NationalCare
DENTAL

Real Benefits.
Real Value.

877-734-3884
pmcholak@gmail.com

NationalCareDental.com

Nationwide®
is on your side

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!

- Nationwide puts Members first and protects what matters most
- Fortune 100 company with a healthy and diverse portfolio of insurance and financial services
- Commitment to the health benefits industry for more than 70 years

*Plans not available in AK, HI, ME, MA, MN, MT, NH, NY, SD, VT or WA. Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration.

Annual Maximum Benefit Options

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

• Deductible	• $50 annual deductible for basic and major services (per person) No deductible for preventative services.
PREVENTIVE CARE (100% Coverage) No Waiting Period	
• Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 6 months)	• Cleaning (2 in 12 months) • Fluoride for Children 19 & under (1 in 12 months)
BASIC CARE (80% Coverage) No Waiting Period	
• Full Mouth/Panoramic X-rays (1 in 3 years) • Sealants (ages 6 through 16)	• Restorative Amalgams • Simple Extractions
MAJOR CARE* (50% Coverage) 12 Month Waiting Period	
• Space Maintainers • Onlays • Implants • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Periodontics (nonsurgical)	• Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia

*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 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.

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National Care Dental FAQs

Does my Dental Plan have a waiting period?

There are NO WAITING PERIODS for preventive and basic dental care. There is a 12-month waiting period for major dental care. All benefits begin on your plan effective date.

Who is eligible to purchase the plan?

Anyone age 18 and older in approved states. You can request coverage for your dependents; dependent eligibility varies based on state law.

Do I have coverage outside of the state I live in?

Yes, unless it is in Alaska, Hawaii, Maine, Minnesota, Montana, New Hampshire, New York, South Dakota, Vermont or Washington.

Are my rates guaranteed?

You will receive a 30-day notice prior to any rate change (more if required by state law).

Is there coverage out of network?

This plan is typical of a standard PPO plan. There is coverage out of network, however, you would be subject to higher out of pocket costs. In NC, MA, VA a Member may see any provider and reimbursements are based on the CMAC customary maximum allowable charge.

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National Care Dental FAQs (cont.)

How do I submit claims?

You or your dentist submit completed claim forms along with any requested information to the address provided on your Member ID card. Dentists may submit claims electronically to the contact information provided on your Member ID card. You may also contact Member Services directly for assistance.

When will I receive my insurance ID card?

Member ID cards are generally shipped within 7-10 business days after your enrollment has been processed. Actual receipt of your ID cards may vary, as all ID cards are sent via USPS First Class Mail. Replacement ID cards may be requested by contacting Member Services at (800) 979-8266.

What is your refund/cancellation policy?

To receive a refund, submit a written or verbal notice of cancellation to our office. This notice must be received prior to your policy effective date*.

Innovative Health Insurance Partners
Attn: National Care Dental
4201 Spring Valley Road, Suite 1500, Dallas, TX 75244
or by calling (800) 979-8266.

What if I have more questions?

Please contact your insurance agent.

*No refunds are permitted once policy effective date has commenced. No refunds are permitted if any claims have been submitted or filed for any service or product for which you have been enrolled.

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In Network

National Care Dental – Underwritten By Nationwide Insurance offers the use of Maximum Care PPO** which includes all Dentemax, Careington and Connection Dental network providers. Maximum Care PPO provides a national, seamless, credentialed PPO dental network, ranked in the top ten for network size with over 300,000 access points for your Dental Care needs. Maximum Care dentists offer fees below normal costs. The National Care Dental plan gives you the freedom to select any dentist you please, but if you use the Maximum Care network and you choose a dentist in the network, you may receive additional cost savings on fees to you and your family.

Out-of-Network

Out-of-Network benefits will be paid based on MAC fees. MAC means the Maximum Allowable Charge for your plan. You may be responsible for the difference between the MAC and the actual dental charge from a Non-Participating Provider.

**network not required in NC, MA, VA and will be paid based on MAC which is the Maximum Allowable Charge for your plan."

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.

