



Plans & Rates for the following states:

DE, DC, FL, NV, NJ, VA

Welcome to Smile Brite Dental!

We've created these three great plans exclusively for the valued members of PLEA

All plans are Indemnity (see any dentist). Plans are also available with a Preferred Provider Option *with **MAC** (Maximum Allowable Charges) utilizing the Dentemax PPO network

	Value Plan	Preferred Plan	Superior Plan
Eligible Benefits	Co-Insurance	Co-Insurance	Co-Insurance
PREVENTIVE	100%	100%	100%
Cleanings	1 Cleaning Per Year	2 Cleanings Per Year	2 Cleanings Per Year
Exams			
Sealants & Flouride			
DIAGNOSTIC	80%	80%	100%
Bitewing X-Rays	1 Per Year	1 Per Year	1 Per Year
Full mouth X-Rays	1 Per 3 Years	1 Per 3 Years	1 Per 3 Years
BASIC SERVICES	Discount Only	75%	80%
Fillings		6 Month Waiting Period	6 Month Waiting Period
Extractions			
MAJOR SERVICES	Discount Only	50%	60%
Endo & Perio		12 month waiting period	12 month waiting period
Oral Surgery			
Implants			
Crowns & Bridges			
DEDUCTIBLE	None	\$100 Lifetime per person	\$100 Lifetime per person
ANNUAL MAXIMUM	\$250	\$1,000	\$1,000
OFFICE VISIT CO-PAY	None	\$10	\$10

Coverage desired	PPO	Indemnity	PPO	Indemnity	PPO
Single	\$12.56	\$36.41	\$29.41	\$40.72	\$32.73
With Spouse	\$24.12	\$71.96	\$57.68	\$80.44	\$64.68
Single/Child(ren)	\$24.73	\$86.34	\$59.52	\$82.89	\$66.54
Family	\$39.98	\$120.78	\$96.79	\$135.28	\$108.35

For additional information and enrollment assistance please contact Leslie McMahon at PLEA by email at lesliem@plea.net or by phone at (800) 367-4321 x1010.

Please Note: **MAC** (Maximum Allowable Charges): shall mean that benefits are payable a percentage of the network fee schedule regardless of whether the treatment is provided in or out of network. Out-of-network charges in excess of the network fee schedule will be the responsibility of the insured

Underwritten by Madison National Life insurance Company, Inc., a Wisconsin insurance company. Madison National is a Member of the IHC Group

The IHC Group is an insurance organization composed of Independence Holding Company (NYSE: IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop-loss insurance solutions for over 25 years. For information in Independence Holding Company and the IHC Group, visit www.ihcgroup.com

Madison National is rated A- by AM Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet their obligations to their insureds



Health Insurance Services, Inc.



P.O. Box 1197
Troy, MI 48099-1197

**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.
MEMBER DENTAL INSURANCE APPLICATION**

PLEASE PRINT IN SPACE PROVIDED

GROUP INFORMATION	
GROUP NAME Professional Law Enforcement Association	LOCATION Michigan

MEMBER			
LAST NAME	FIRST NAME	M.I.	
STREET ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER ()	BIRTH DATE / /	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED

Coverage Desired
Dental Insurance

MEMBER SPOUSE CHILDREN REQUESTED EFFECTIVE DATE _____

DEPENDENT INFORMATION			
SPOUSE NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YY) / /	
CHILD NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YY) / /	STUDENT (Over Age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No
CHILD NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YY) / /	STUDENT (Over Age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No
CHILD NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YY) / /	STUDENT (Over Age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No
CHILD NAME	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH DATE (MM-DD-YY) / /	STUDENT (Over Age 19) <input type="checkbox"/> Yes <input type="checkbox"/> No

WILL YOU OR ANY DEPENDENT HAVE OTHER DENTAL INSURANCE COVERAGE? _____
IF YES, PLEASE LIST THE NAME OF THE OTHER INSURANCE COMPANY AND PHONE NUMBER

Choose Plan

Value: _____ PPO/DenteMax: _____
Preferred: _____ Traditional Plan: _____
Superior: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I hereby request coverage as outlined above under the Madison National Life Insurance Company, Inc. of Wisconsin group plan offered by GroupLink, Inc. I reserve the right to revoke or change this authorization by written notice. I understand that if I have declined any coverage on myself or eligible dependents and wish to enroll at a later date, coverage will be deferred in accordance with the Policy provisions. I declare all answers are true and complete.

WARNING: Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

DATE	CITY AND STATE
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SIGNATURE OF MEMBER _____

Enclose your first months check made payable to: Republic Underwriters, Inc.
Mail your check, along with this completed application, to: Republic Underwriters, Inc., P.O. Box 1197, Troy, MI 48099-1197
Any questions please call 1-800-367-4321