

AFFORDABLE
DENTAL CARE



Protects The Entire Family



Guaranteed Issue

**Affordable
Dental Care**

Dental Insurance Underwritten by:
Madison National Life Insurance Company, Inc. or
Standard Security Life Insurance Company of New York.

DentaCert Insured Dental Plan

About the Insurance Company

Except as noted below, coverage is underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company. Madison National, rated A- (Excellent) by A.M. Best, is a Member of the IHC Group. In New York and New Hampshire, coverage is underwritten by Standard Security Life Insurance Company of New York, also rated A- (Excellent), also a Member of the IHC Group. Policy form MNL-ADEN-POL 0905 or SSL-ADEN-POL 0905. The IHC Group has been providing life, health and stop-loss insurance solutions for over 25 years.



About Membership

As an advantage of membership, NWA provides its members access to specialized programs like the DentaCert Insured Dental Plan. Membership is available for employer groups, self-employed, individuals and their families. NWA offers three dental plans to its members, each designed to provide maximum dental coverage at the lowest possible monthly cost.

About The Dental Plans^{1,2}

The DentaCert plans are fully insured dental plans designed exclusively for NWA members. There are three low cost insurance options to choose from allowing members to select the plan that best suits their needs and budget. Although each plan provides maximum benefit when used at any one of thousands of network providers available nationwide, when a network dentist is used, all dental services will be reduced before the insurance company pays benefits, dramatically reducing the member's out-of-pocket expenses.

About The Network^{1,2}

The Dental Provider Network is DenteMax which is one of the largest provider networks in America. When you need to access a dental provider in your area you can simply go to their website at www.dentemax.com. Providers within the DenteMax network not only offer the highest quality dental services but also have contracted to provide you with reduced prices for their services.

¹ PPO plans are not available in the state of Texas, and North Carolina.

² Out-of-network charges in excess of the network fee, or Maximum Allowable Charge (MAC) are the responsibility of the insured person.

Definitions

Calendar Year Maximum Amount: The maximum amount of benefits payable under the Certificate in a Calendar Year.

Covered Charge: The Reasonable and Customary Charge for a Medically Necessary Covered Procedure.

Covered Procedure: The procedure must be: (1) for Medically Necessary dental treatment to a Covered Person while his or her coverage is in force and (2) for treatment, which in Our opinion, has a reasonably favorable prognosis for the patient.

Deductible: The dollar amount for Covered Procedures that a Covered Person must pay in a Calendar Year before benefits are payable under this Certificate. Each Covered Person must satisfy the Deductible before benefits are payable. After three Covered Person's have each satisfied the Deductible, no additional will be required for other family members who are Covered Persons for the remainder of the calendar year.

Eligibility: This plan is offered to individual members and their spouses, and their eligible dependents (state requirements for dependent eligibility may vary)

Effective Date: Insured Person Insurance.

The insurance coverage under the Policy shall become effective for the Insured Person on the premium due date coincident with or next following the date on which We approve his or her written request for coverage is approved and he or she pays the applicable premium.

Dependent: Coverage for Dependents will take effect, subject to receipt of enrollment form and payment of required premium, if any, on the members Effective Date.

Termination: The insurance shall terminate on the earliest of the following dates:

1. The date of termination of the Policy;
2. The next premium due date after We receive Your written request

to terminate coverage of the Insured Person or a Dependent under the Policy;

3. The last premium due date prior to a grace period, if the premium then due is not paid within the grace period;

4. The date the Insured Person or Dependent has been determined by Us to have committed an act of fraud or made an intentional misrepresentation of material fact under the terms of the Policy;

5. The date the Insured or Dependent respectively reaches the Maximum Benefit while covered under the Policy as specified in the Schedule of Benefits;

6. The date of Your or a Dependent's death for each respective coverage; or

7. The premium due date coinciding with or next following the date on which a Dependent ceases to meet the definition of Dependent.

