



Dental PPO Plan

A plan to help you pay for the dental care you need

National General Accident and Health markets products underwritten by Time Insurance Company, National Health Insurance Company, Integon National Insurance Company, and Integon Indemnity Corporation.

NGAH-DENTALPPO

National General 
Accident & Health

Save more to smile more

Living well starts with a healthy smile

Looking for an easy way to improve your personal health? Of course you are. You always want to find ways to live a happier, healthier life. And an easy way to improve your health is by taking care of your teeth.

Our Dental PPO plan helps you pay for the dental care you need and gives you access to the Careington Maximum Care Dental Network, a national network of over 200,000¹ dental practices.²

Our Dental PPO plan:



- Offers three different benefit levels to choose from, helping you find the plan that best fits your needs and budget
- Helps you save an average of 42% on dental care when you visit network dentists
- Doesn't require a waiting period for preventive care — helping you get the coverage you need, right away
- Provides network discounts on all services, including basic and major services needed during the plan's waiting period

Easily add Dental coverage to any medical plan



THIS PLAN PROVIDES LIMITED BENEFITS.

The plan DOES NOT meet the pediatric dental coverage level requirements as mandated by the Affordable Care Act. Pediatric dental coverage that meets the Affordable Care Act's coverage level requirement may be purchased through your state's marketplace or your insurance agent.

¹ According to the CareLynx Application system as of June 2014

² Dental practices is a combination of dentists and the locations in which they practice



How this plan works

We make it easy for you to get the care you need

All you have to do is find a network provider close to you and schedule a visit. Since we pay network dentists directly, you don't even have to file a claim.

Go in. Get your dental care. And be on your way.

Locate a dental provider near you at
Careington.com/NGAHDPPPO

Let's do some math

A filling is considered a basic dental procedure and costs about \$198.00.³ Let's see how this plan helps you pay for one.

TREATMENT COST	\$198
TOTAL WITH NETWORK DISCOUNT	\$137
PLAN PAYS COINSURANCE (80%)	- \$69.60
REMAINING EXPENSES, INCLUDING ANNUAL \$50 DEDUCTIBLE	\$67.40



After your \$50 annual deductible, you'd only owe **\$17.40** for the filling⁴

³ Example claim amount is based on 2016 National General Accident & Health Dental claims. Actual costs may vary.

⁴ Example provided for illustration purposes only.

Choose your Dental plan



Select one of our three available Dental PPO benefit levels:
Essentials, **Essentials Plus**, and **Enhanced**.

All three benefit levels are guaranteed issue and help you pay for most dental procedures, including routine oral exams and cleanings. Examples of preventive, basic and major services include:

- **Preventive:** Evaluations, examinations, cleanings, fluoride treatments and x-rays
- **Basic:** Emergency treatment of dental pain, deep sedation/ general anesthesia for basic services, consultations, amalgam and resin-based composite fillings, denture adjustments and repairs, denture rebase and relines, and extractions
- **Major:** Deep sedation/ general anesthesia for major services, inlay/onlay restorations, crowns (single restoration only), endodontics, surgical periodontal services, and dentures

PLAN BENEFITS	ESSENTIALS	ESSENTIALS PLUS	ENHANCED
Annual deductible <i>Deductible does not apply to preventive services</i>	\$50 / Individual \$150 / Family	\$50 / Individual \$150 / Family	\$50 / Individual \$150 / Family
Annual coinsurance <i>What this plan pays for each type of service</i>	Preventive: 100% Basic: 70% Major: 0%	Preventive: 100% Basic: 70% Major: 25%	Preventive: 100% Basic: 80% Major: 50%
Annual maximum benefits	\$1,000 / person	\$1,250 / person	\$2,000 / person
Waiting periods	Preventive: 0 months Basic: 6 months Major: Not covered	Preventive: 0 months Basic: 6 months Major: 12 months Dentures: 18 months	Preventive: 0 months Basic: 6 months Major: 12 months Dentures: 18 months

Limitations and Exclusions

These plans provide benefits for specified dental services and treatments, and do not provide benefits for any of the following:

