



Real Benefits.
Real Value.



(800) 979-8266
Info@NationalCareDental.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

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

*Underwritten by Nationwide Life Insurance Company; Administered by Merchants Benefit Administration.



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) \$150 Max (per family) 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 per 12 months) 	<ul style="list-style-type: none"> • Cleaning (2 in 12 months) • Fluoride for children under age 16 (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) • Space Maintainers (child under 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"> • Onlays • Oral Surgery • Implants • Crowns (1 per tooth, per 7 years) • Crown Repair • Endodontics (nonsurgical) • Periodontics (nonsurgical) 	<ul style="list-style-type: none"> • Periodontics (surgical) • Denture Repair • Dentures (1 appliance per 5 years) • Bridge (1 per 7 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.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration. ****\$2,000 Plan buy up option for total \$5,000 Plan benefit, self-funded by administrator.**



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 if I travel outside of the state I live in?

Yes.

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.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

*Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration.



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.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

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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.

When enrolling into National Care Dental you automatically become a member of the National Small Business Association (NSBA). The NSBA monthly membership fee is \$3.00 and is included in your monthly billing. You can learn more about the non-insurance benefits and services by visiting www.nsba.net.

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

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

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Schedule Of Benefits

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 toward the satisfaction of any Deductible:

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

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

*Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration.



Limitations and Exclusions (continued)

7. Appliances, Services or procedures relating to:
 - a. the change or maintenance of vertical dimension;
 - 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. 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;

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

*Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration.



Limitations and Exclusions (continued)

14. Charges for precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized Services or attachments;
15. 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; 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;
16. Prescription drugs, premedication, pharmaceuticals, or analgesia;
17. 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;
18. Dental treatment not approved by the American Dental Association or which is clearly experimental in nature;
19. 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;
20. 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.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

*Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration.



Limitations and Exclusions (continued)

21. 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;
22. 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;
23. The replacement of teeth beyond the normal complement of 32;
24. 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;
25. Local, including light anesthetic, as a separate fee;
26. 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;
27. 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;

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

*Underwritten by Nationwide Life Insurance Company; Administered by Merchants Benefit Administration.



Limitations and Exclusions (continued)

- 28. 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;
- 29. Dental services performed in a hospital and related hospital fees;
- 30. Services covered under an existing medical plan;
- 31. The portion of an expense which is in excess of the reasonable charge;
- 32. Fees associated with a cancelled or missed appointment;
- 33. 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.



Info@NationalCareDental.com
NationalCareDental.com

Contact Your
Agent Today!

or call **(800) 979-8266**
to find an agent



Dental	1500	3000	3000+ 2000 Buy Up*
Member	\$49.00	\$59.00	\$69.00
Member + Spouse	\$89.00	\$99.00	\$114.00
Member + Children	\$96.00	\$110.00	\$125.00
Member + Family	\$134.00	\$146.00	\$180.00
Vision			
Member		\$21.00	
Member + 1		\$38.00	
Member + Family		\$48.00	

National Small Business Association (membership required)

*\$2,000 Plan buy up option for total \$5,000 Plan benefit, self-funded by administrator.
\$3 NSBA monthly membership fee applies to dental enrollments only.

*Products are not available in all states. Please call 800-979-8266 to verify current state availability.
For agent use only.*



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Vision Service Plan

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

Best Choice For Vision Coverage

As a not-for-profit vision care company, VSP puts their members first and is dedicated to helping you maintain excellent eye health for a lifetime of good vision. And VSP guarantees your satisfaction. If you're not 100% satisfied with your eye care and eyewear, they'll make it right.

Best Access To Doctors

With more than 34,000 network doctors, you're sure to find a practice close by. Your VSP network doctor will help keep you and your eyes healthy with a comprehensive eye exam that aids in early detection of health conditions.

Best Eyewear Choices

VSP network doctors feature a wide selection of designer frames to fit your style and budget. Plus, you'll also get an extra \$20 to spend when you choose a featured frame brand.²

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.

²Extra \$20 to spend is in addition to your allowance. Check your frame coverage section in My Benefits at vsp.com to see if this offer applies. Brands and promotions subject to change.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

Underwritten by VSP Vision Care.



Product Details (States FL & OR on next page)

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	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
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00
Lenticular	Covered after \$25 materials Copay	Up to \$100.00
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
Necessary Contact Lenses*	\$150 allowance every 12 months	Up to \$105.00 allowance every 12 months
Elective 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 800-979-8266 to verify current state availability.

Underwritten by VSP Vision Care.



Product Details (States FL & OR)

Copay	\$15 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 \$15 Exam Copay	Up to \$45
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
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00
Lenticular	Covered after \$25 materials Copay	Up to \$100.00
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
Necessary Contact Lenses*	\$120 allowance every 12 months	Up to \$105.00 allowance every 12 months
Elective 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 and frames once every 12 months.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

Underwritten by VSP Vision Care.