Available Member programs through NSBA

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

- Vision/Rx
- Hearing
- Travel
- Auto
- Electronics
- Medical Bill Solutions
- Entertainment
- Restaurants
- Health & Wellness
- Beauty & Spa
- Tickets
- Sports & Outdoors
- Local Deal
- Education
- Apparel

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Schedule Of Benefits

Limitations and Exclusions

Covered Expenses will not include, and no benefits will be payable for, the following:

1. Expenses in any Class of services that are incurred during the insured's waiting period for services in that class (as shown in the schedule of benefits). Except expenses that may be provided under the takeover benefits provision following this limitations and exclusions provision. (An insured is not eligible for takeover benefits if takeover benefits are not provided, or if takeover benefits are provided but the person: (a) is a Late entrant; (b) became insured under the policy after the participating employer's effective date; or (c) was not insured under the participating employer's prior plan that was replaced by coverage under the policy.)

2. Any treatment which is for cosmetic purposes, or to correct congenital malformations, other than medically necessary treatment of congenital cleft in the lip or palate, or both. In any event, an exception to this exclusion should be made for newborns, adopted children, and children placed for adoption.

3. Replacement of any full or partial denture, fixed bridge, other appliance, crown, inlay, onlay, or other precious or semiprecious metal restoration within five years of the date of the last placement of the item. But, if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under the policy, it will be a covered expense. In any event, replacement is not a covered Expense if the item can instead be repaired or otherwise restored to adequate function.

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Limitations and Exclusions (continued)

4. Initial placement of any full or partial denture, fixed bridge, or other prosthetic appliance during any period of continuous coverage for the Insured under the policy, unless such placement is needed because of the extraction of one or more of the insured's natural teeth during the same period of continuous coverage. Any portion of the expense that is identifiable as applying specifically to the replacement of a tooth extracted before that period of continuous coverage is not a covered expense. The extraction of a third molar (wisdom tooth) does not qualify the appliance for payment. Any such appliance must include the replacement of the extracted tooth or teeth.

5. Addition of a new tooth or teeth to an existing full or partial denture, fixed bridge, or other prosthetic appliance during any period of continuous coverage for the Insured under the Policy, unless such addition is a replacement of a natural tooth or teeth extracted during the same period of continuous coverage. The extraction of a third molar (wisdom tooth) does not qualify the appliance for payment.

6. Any expense incurred before the insured's insurance under the policy starts; or any expense incurred during any period of continuous coverage for the Insured under this Policy if the procedure starts before the period of continuous coverage starts.

7. Any procedure that starts, or any expense that is incurred (regardless of when the procedure starts), after the insured's insurance under this policy ends. But, this exclusion does not apply for any denture, partial denture, fixed bridge, other appliance, crown, inlay, onlay, or other precious or semiprecious metal restoration if both: (a) the procedure starts while the insured's insurance under this policy is in effect; and (b) the expense is incurred within 90 days after the insured's insurance under this policy ends.

8. Duplication of appliances, or replacement of lost or stolen appliances

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Limitations and Exclusions (continued)

9. Appliances, restorations, or procedures to: (a) alter vertical dimension; (b) restore or maintain occlusion; (c) splint or replace tooth structure lost as a result of abrasion or attrition; or (d) treat jaw fractures or disturbances of the temporomandibular joint
10. Any procedure that is not shown on the list of dental procedures
11. Education or training in, or supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control
12. Charges for broken appointments or the completion of claim forms
13. Sealants that are: (a) not applied to a permanent molar; (b) applied before attaining age 6 or after attaining age 16; or (c) reapplied to a molar within 3 years from the date of a previous sealant application
14. Sub gingival curettage or root planning (procedure numbers 4220 - 4342) unless the presence of periodontal disease is confirmed by both x-rays and pocket depth summaries of each tooth involved
15. Charges because of an insured's injury arising out of, or in the course of, work for wage or profit
16. Charges because of an insured's sickness, injury or other condition for which he or she is eligible for benefits under any Worker's Compensation act or similar laws.
17. Charges for which the insured is not liable, or which would not have been made had no insurance been in force.