- Treatment or services rendered before the Effective Date or after the termination date of coverage.
- Any treatment or services not listed in the Dental Benefits section.
- Any treatment or services rendered during an applicable Benefit Waiting Period.
- Any amount in excess of a Calendar Year Maximum Benefit or any other benefit limitations provided under this plan.
- All Experimental or Investigational Services.
- Any treatment or services performed by a Covered Person's Immediate Family Member except for Covered Charges provided by a licensed Dentist.
- Charges for treatment or services provided by or through any employer of a Covered Person or the employer of a Covered Person's family member.
- Charges for treatment or services provided by or through any entity in which a Covered Person or their family member receives, or is entitled to receive, any direct or indirect financial benefit, including but not limited to an ownership interest in any such entity.
- All treatment or services or that are not Dentally Necessary.
- Orthodontic treatment and services.
- Intravenous sedation or services of anesthesiologists or anesthesiologists.
- Prescription drugs.
- Dental implants or the removal of implants.
- Cosmetic Services.
- Treatment or services performed outside the United States, its territories, and Canada except for services that are received for Emergency Dental Treatment.
- Replacement of any tooth missing prior to the Effective Date unless the Covered Person has been insured under this plan for at least 24 months.
- Placement of full or partial dentures, whether removable or fixed, including a Maryland Bridge, unless replacing a Functioning Natural Tooth extracted after the Effective Date and not within a Benefit Waiting Period unless the Covered Person has been insured under this plan for at least 24 months/unless the item being replaced is at least 10 years old.
- For Covered Persons under age 16, inlays, onlays, bridgework or crowns except for stainless steel or plastic crowns.
- Charges for which Our liability cannot be determined because a Covered Person, Dental Hygienist, Dentist, Denturist, or other individual or entity within 30 days of Our request, failed to:
 - » Authorize the release of all medical records to Us and other information We requested.

- » Provide Us with information We requested about pending claims or other insurance coverage.
- » Provide Us with information that is accurate and complete.
- » Have any examination completed as We requested.
- » Provide reasonable cooperation to any requests made by Us
- Charges that are complications of a non-covered service.
- Charges that are:
 - » Treatment or services that are covered under a medical benefit plan or a plan providing pediatric dental benefits that satisfy the essential health benefit requirement of the Affordable Care Act.
 - » Payable or reimbursable by Medicare Part A, Part B or Part D, where permitted by law. If a Covered Person at any time was eligible to enroll in the Medicare program (including Part B and Part D) but did not do so, the benefits under this plan will be reduced by any amount that would have been reimbursed by Medicare.
 - » Payable or reimbursable by any other government law or program, except Medicaid (Medi-Cal in California)
 - » For free Dental Treatment provided in a federal, veteran's, state or municipal medical facility.
 - » For free services provided in a student health center.
 - » For services that a Covered Person has no legal obligation to pay or for which no charge would be made if the Covered Person did not have a dental plan or insurance coverage
- Charges Incurred for Dental Treatment that arises out of, or is the result of, any work for wage or profit for which the Covered Person is eligible for benefits under worker's compensation, employers' liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to any of the following:
 - » The sole proprietor, if the Covered Person's employer is a proprietorship.
 - » A partner of the Covered Person's employer, if the employer is a partnership
- Charges that do not meet the definition of a Covered Charge in this plan including:
 - » Charges in excess of the Maximum Allowable Amount, as determined by Us under this plan.
 - » Charges that do not have a uniform professional endorsement.
- Charges for crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which may be restored with an amalgam or composite resin filling.
- Charges for appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.

- Charges for any Dental Treatment for which the sole or primary purpose relates to:
 - » The change or maintenance of vertical dimension;
 - » The alteration or restoration of occlusion except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder;
 - » Bite registration; or
 - » Bite analysis.
- Charges for Dental Treatment for a jaw fracture.
- Charges for replacement of a lost or stolen dentures, retainers, or bridges.
- Charges for personal supplies or equipment, including, but not limited to: water piks; toothbrushes; or floss holders.
- Charges for educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions.
- Charges for completion of claim forms or missed dental appointments.
- Charges for Dental Treatment which may not reasonably be expected to successfully correct the Covered Person's dental condition for a period of at least 3 years.
- Charges for Dental Treatment in which measurable and significant progress toward expected and reasonable outcomes has been achieved or has plateaued.

This brochure provides a summary of benefits, limitations and exclusions. In certain states, an outline of coverage is available from the agent or the insurer. Please refer to the outline of coverage for a description of the important features of the Dental benefit Plus plan. Please read the coverage documents carefully for a complete listing of benefits, limitations and exclusions.

Coverage is renewable provided you have not moved to a state where we do not offer this plan or no longer qualify as a dependent. National General Accident & Health has the right to change premium rates upon providing appropriate notice.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance with Medicare available at www.medicare.gov/Publications/Pubs/pdf/02110.pdf



National General Holdings Corp. (NGHC) is a publicly traded company with approximately \$2.5 billion in annual revenue. The companies held by NGHC provide personal and commercial automobile insurance, recreational vehicle and motorcycle insurance, homeowner and flood insurance, self-funded business products, life, supplemental health insurance products, Short Term Medical, and other niche insurance products.

National General Accident & Health, a division of NGHC, is focused on providing supplemental and short-term coverage options to individuals, associations and groups. Products are underwritten by Time Insurance Company (est. in 1892), National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987) and Integon Indemnity Corporation (incorporated in 1946). These four companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia. National Health Insurance Company, Integon National Insurance Company and Integon Indemnity Corporation have been rated as A- (Excellent) by A.M. Best. Each underwriting company is financially responsible for its respective products.