

ZIP CODE AND AREA CHART

Alabama	1	Nevada	4
Alaska	8	893-898	5
Arizona	2	New Hampshire	4
850-853	3	New Jersey	4
Arkansas	1	070, 074-076, 078	5
California	4	079, 088-089	5
900-904	6	New Mexico	2
905-916, 926-931	5	New York	2
940-944	5	100-102	8
945-951	5	103-114	5
Colorado	3	115-119	4
800-804	4	120-129	3
808-809	4	North Carolina	2
Connecticut	5	275-277	3
68-69	6	282	4
Delaware	5	North Dakota	1
Dist of Columbia	5	Ohio	1
Florida	3	430-432, 434-436	2
330, 332-334, 340	4	439-445, 450-452	2
331	5	456	2
Georgia	2	Oklahoma	1
301-302	3	730-731, 740-741	2
300, 303, 311	4	Oregon	3
Hawaii	4	970-975	4
Idaho	1	Pennsylvania	2
837	3	190-191	4
Illinois	1	189, 192-194	4
600-608	4	Rhode Island	3
610-619	2	South Carolina	2
Indiana	1	South Dakota	1
460-466, 469, 473	2	Tennessee	1
Iowa	2	370-372, 380-384	2
Kansas	1	Texas	1
660-661, 664-666, 672	2	762-764, 769-769	2
Kentucky	1	788, 790, 799	2
Louisiana	1	750, 751, 760, 761, 770, 773	3
700-701, 707-712	2	772-777, 786, 187, 789	3
Maine	3	752-753	3
Maryland	2	Utah	3
206-209	4	Vermont	3
210-214	3	Virginia	2
Massachusetts	4	201	5
017-019	5	220-223	4
021-022	6	233-237	3
Michigan	2	Washington	4
480-485	3	980-981	6
Minnesota	2	982-986	5
554	4	West Virginia	1
550-553, 555	3	Wisconsin	2
Mississippi	1	532-534, 537	3
Missouri	1	Wyoming	1
630-634, 640-641	2		
Montana	2		
Nebraska	1		

Rates inside brochure are accurate at the time of printing but could change based on effective date of enrollment.



Madison Dental

Three great plans available exclusively online!

Madison Dental features quick and simple online quoting for one-life dental.

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Marketed by:



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Indianapolis, IN 46205
Phone 317-257-7697
Fax 317-257-7698
www.insurancesalesnetwork.com

Underwritten by: Madison National Life Insurance Company (MNL) in all states except New York. In New York, Standard Security Life Insurance Company of New York (SSL).
Administered by:



What is Madison Dental?

- Madison Dental offers you access to high quality, affordable dental coverage for your entire family.
- Available for under **and** over age 65 in most states.
 - Indemnity and PPO. PPO utilizes Dentemax network and fee schedule for in- and out-of-networks.
 - Optional orthodontia discount plan.
 - Pay monthly, quarterly or annually by credit card. Monthly auto bank withdrawal also available.
 - Madison Dental is an association based dental plan.

About the Association

Communicating for America, Inc. (CA) provides many benefits and discounts to its members.** Your enrollment as a member of CA is completed upon receipt of the association dues. Dues will be added to premium based on choice of billing cycle. Your membership information will be mailed shortly thereafter.

**CA is not affiliated with SSL, MNL, nor is it a part of the insurance coverage. CA is a 501c5 non-profit association headquartered in Fergus Falls, Minn., providing members valued benefits and savings since 1972.

Coverage is provided for preventive, basic and major dental services per insured person as follows:

	Value	Primary	Superior
Coinsurance	Graded Benefit	Graded Benefit	
Preventive	80%/100%*	80%/100%*	100%
Diagnostic	80%/100%*	60%/80%*	90%
Basic	25%/80%*	25%/75%*	80%
Major	PPO Discount	10%/40%*	50%
Office Co-pay	\$10 \$25 if 65+	\$10 \$25 if 65+	\$10 \$25 if 65+
Deductible per person	\$50 \$100 if 65+	\$50 \$100 if 65+	\$50 \$100 if 65+
Calendar Year Maximum	\$500	\$1,000	\$1,250
Waiting Periods	None	None	Basic: 4 months Major: 15 months

*Year 1/Year 2

What Services are Covered?