Alternate Benefits: There is often more than one service or supply that can be used in treatment. In determining the benefits payable on a claim, different materials and methods of treatment will be considered. The Covered Charges will be limited to the Reasonable and Customary Charge for the least expensive service which meets broadly accepted standards of dental care as determined by Us. If the Covered Person and the Dentist decide on a more expensive procedure or material than we have determined to be satisfactory for the treatment, the benefit payment will be limited to the Reasonable and Customary Charge for the least expensive alternative treatment subject to any Deductible, if any. The Co-Insurance Co-Pay, the Calendar Year Maximum Amount and the Lifetime Maximum Amount still apply. The excess amount will not be paid by Us.

Reasonable and Customary Charge: The most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the Geographic Area in which the charge is incurred. The most common charge means the lesser of the actual amount charged by the provider: the negotiated rate; the usual charge which would have been made by a provider (Dentist, hospital, etc) for the same or a comparable professional services, drugs, procedures, devices, supplies or treatment within the same Geographic Area as determined by Us.

Smile Protection

Value Plan

(Plan A)

Outline of Insurance

The Value Plan (Plan A)

OUR MOST AFFORDABLE DENTAL PLAN

The Value Plan pays preventive and diagnostic benefits once a year at no cost to the insured. The member can choose a contracted provider from one of the largest dental networks in the United States. Dental services for basic and major procedures will be reduced and repriced based upon the contracted discount network schedule. These network savings can vary from 15% to 50%. There are no waiting periods and no limits on the number of times the network benefits can be used. ^{1,2} (Pricing on back cover of this brochure)

(Contracted Providers Not available in all states)

Preventive Care - No waiting Period

Routine Oral Exam - Limit one visit per 12 months	NO COST
Comprehensive Oral Exam - 1 per year, per member	NO COST
Consultation - 1 per year, per member, other than treating doctor	NO COST
Problem Focused Exams - 1 per year, per member	NO COST
Prophylaxis - Cleaning & scaling, 100% paid, 1 per year, per member	NO COST
Fluoride - 100% paid, 1 per year, per member for dependent children under 16	NO COST

Diagnostic Care - No waiting Period

Intra-Oral Occlusal Film - Limit one visit per 12 months	NO COST
Bitewing X-Rays - 100% paid, 1 per year, per member, up to set of 4	NO COST
Full Mouth X-Rays - 100% paid, 1 per 36 months, per member	NO COST
Periapicals - 100% paid	NO COST

Orthodontics* & Prosthodontics - No waiting Period (Network Savings)

Basic - Major and All Other Dental Procedures - (Network Savings)	DISCOUNTED
<i>*Orthodontic treatment for dependent children under age 19</i>	15% - 50%

Features

- ✓ Our Most Affordable Dental Plan
- ✓ Guaranteed Issue
- ✓ No Participation Requirements
- ✓ No Waiting Period
- ✓ Preventive Paid 100%
- ✓ Diagnostic Paid 100%

Enhanced Plan (Plan B)

Outline of Insurance

The Enhanced Plan (Plan B)

OUR MOST POPULAR DENTAL PLAN AT AN AFFORDABLE PRICE

The Enhanced Plan provides Preventive and Diagnostic benefits with a \$10 office visit co-pay. Benefits are paid according to a schedule up to \$1,000 per covered person per calendar year for Basic and Major dental procedures. The member can choose a dental provider of his/her choice or utilize in-network providers. If the covered person chooses an in-network dental provider his/her out-of-pocket costs can be substantially lower. ^{1,2} (Pricing on back cover of this brochure)

