



# Select Dental PPO

A dental insurance policy with no-wait options.

**National General**   
Accident & Health

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

NGAH-SELECTDENTALPPO



# Get more from your dental plan

## Dental benefits with no-wait options: The perfect reason to smile

Taking care of your teeth is an easy way to improve your well-being.

Our Select Dental PPO helps you pay for dental care and features plans with no waiting periods for covered services or a copay plan.<sup>1</sup> You get the care you need, when you need it.

You get access to the Aetna Dental® Administrators network. With 89,000 providers nationwide, it's easy to find a provider close to home. All plans offer optional Vision coverage from Avēsis, with two plan levels to choose from.

## Select Dental Value, Plus, and Prime Highlights:

- Covers Preventive, Basic, and Major from day 1, with network discounts for covered services.<sup>2</sup>
- Annual Maximums increase in years 2 and 3 of the plan.
- Plan coinsurance increases in year 2 for basic and major services.<sup>2</sup>
- Orthodontia available with the Prime plan.<sup>3</sup>

## Select Dental Copay Highlights:

- \$0 deductible.
- \$50 copay for Preventive, Basic, and Tier 1 Major services.<sup>1</sup>
- \$250 copay for Tier 2 Major services.<sup>1</sup>
- \$3,000 maximum per client, per plan year.



## Passive Network State: Mississippi and Texas



In Passive Network states, plans provide Members access to network discounts, with no cost-sharing differences applied if a Member uses an out-of-network provider.

1. There is a 6-month waiting period for Major services under the Copay option.
2. Basic services coverage available with all plans. Major services are covered with the Plus and Prime plans only. Not all services are available with all plans.
3. Children under 19 only.

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.

**THESE PLANS PROVIDE LIMITED BENEFITS.**



# How does it work?

## Find a provider

Find an Aetna Dental® Administrators network provider close to you and schedule a visit. Present your ID card at the time of service.

- Value, Plus, and Prime Plans: You'll be billed for your deductible and coinsurance amounts. We'll pay the network dentists directly, so you don't need to file a claim.
- Copay Plan: Pay the \$50 or \$250 copay for services. We will pay 100% for network services after the copay, up to the plan year maximum.

You can choose your provider from more than 89,000 providers in the Aetna Dental Administrators network.

Locate a dental provider near you at:  
<https://mynatgen.com/AetnaDentalPPO>



## Add optional Vision Coverage

Get optional coverage through the Avēsis Vision network.

- Two plans to choose from, so you get the coverage that works for you.
- Access to Avēsis Vision network, with 98,000 access points for care.
- Both plans help you pay for annual eye exams, frames, and lenses or contacts.<sup>1</sup>
- Get the best value when you use in-network providers.<sup>2</sup>

### Benefits

	L1 Plan	L2 Plan
Annual Eye Exam	\$15 Copay	\$10 Copay
Frames and Contact Lenses	\$130 max / per 24 mo.	\$200 max / per 12 mo.
Lenses	\$25 Copay / per 24 mo.	\$25 Copay / per 12 mo.
Progressives	Max benefit \$55	Max benefit \$135
Lens Packages		
Polycarbonate	Covered	Covered
Scratch-Resistant Coating	Discount	Covered
UV Protection	Discount	Covered
Tinted Lenses	Discount	Covered
Anti-Reflective Coating	Discount	Discount
Light-to-Dark Tinting	Discount	Discount

1. In-network Level 1 copay: \$15. In-network Level 2 exam copay: \$10. | 2. Out-of-network benefits available.



# Plan Benefits

Network

Deductible	Individual
	Family

Preventive Services
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Basic Services	First Year
	Second Year +

Major Services	First Year
	Second Year +

Orthodontics	First Year
	Second Year +
	Maximum

Annual Maximum	First Year
	Second Year
	Third Year +

Value	Plus	Prime
IN OUT <sup>1</sup>	IN OUT <sup>1</sup>	IN OUT <sup>1</sup>
\$50 \$100	\$50 \$100	\$50 \$100
\$150 \$300	\$150 \$300	\$150 \$300
100% 70%	100% 70%	100% 70%
60% 30%	60% 30%	60% 30%
80% 50%	80% 50%	80% 50%
Not Covered	15% 10%	25% 15%
Not Covered	25% 15%	50% 30%
Not Covered	Not Covered	15%
Not Covered	Not Covered	50%
Not Covered	Not Covered	\$1,000
\$1,000	\$1,000	\$2,000
\$1,500	\$1,500	\$2,500
\$2,000	\$2,000	\$3,000

