Extractions

Surgical removal of erupted tooth
Removal of impacted tooth-soft tissue
Removal of impacted tooth-partial bony
Removal of impacted tooth-completely bony
Removal of impacted tooth-completely bony - complications
Surgical removal of residual roots
Other Surgical Procedures
Tooth re-implantation and / or stabilization
Tooth transplantation
Surgical access of an un-erupted tooth
Mobilization of erupted or malpositioned tooth to aid eruption
Incisional biopsy of oral tissue – hard
Incisional biopsy of oral tissue- soft
Surgical repositioning of teeth

Transseptal fiberotomy

Alveoplasty - Surgical Preparation of Ridge
Alveoplasty in conjunction with extractions / four-plus, per quad
Alveoplasty not in conjunction with extractions / four plus, per quad

Vestibuloplasty

Vestibuloplasty - ridge extension (secondary epithelialization)
Vestibuloplasty - ridge extension (including soft tissue grafts)

Surgical Excision of Soft Tissue Lesions

Radical excision of lesion up to 1.25 cm
Excision of malignant tumor up to 1.25 cm
Excision of malignant tumor greater than 1.25 cm
Surgical Excision of Intra-Osseous Lesions
Removal of odontogenic cyst/tumor up to 1.25 cm
Removal of odontogenic cyst/tumor greater than 1.25 cm
Removal of nonodontogenic cyst/tumor up to 1.25 cm
Removal of nonodontogenic cyst/tumor greater than 1.25 cm
Destruction of lesion(s) by physical or chemical method

Surgical Incision

Incision and drainage of abscess, intraoral soft tissue
Incision and drainage of abscess, extraoral soft tissue

Other Repair Procedures

Frenulectomy
Excision of hyperplastic tissue- per arch
Excision of percoronal gingival

Anesthesia. When administered by the dentist in the dentist's office and is only covered when a cutting procedure is being performed at that time.

Deep sedation/general anesthesia - each 15-minute increment
Intravenous conscious sedation – each 15 minutes increment



Section 7: Limitations & Exclusions



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 towards the satisfaction of any Deductible:

1. Any Services which are not included in the Schedule of Covered Procedures;
2. Any Services 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;
7. Appliances, Services or procedures relating to:
 - a. **the change or maintenance of vertical dimensions;**
 - 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.
13. 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;
14. 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;
15. Charges for precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized Services or attachments;
16. 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;

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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;

17. Prescription drugs, premedication, pharmaceuticals, or analgesia;
18. 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;
19. Dental treatment not approved by the American Dental Association or which is clearly experimental in nature;
20. 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;
21. 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.
22. 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;
23. 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;
24. The replacement of teeth beyond the normal complement of 32;
25. 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;
26. Local, including light anesthetic, as a separate fee;
27. 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;
28. 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;
29. 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;
30. Dental services performed in a hospital and related hospital fees;
31. Services covered under an existing medical plan;
32. The portion of an expense which is in excess of the reasonable charge;
33. Fees associated with a cancelled or missed appointment;
34. 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.