\$1,000
per year per person

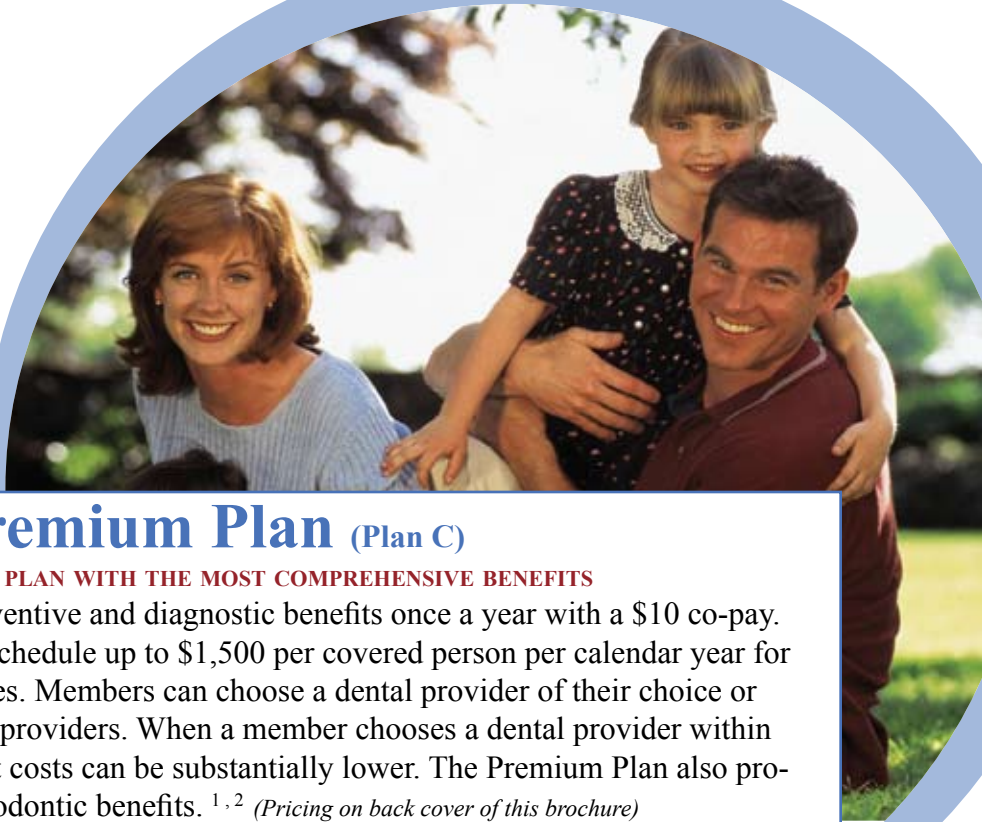
Features

- ✓ Affordable Cost
- ✓ \$1000 Maximum Per Year Per Person
- ✓ No Participation Requirements
- ✓ \$10 Co-pay Diagnostic
- ✓ \$10 Co-pay Preventive
- ✓ No Health Questions Asked

Preventive Care	No Waiting Period
Office Visit	\$10 co-pay, 1 visit per year per member
Preventive	Plan pays one Annual Visit w/\$10 co-pay. Pays for Oral Exams, including Propylaxis, Sealants Up to age 13, Topical Fluoride Up to age 19.
Diagnostic	No Waiting Period
Diagnostic	Bitewing X-Rays, plan pays 100%, 1 per 12 months. Full mouth x-rays, plan pays 100%, 1 per 36 months.
Deductible	Individual - \$100 Lifetime Family Limit - NONE
Basic	No Waiting Period
Basic Procedures	Simple Extractions Fillings, Repairs have no waiting period. Plan pays according to schedule.
Major	6 month waiting period
Major Procedures	Periodontics, Endodontics, Oral Surgery, Crowns, Dentures, Bridges, and Implants, have a 6 month waiting period. Plan pays according to schedule.
Orthodontics*	No Waiting Period (Network Savings)
Orthodontic Services	Insurance coverage not available. Network saving discounts apply.

**Orthodontic treatment for dependent children under age 19*

Premium Plan
(Plan C)



Outline of Insurance

The Premium Plan (Plan C)

OUR VERY BEST DENTAL PLAN WITH THE MOST COMPREHENSIVE BENEFITS

The Premium Plan provides preventive and diagnostic benefits once a year with a \$10 co-pay. Benefits are paid according to a schedule up to \$1,500 per covered person per calendar year for Basic and Major dental procedures. Members can choose a dental provider of their choice or utilize our network of contracted providers. When a member chooses a dental provider within the network his/her out-of-pocket costs can be substantially lower. The Premium Plan also provides members with insured orthodontic benefits. ^{1,2} (Pricing on back cover of this brochure)

\$1,500
per year per person

Features

- ✓ Affordable Cost
- ✓ \$1500 Maximum Per Year Per Person
- ✓ No Participation Requirements
- ✓ \$10 Co-Pay Diagnostic
- ✓ \$10 Co-Pay Preventive
- ✓ No Health Questions Asked
- ✓ Orthodontic Benefit