National Care Vision FAQ

Does my vision plan have any waiting periods?

There are NO WAITING PERIODS! All benefits begin on your effective date.

Who is eligible to purchase the plan?

The insurance coverage is available in states where it's approved to anyone age 18 and older. You can request coverage for your dependents; dependent eligibility varies based on State law.

Can I purchase a vision plan if my employer or health plan does not provide one?

Yes, anyone can take advantage of the VSP Extend Plan.

Do I have coverage if I travel outside of the State I live in?

Yes.

How do I submit claims?

In-network

- Using your VSP benefit is easy. Create an account at vsp.com. Once your annual plan is effective, review your benefit information.
- Find a VSP network doctor who's right for you. To find a doctor, visit vsp.com. Choose a Premier Program location to get the most out of your eye care benefits.
- At your appointment, tell them you have VSP. **There's no ID card necessary.**
- That's it! We'll handle the rest—there are no claim forms to complete.

Out-of-network

Note: If you choose to see an out-of-network provider, you'll receive less coverage. Payment is expected at the time of your visit. Following your appointment, you'll need to complete a claim form and include any itemized receipts. You can complete and submit the form on vsp.com or call 800.877.7195 to request a hard copy form. Address to Vision Service Plan, Attention: Claim Services, P.O. Box 385018, Birmingham, AL 35238-5018. Out-of-network coverage is not available in the states of Massachusetts and Washington, and coverage varies in the state of Maryland.

What if I want to cancel the policy?

Innovative Health Insurance Partners

attn: National Care Vision

4201 Spring Valley Road, Suite 1500, Dallas, TX 75244

or by calling (800) 979-8266.

All Cancellation requests will be effective on the next billing period.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

Underwritten by VSP Vision Care.



Additional Discounts

Contact Lens Elective

Allowance includes fitting, exam, and lenses. The cost of the fitting and evaluation is deducted from the cost of the contact lens allowance. Allowance can be applied to disposables. Applies when contacts are chosen in lieu of glasses. Members can order contacts online at www.VSP.com and apply their benefits at checkout.

Additional Glasses

20% off the retail price on additional pairs of prescription glasses (at Discount Program Provider Locations).

Frame Discount

30% off the remaining balance in excess of the frame allowance of \$150 biannually.

Laser Vision Care

An average discount of 20% on LASIK and PRK. Discounts available through VSP Vision Care for conventional and custom LASIK Procedures with the TLCVision Advantage program. For more information Please visit www.LasikPlus.com or call 1 (866) 755-2026.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

Underwritten by VSP Vision Care.



VSP Exclusive Member Extras

Save Up to 60% on Brand-name Hearing Aids

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000, and few people have hearing aid insurance coverage.

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides you with:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

Plus, with TruHearing you'll get:

- Access to a national network of more than 5,500 hearing healthcare providers
- Straightforward, nationally-fixed pricing on a wide selection of the latest brand-name hearing aids
- Deep discounts on batteries shipped directly to your door

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.396.7194 with questions.

VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly. TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain health care groups for hearing aid sales and services; TruHearing provides fitting, programming and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those health care providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

Underwritten by VSP Vision Care.



Healthy Vision Association

The Healthy Vision Association is dedicated to helping its members see well and be healthy by providing access that might not be available through employers to products, services and information that promote vision and overall health.

As a Healthy Vision Association member, you'll enjoy discounts and savings on health, travel and other services that can save you hundreds of dollars each year. And, you'll have the opportunity to enroll in premium vision plans offered by VSP® Vision Care to Association members (plans offered may vary by state).

As A Member You'll Have Access To Exclusive Discount Programs.

Save on everyday goods and services, while supporting vision-related charities, too.

Car Rental Discounts

Receive special member discount rental rates from: Hertz®, Dollar Car Rental™, and Thrifty Car Rental®

Choice Hotels

Save up to 15% when booking your next overnight stay away at select hotels.

Products are not available in all states. Please call 800-979-8266 to verify current state availability.

Underwritten by VSP Vision Care.



Discount Programs (cont.)

TicketsatWork

Access to 20 - 60% off on movies, hotels, shows, concerts, sporting events and more.

TrueCar Buying Network

Members enjoy access to a dealer network offering discounts on auto purchases.

Office Depot

Receive 15% off Hundreds of Office Supplies.

UPS Express Delivery Services

Members receive various discounts on UPS delivery services.

For a complete list of discount programs, please visit [HealthyVisionAssociation.com](https://www.healthyvisionassociation.com)

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Contact Your
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or call **(800) 979-8266**
to find an agent