1. In Mississippi and Texas, there are no cost-sharing differences for out-of-network providers.

2. Plus plan is not available in OH. | 3. Under 18 only.

## Choose your Select Dental PPO plan

### Value, Plus,<sup>2</sup> and Prime Plans

All three plans help you pay for dental procedures, including routine exams and cleanings. Examples of preventive, basic, and major services include:

#### Preventive

Evaluations, examinations, cleanings, fluoride treatments,<sup>3</sup> and bitewing and full-mouth X-rays.

#### Basic

Amalgam and resin-based composite fillings, simple extractions, emergency treatment of dental pain, consultations, and denture adjustments and repairs.

#### Major

Deep sedation/general anesthesia for major services, crown services, oral surgery, composite fillings, periodontics, endodontics, and dentures.

No waiting periods. • Child-only plans available.



# Select Dental Copay Plan

Benefits	Copay	Waiting Period
Preventive	\$50 per visit	None, Day 1 Benefits
Basic	\$50 per procedure	None, Day 1 Benefits
Tier 1 Major	\$50 per procedure	6 months
Tier 2 Major	\$250 per procedure	6 months
Annual Maximum	\$3,000 per person	Per plan year

## Examples of benefits

Examples of preventive, basic, and major benefits include:

### Preventive

Evaluations, examinations, cleanings, fluoride treatments, and bitewing and full-mouth X-rays.

### Basic

Amalgam and resin-based composite fillings, simple extractions, emergency treatment of dental pain, consultations, and denture adjustments and repairs.

### Tier 1 Major

Deep sedation/general anesthesia for major services, oral surgery, composite fillings, periodontics.

### Tier 2 Major

Crowns services, endodontic therapy, fixed prosthodontics, fixed partial denture pontics, fixed partial dental retainers (inlays/onlays).

## How the plan works:

- Member is responsible for the allotted Copay amount.
- If services are performed by a participating provider, the plan pays the negotiated rate, with no further member obligation. For non-participating providers, the plan pays the maximum allowable amount; the member is responsible for applicable Copay(s) and any remaining balance.
- For Preventive services, the Copay is applied per visit.
- For Basic and Major services, the Copay is applied per procedure. Copayments are waived for deep sedation/general anesthesia while receiving Basic Services. Copayments are waived for the following Major Services: post and core in addition to crown, indirectly fabricated, refabricated post and core in addition to crown, deep sedation/general anesthesia in 15-minute increments while receiving Major Services, and core buildup, including any required pins.

Available in: AL, AZ, FL, GA, IA, IL, IN, KS, KY, LA, MI, MN, MO, MS, OH, OK, SC, TN, TX & WI

# Limitations and Exclusions

This document provides summary information. For a complete listing of benefits, exclusions and limitations, please refer to the Insurance policy. In the event there are discrepancies with the information in this document, the terms and conditions of the coverage documents will govern.

## Charges Not Covered by This Policy

This Policy does not cover any of the following:

- Charges for treatment rendered before the Effective Date or after this Policy terminates in accordance with the Termination provision.
- Charges for treatment that are not specifically listed as a Covered Charge in the Benefits section.
- Charges resulting from or related to a complication of non-covered treatment.
- Charges that are:
  - » Incurred for Experimental or Investigational Services.
  - » In excess of the Maximum Allowable Amount.\* The Maximum Allowable Amount for Non-Participating Providers is the lesser of:
    - › Billed charges; or
    - › The Network Negotiated Rate; or
    - › Usual and Customary charges
  - » In excess of a maximum benefit stated in the Policy or Benefit Schedule.
  - » Not Medically Necessary.
- Charges for treatment to the extent that benefits are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California).
- Charges for treatment eligible for benefits under worker's compensation, employers' liability, or similar laws.
- Expenses incurred outside of the United States or its possessions or Canada, except for emergency treatment of dental pain.
- Charges for treatment that is provided at no cost to the Covered Person, whether charged or not charged.
- Charges for treatment provided by or through any employer of a Covered Person or the employer of a Covered Person's Immediate Family member.
- Charges for treatment provided by or through any Covered Person's Immediate Family member or any entity in which a Covered Person or their Immediate 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.
- Any treatment performed by a person other than a Dental Practitioner.
- Orthodontic treatment. (Not included unless, orthodontic benefits are included in the plan.)
- Services performed by anesthesiologists or anesthesiologists or intravenous sedation.
- Prescription drugs except as otherwise covered in the Benefits section.
- Dental implants or the removal of implants.
- Treatment primarily designed to serve a cosmetic purpose. Such treatment includes treatment to improve appearance, self-esteem or body image and/or to relieve or prevent social, emotional or psychological distress except as covered in the Orthodontic Services Benefit. ("except as covered in the Orthodontic Services Benefit" only included in plans that offer orthodontic services.)
- Teeth bleaching.
- Replacement of any tooth missing prior to the Effective Date unless the Covered Person has been insured under this Policy for at least 24 months.
- Replacement of full or partial dentures, removable or fixed, if the item being replaced is less than 10 years old unless the Covered Person has been insured under this Policy for at least 24 months.
- For Covered Persons under age 16, inlays, onlays, bridgework or crowns except for stainless steel or plastic crowns.
- Treatment that is 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.
- 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.
  - » Bite analysis.
- Charges for Dental Treatment for a jaw fracture.
- Charges for replacement of a lost or stolen dentures, retainers, or bridges, except as covered in the Benefit section.
- 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.
- Coverage is renewable to age 65 provided: there is compliance with plan provisions, including dependent eligibility requirements; there has been no discontinuation of the plan or National General Accident & Health's business operations in the state; and/or the insured has not moved to a state where this plan is not offered. National General Accident & Health has the right to change premium rates upon providing appropriate notice.

## Vision - Exclusions

In addition to the exclusions listed in the Policy, the following additional exclusions apply to the Vision Benefits. We will not pay benefits for any of the following:

- Orthoptics, visual therapy, and any associated supplemental testing.
- Two pairs of Frames with Lenses in lieu of bifocals, trifocals or progressives.
- Nonprescription (Plano) lenses and any other non-prescription eyewear.
- Any Lenses or Lenses Upgrades not listed in the Benefit Schedule.
- Oversize Lenses.
- Replacement of broken, lost, or stolen eyewear except at the normal intervals when eyewear is otherwise available.
- Surgical procedures such as laser vision correction, radial keratotomy.
- Medical or surgical treatment of the eye(s).
- An eye exam or corrective eyewear required by an employer as a condition of employment.
- Any vision treatment, service, eyewear, or supply not listed in the Benefits section.

# Who we are

National General Holdings Corp. (NGHC), headquartered in New York City, is a specialty personal lines insurance holding company. National General traces its roots to 1939, has a financial strength rating of A+ (Superior) from A.M. Best, and provides personal and commercial automobile, homeowners, umbrella, recreational vehicle, motorcycle, lender-placed, supplemental health, 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 National Health Insurance Company (incorporated in 1965), Integon National Insurance Company (incorporated in 1987), and Integon Indemnity Corporation (incorporated in 1946). These three companies, together, are authorized to provide health insurance in all 50 states and the District of Columbia and are rated as A+ (Superior) by A.M. Best. Each underwriting company is financially responsible for its respective products.

Brochure for use in: AK,<sup>\*</sup> AL, AZ, DE,<sup>\*</sup> FL, GA, IA, IL, IN, KS, KY, LA, MI, MN, MO, MS, ND,<sup>\*</sup> NE, OH, OK, SC, TN, TX, WI, WY<sup>\*</sup>



Visit us on the web at:  
**NatGenHealth.com**

\* Copay plan not available.

See separate brochure for plan options in Arkansas.

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Accident & Health