Preventive Care	No Waiting Period
Office Visit	\$10 co-pay, 1 visit per year per member
Preventive	Plan pays one Annual Visit w/\$10 co-pay. Pays for Oral Exams, including Propylaxis, Sealants Up to age 13, Topical Flouride Up to age 19.
Diagnostic	No Waiting Period
Diagnostic	Bitewing X-Rays, plan pays 100%, 1 per 12 months. Full mouth x-rays, plan pays 100%, 1 per 36 months.
Deductible	Individual - \$100 Lifetime Family Limit - NONE
Basic	No Waiting Period
Basic Procedures	Simple Extractions Fillings, Repairs have no waiting period. Plan pays according to schedule.
Major	6 month waiting period
Major Procedures	Periodontics, Endodontics, Oral Surgery, Crowns, Dentures, Bridges, and Implants, have a 6 month waiting period. Plan pays according to schedule.
Orthodontics*	12 Month Waiting Period
Orthodontic Services	Covered at 50% with a 12 month waiting period, \$500 annual maximum and \$1,000 Lifetime maximum.

**Orthodontic treatment for dependent children under age 19*

Smile Protection!



PRESCRIPTION CARD

Discount



Prescription Card (Discount)

You will receive as much as 55-65% off AWP discount for your generics, and 15% off AWP for name brand prescription drugs at your local pharmacy. The Prescription Plan is accepted by most local and chain pharmacies throughout the U.S. Members pay wholesale cost plus a small dispensing fee. 90-day supply mail order plans are available.

Mail order pharmacy

The mail order program allows members to obtain a 90-day supply of medication that can be mailed directly to the subscribers home. The program provides convenience and low cost options on maintenance medications.

Non Insurance Benefit

WORLDDOC

Online Health Decision Support Information

Online Tools

WorldDoc offers on line health decision support services that empower people to make better health care choices. For example, WorldDoc helps people decide what they may have and what they should do for medical problems like cough, red eye, high blood pressure, asthma, or knee pain. No other company offers comprehensive health decision support that answers people's questions. A team of board certified doctors in 20 specialties created WorldDoc. The medical information contained in WorldDoc covers over 90% of common medical conditions.

Only WorldDoc offers comprehensive health decision support services. WorldDoc is an interactive application, not static content and uses technology to service a large number of subscribers at low cost.

Non Insurance Benefit



WorldDoc



Questions & Answers



Q: How is the DentaCert Member Dental Plan different than other plans?

A: The DentaCert Member Plan is an association group insurance plan. The plan is designed to keep costs low and reduce or eliminate annual rate increases. Employers enjoy the freedom and flexibility to offer a strong dental plan with no participation requirements. The employee has the freedom to choose between three plan designs and select the best plan for his/her budget.

Q: What is the importance of the Association?

A: The DentaCert plan is designed exclusively for the members of NWA (NationalWay Healthcare Association). The Association has thousands of members throughout the United States enabling the Association to use its massive buying power to offer its members economical, guaranteed issue, member dental and medical benefits that cannot normally be purchased as an individual.

Q: Why is “Guaranteed Issue” important?

A: Acceptance in the DentaCert Member Dental Plan is guaranteed for all members of NWA. When buying a traditional dental plan, many individuals are faced with exclusions or extended waiting periods. However, with the DentaCert Member Dental Plan, no qualification questions are ever asked, premiums are never rated up for any reason and there are few to no waiting periods for most procedures.

Q: Does the employer have to pay all or part of the cost of the dental plan?

A: No, the DentaCert Member Dental Plan does not require employers to pay any part of the employees dental plan. It can be offered to employees on a strictly voluntary basis through payroll deduction, or the employer can choose to select any financial contribution that he/she feels they can afford.

Q: What are the participation requirements?

A: With the DentaCert Plan, employers have no “participation requirements” compelling a percentage of company employees to enroll in the dental plan. Even just one employee can choose the dental plan option allowing the employer to offer the dental program on a voluntary basis through payroll deduction or pay all or partial cost of the program on behalf of the employees.

Q: How Can I find a network dentist?