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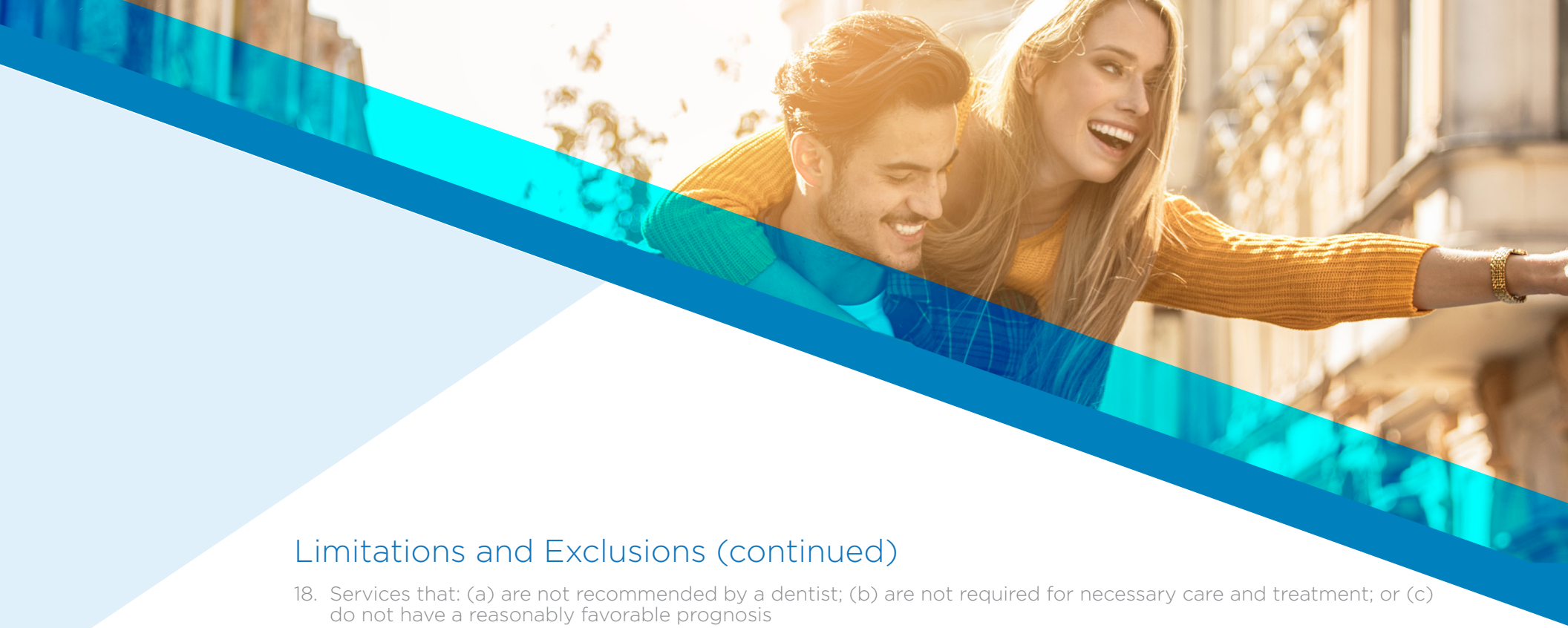

Limitations and Exclusions (continued)

18. Services that: (a) are not recommended by a dentist; (b) are not required for necessary care and treatment; or (c) do not have a reasonably favorable prognosis

19. Charges because of an insured's sickness, injury or other condition due to war or any act of war, declared or not, or sustained while on full-time active duty in the armed forces of any country.

20. Benefits payable to an insured if payment is not legal where the Insured is living when expenses are incurred.

21. Services related to: equilibration; bite registration or bite analysis.

22. Crowns for the purpose of periodontal splinting

23. Charges for: overdentures, precision or semi-precision attachments and associated endodontic treatment, any other customized attachments, or any specialized prosthodontic techniques or characterizations.

24. Charges for: myofunctional therapy, orthognathic surgery, or athletic mouthguards.

25. Procedures for which benefits are payable under the Participating Employer's medical expense benefit plan for employees and their dependents. See the coordination of benefits provision for an explanation.

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.

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Ver 1-24-2020