Preventive Care

- Routine oral exams—limited to 2 per calendar year
- Prophylaxis (the cleaning and scaling of teeth)—limited to 2 per calendar year
- Topical application of fluoride—for dependent children under age 19; limited to 1 per calendar year (not applicable in all states)

Diagnostic Care

- Intra-Oral Occlusal Film
- Bitewing X-rays (up to a set of 4)
Limited to 1 per calendar year
- Full mouth X-rays (Panoramic film or Full series)
No less than 36 months apart

Basic Care

- Simple extraction
- Pin retention
Per tooth, in addition to restorations
- Fillings (restorations)
Amalgam restorations
Composite restorations—limited to anterior teeth and bicuspid
- Sedative fillings
- Antibiotic injections administered by a Dentist
- Maintenance Prosthodontics
Denture repairs/Adjustments
Denture Rebase—no less than 24 months apart
Denture Reline—no less than 24 months apart

Major Care

- Endodontic treatment
- Periodontic services
- Inlays, onlays and crowns
- Prosthetic services (dentures or bridges)
- Oral surgery

What is the Optional OrthoCare Program?

The OrthoCare Orthodontic Discount Program is an optional program for orthodontic care*. When using a contracted OrthoCare Orthodontist, you will save 15% - 20% on the services performed.

*The OrthoCare Program is not an insurance benefit, nor is it affiliated with MNL or SSL or a part of the Madison Dental insurance plan. The OrthoCare Program is not available in all states.

Madison Dental Rates*

Value Plan	Indemnity Monthly Rates							
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$13.99	\$15.71	\$17.27	\$18.82	\$20.55	\$22.10	\$24.17	\$27.63
Subscriber + 1	\$27.97	\$31.43	\$34.53	\$37.64	\$41.09	\$44.20	\$48.35	\$55.25
Subscriber +2	\$34.43	\$38.68	\$42.50	\$46.33	\$50.58	\$54.40	\$59.50	\$68.00
Subscriber +3	\$42.50	\$47.74	\$52.46	\$57.19	\$62.43	\$67.15	\$73.45	\$83.94
Subscriber + 4	\$50.56	\$56.81	\$62.43	\$68.04	\$74.29	\$79.90	\$87.40	\$99.88
Subscriber + 5	\$58.63	\$65.87	\$72.39	\$78.90	\$86.14	\$92.66	\$101.34	\$115.82
Subscriber +6 or more	\$66.70	\$74.94	\$82.35	\$89.76	\$97.99	\$105.41	\$115.29	\$131.76

Primary Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$22.91	\$25.74	\$28.28	\$30.83	\$33.65	\$36.20	\$39.59	\$45.25
Subscriber + 1	\$45.81	\$51.47	\$56.56	\$61.65	\$67.31	\$72.40	\$79.19	\$90.50
Subscriber +2	\$56.39	\$63.35	\$69.61	\$75.88	\$82.84	\$89.11	\$97.46	\$111.38
Subscriber +3	\$69.60	\$78.20	\$85.93	\$93.66	\$102.26	\$109.99	\$120.30	\$137.49
Subscriber + 4	\$82.82	\$93.04	\$102.24	\$111.45	\$121.67	\$130.87	\$143.14	\$163.59
Subscriber + 5	\$96.03	\$107.89	\$118.56	\$129.23	\$141.09	\$151.76	\$165.98	\$189.70
Subscriber +6 or more	\$109.25	\$122.74	\$134.88	\$147.02	\$160.50	\$172.64	\$188.83	\$215.80

Superior Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$26.80	\$30.11	\$33.09	\$36.06	\$39.37	\$42.35	\$46.32	\$52.94
Subscriber + 1	\$53.60	\$60.22	\$66.17	\$72.13	\$78.75	\$84.70	\$92.64	\$105.88
Subscriber +2	\$65.97	\$74.11	\$81.44	\$88.77	\$96.92	\$104.25	\$114.02	\$130.31
Subscriber +3	\$81.43	\$91.48	\$100.53	\$109.58	\$119.63	\$128.68	\$140.74	\$160.85
Subscriber + 4	\$96.89	\$108.85	\$119.62	\$130.39	\$142.35	\$153.11	\$167.47	\$191.39
Subscriber + 5	\$112.35	\$126.22	\$138.71	\$151.19	\$165.06	\$177.55	\$194.19	\$221.93
Subscriber +6 or more	\$127.82	\$143.59	\$157.80	\$172.00	\$187.78	\$201.98	\$220.91	\$252.47