A: The Dental Provider Network is DenteMax which is one of the largest provider networks in America. To locate a dental provider in your area you can simply go to their website at www.dentemax.com or call customer service at 800-810-7856.

Q: Can I use my own dentist?

A: Yes, the DentaCert Member Dental Plan provides a schedule for each dental procedure allowing the freedom to choose any dentist or specialist. If one of the contracted providers is used, your out-of-pocket expense will be reduced by significantly more.

Q: Are there waiting periods?

A: There are no waiting periods for any preventive (*oral exams, sealants, and flouride*), diagnostic (*bite wing x-rays*) or basic dental procedures (*extractions, fillings, repairs*). These benefits can be used immediately upon plan activation. There is only a six (6) month waiting period for major procedures and Twelve (12) month waiting period for orthodontics when covered.

Q: Who is the insurance company?

A: Coverage is underwritten by Madison National Life Insurance Company, Inc., a Wisconsin insurance company. Madison National, rated A- (Excellent) by A.M. Best, is a Member of the IHC Group. In New York and New Hampshire, coverage is underwritten by Standard Security Life Insurance Company of New York, also rated A- (Excellent), also a Member of the IHC Group. Policy form MNL-ADEN-POL 0905 or SSL-ADEN-POL 0905. The IHC Group has been providing life, health and stop-loss insurance solutions for over 25 years.

Q: How do I enroll?

A: Members of NWA may choose to participate in the DentaCert Member Dental Plan as an advantage of membership. Enrollment is simple and can be completed with a representative, in person or over the phone. No health questions will be asked and acceptance is guaranteed.

Exclusions & Limitations

Premium Changes

The Insurance Company reserves the right [subject to state specific requirements] to change the premium upon 31 days prior written notice.

EXCLUSIONS AND LIMITATIONS FROM COVERAGE

Benefits will not be paid for dental expenses arising from or in connection with:

1. Treatment, services or supplies which:
 - (a) Are not Medically Necessary;
 - (b) Are not prescribed by a Dentist;
 - (c) Are determined to be Experimental/Investigational in nature by Us;
 - (d) Are received without charge or legal obligation to pay;
 - (e) Would not routinely be paid in the absence of insurance;
 - (f) Are received from any Family Member;
 - (g) Are not Covered Procedures.
2. Self inflicted injuries.
3. War or an act of war, whether or not declared.
4. A Covered Person's commission of a felony or an assault on another person.
5. Riot, nuclear accident, or a major disaster.
6. Employment: whether caused by, related to, or as a condition of employment, including self employment. This exclusion applies even if Workers' Compensation or any Occupational Disease or similar law does not cover the charges.
7. Treatment which began, before the Covered Person's Effective Date of coverage or after the Covered Person's termination of coverage.
8. Congenital or development malformations existing when the Covered Person's coverage became effective under this Certificate.
9. Cosmetic procedures, unless the coverage is elected by the Insured Person

and the required premium is paid.

10. Implants of any type, and all related procedures, removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized services or attachments, unless the coverage is elected by the Policyholder and the required premium is paid.
11. Periodontal splinting.
12. Porcelain on crowns, or pontics posterior to the 2nd bicuspid.
13. Replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 5 year period.
14. Relining of dentures more often than once in any 2-year period.
15. Lost, stolen, or missing dentures or bridges or for duplicates.
16. Fixed or removable bridgework involving replacement of a natural tooth or teeth which was lost prior to the Covered Person's Effective Date of coverage under this Certificate. Benefits may be payable for bridgework required for loss of teeth while covered under this Certificate, if such bridgework is not an abutment for non covered bridgework.
17. Prescription Drugs and analgesia pre medication.
18. Telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending Dentist statements, and any other services or supplies, which are not part of the direct treatment of the Covered Person.
19. Dental education or training programs including oral hygiene or plaque control programs.
20. Counseling on diet and nutrition.
21. Military service, including service in a military reserve unit.
22. Orthodontia, unless this coverage is elected by the Insured Person and the required premium is paid.
23. Prosthodontics, unless this coverage

is elected by the Insured Person and the required premium is paid.

24. Charges payable under any medical insurance.
25. Charges made by any government entity unless the Covered Person is required to pay; or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made.
26. Use of materials, other than fluorides or sealants, to prevent tooth decay.
27. Bite registrations.
28. Bacteriologic cultures in connection with a covered dental service.
29. Therapeutic injections administered by a Dentist.
30. Cast restorations, inlays, onlays and crowns for teeth that are not broken down by extensive decay or accidental injury or for teeth that can be restored by other means [such as an amalgam or composite filling].
31. Replacement of 3rd molars.
32. Composites on teeth posterior to the 2nd bicuspid.
33. Crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology.
34. Temporomandibular joint syndrome.

Group Policy form

MNL-ADEN-POL 0905 and SSL-ADEN-POL 0905 is issued to NationalWay Healthcare Association. Coverage not available in all jurisdictions. This brochure is a brief description of coverage only and does not constitute a policy or coverage. Please refer to the certificate of insurance for a complete description of benefits, conditions and limitations.

Plan Options & Pricing

Choose The Dental Plan That Best Meets Your Needs

Plan Pricing	Plan	Member	+ Spouse	+ Child(ren)	Family
	Value Plan (Plan A)	\$19.42 per month	\$27.19 per month	\$27.69 per month	\$37.93 per month
	Enhanced Plan (Plan B)	\$28.54 per month	\$47.43 per month	\$48.60 per month	\$73.48 per month
	Premium Plan (Plan C)	\$38.79 per month	\$67.95 per month	\$69.75 per month	\$108.15 per month

***There is a One Time \$10 Enrollment fee per Membership.**

NationalWay Enrollment Form
Please mail: P.O. Box 682708
Houston, TX 77268-2708
800-810-7856 or Fax 832-201-8596

Agent Name: _____

Contact Number: _____

DentaCert Plan
Membership Enrollment Form

PROPOSED (Member)

[] Male [] Female _____
(Last) (First) (MI)

Social Security Number ____ / ____ / ____ Birth Date ____ / ____ / ____

Address _____ City _____ ST _____ Zip _____

Home Phone # (____) ____ - ____ Work Phone # (____) ____ - ____ Alt. Phone # (____) ____ - ____

Email Address _____

PLAN NAME DentaCert Plan

- [] Member Only [] Plan A: Value Dental Plan
[] Member + Spouse [] Plan B: Enhanced Dental Plan
[] Member + Child [] Plan C: Premier Dental Plan
[] Family

Table with 2 columns: Fee Type, Amount. Includes Monthly Fee, 1-time Enrollment Fee (\$10.00), and TOTAL.

SPOUSAL INFORMATION:

[] Male Name DOB SS#
[] Female _____ / ____ / ____ _____ / ____ / ____

DEPENDENT INFORMATION:

[] Male Name DOB SS# Relationship Student?
[] Female _____ / ____ / ____ _____ / ____ / ____ [] Child Dependand [] YES
[] Legal Dependand [] NO
[] Male [] Child Dependand [] YES
[] Female _____ / ____ / ____ _____ / ____ / ____ [] Legal Dependand [] NO
[] Male [] Child Dependand [] YES
[] Female _____ / ____ / ____ _____ / ____ / ____ [] Legal Dependand [] NO

AUTHORIZATION FOR MEMBERSHIP ENROLLMENT AND FEES (if applicable)

[] ACH Option. Yes! I wish to participate in the group enrollment for NationalWay Healthcare Association's Employer Benefit Plan. I authorize NationalWay Healthcare Association or its designated Administrator to draft my account based on the account detail provided below.

Bank Name _____ Bank State _____

Account Holder (Name MUST appear as it does on the Account) _____

Routing Number _____ Account Number _____

[] Credit Card. Yes! I wish to participate in the enrollment for the NationalWay Plan listed above. I authorize NationalWay Healthcare Association or its designated Administrator to charge my credit card account based on the account detail provided below.

Credit Card Type: [] VISA [] MasterCard

Account Holder (Name on the Card): _____

Card Number: _____ Expiration: ____ / ____ CSV: _____

Proposed Member Signature _____

This is an enrollment form for membership into NationalWay Healthcare Association. The information will only be used to assist in the online registration process for participation in the group dental plan. Personal information will not be sold or shared except for purposes of delivering stated member benefits.