Value Plan	PPO Monthly Rates							
	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$11.19	\$12.57	\$13.81	\$15.06	\$16.44	\$17.68	\$19.34	\$22.10
Subscriber + 1	\$22.38	\$25.14	\$27.63	\$30.11	\$32.88	\$35.36	\$38.68	\$44.20
Subscriber +2	\$27.54	\$30.94	\$34.00	\$37.06	\$40.46	\$43.52	\$47.60	\$54.40
Subscriber +3	\$34.00	\$38.19	\$41.97	\$45.75	\$49.95	\$53.72	\$58.76	\$67.15
Subscriber + 4	\$40.45	\$45.45	\$49.94	\$54.43	\$59.43	\$63.92	\$69.92	\$79.90
Subscriber + 5	\$46.91	\$52.70	\$57.91	\$63.12	\$68.91	\$74.12	\$81.07	\$92.66
Subscriber +6 or more	\$53.36	\$59.95	\$65.88	\$71.81	\$78.40	\$84.32	\$92.23	\$105.41

Primary Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$18.33	\$20.59	\$22.62	\$24.66	\$26.92	\$28.96	\$31.67	\$36.20
Subscriber + 1	\$36.65	\$41.18	\$45.25	\$49.32	\$53.85	\$57.92	\$63.35	\$72.40
Subscriber +2	\$45.11	\$50.68	\$55.69	\$60.70	\$66.27	\$71.28	\$77.97	\$89.11
Subscriber +3	\$55.68	\$62.56	\$68.74	\$74.93	\$81.80	\$87.99	\$96.24	\$109.99
Subscriber + 4	\$66.25	\$74.43	\$81.80	\$89.16	\$97.34	\$104.70	\$114.51	\$130.87
Subscriber + 5	\$76.83	\$86.31	\$94.85	\$103.38	\$112.87	\$121.41	\$132.79	\$151.76
Subscriber +6 or more	\$87.40	\$98.19	\$107.90	\$117.61	\$128.40	\$138.11	\$151.06	\$172.64

Superior Plan	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
Subscriber	\$21.44	\$24.09	\$26.47	\$28.85	\$31.50	\$33.88	\$37.06	\$42.35
Subscriber + 1	\$42.88	\$48.17	\$52.94	\$57.70	\$63.00	\$67.76	\$74.11	\$84.70
Subscriber +2	\$52.78	\$59.29	\$65.15	\$71.02	\$77.53	\$83.40	\$91.22	\$104.25
Subscriber +3	\$65.14	\$73.19	\$80.43	\$87.66	\$95.71	\$102.94	\$112.60	\$128.68
Subscriber + 4	\$77.51	\$87.08	\$95.70	\$104.31	\$113.88	\$122.49	\$133.97	\$153.11
Subscriber + 5	\$89.88	\$100.98	\$110.97	\$120.95	\$132.05	\$142.04	\$155.35	\$177.55
Subscriber +6 or more	\$102.25	\$114.88	\$126.24	\$137.60	\$150.22	\$161.58	\$176.73	\$201.98

*monthly rates do not include the \$1 monthly association fee and the \$5 monthly billing fee

Madison Dental Exclusions

What services are not covered?

These services are not covered by Madison Dental:

- 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.
- Self inflicted injuries.
- War or an act of war, whether or not declared.
- A Covered Person's commission of a felony or an assault on another person.
- Riot, nuclear accident, or a major disaster.
- 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.
- Treatment which began, before the Covered Person's Effective Date of coverage or after the Covered Person's termination of coverage.
- Congenital or development malformations existing on the Covered Person's effective date as shown on the Schedule of Benefits.
- Cosmetic procedures, unless the coverage is elected by the Insured Person and the required premium is paid.
- 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 Insured Person and the required premium is paid.
- Periodontal splinting.
- Porcelain on crowns, or pontics posterior to the 2nd bicuspid.
- Replacement of partial or full dentures, fixed bridge work, crowns, gold restorations and jackets more often than once in any 5 year period.
- Relining of dentures more often than once in any 2 year period.
- Lost, stolen, or missing dentures or bridges or for duplicates.

- 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 as shown on the Schedule of Benefits. Benefits may be payable for bridgework required for loss of teeth while covered under the Policy, if such bridgework is not an abutment for non-covered bridgework.
- Prescription Drugs and analgesia pre-medication.
- 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.
- Dental education or training programs including oral hygiene or plaque control programs.
- Counseling on diet and nutrition.
- Military service, including service in a military reserve unit.
- Orthodontia, unless this coverage is elected by the Insured Person and the required premium is paid.
- Prosthodontics, unless this coverage is elected by the Insured Person and the required premium is paid.
- Charges payable under any medical insurance.
- 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.
- Use of materials, other than fluorides or sealants, to prevent tooth decay.
- Bite registrations.
- Bacteriologic cultures in connection with a covered dental service.
- Therapeutic injections administered by a Dentist.
- Cast restorations, inlays 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).
- Replacement of 3rd molars.
- Composites on teeth posterior to the 2nd bicuspid.
- Crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology.
- Temporomandibular joint syndrome.