



**MICHAEL LEVESQUE**

Insurance Agent, IHC Specialty Benefits

**941-214-0107** | [mlevesque@ihcsb.com](mailto:mlevesque@ihcsb.com)

<https://www.facebook.com/IHCWellness/>



# Independence Dental

Indemnity and PPO dental insurance for individuals and families

This pdf will provide a preview of coverage for 6 affordable plans, 3 indemnity and 3 PPO plans with one of the largest networks in the country.

Search for a dentist in your area-> <https://www.dentemax.com/find-a-dentist>

Please call me for quotes on all interested plans. Plans can be used throughout the U.S.





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## PPO Plan Design

	Independence PPO 1000	Independence Ultra PPO 1500	Independence PPO 1500
<b>Copay*</b> <i>(limit 1 per day, per provider)</i> Applies to all covered procedures.	\$20	\$20	None
<b>Calendar-year Deductible</b>	\$50	\$50	\$50
<b>Maximum Benefit</b> <i>(per covered person, per calendar year)</i>	\$1,000	\$1,500	\$1,500
Coinsurance percentage <i>(listed per covered person)</i>			
<b>Preventive Care:</b> <i>(In-Network/Out-of-Network)<sup>3</sup></i> <ul style="list-style-type: none"> <li>Routine oral exams</li> <li>Cleanings (Prophylaxis) <i>(limited to two per calendar year)</i></li> <li>Topical Fluoride <i>(for dependent children, limited to one per calendar year)</i></li> <li>Sealants <i>(one per tooth every three years for specific permanent molars)</i></li> <li>Space maintenance, including the initial appliance and adjustments <i>(within six months of installation for a dependent child up to age 16)</i></li> </ul>	100% <sup>2</sup> /100% <sup>2</sup> 100% <sup>2</sup> /100% <sup>2</sup> 100% <sup>2</sup> /100% <sup>2</sup> 100% <sup>2</sup> /100% <sup>2</sup> 100% <sup>2</sup> /100% <sup>2</sup>	100% <sup>2</sup> /100% <sup>2</sup> 100% <sup>2</sup> /100% <sup>2</sup> 100% <sup>2</sup> /100% <sup>2</sup> 100% <sup>2</sup> /100% <sup>2</sup> 100% <sup>2</sup> /100% <sup>2</sup>	100% <sup>2</sup> /100% <sup>2</sup> 100% <sup>2</sup> /100% <sup>2</sup> 100% <sup>2</sup> /100% <sup>2</sup> 80%/80% 80%/80%
<b>Diagnostic Care:</b> <ul style="list-style-type: none"> <li>Bitewing X-rays <i>(limited to one per calendar year)</i></li> <li>Full-mouth X-rays <i>(limited to one every three years)</i></li> </ul>	100% <sup>2</sup> /100% <sup>2</sup>	100% <sup>2</sup> /100% <sup>2</sup>	80%/80%  6 month waiting period
<b>Basic Care:</b> <ul style="list-style-type: none"> <li>Simple extractions</li> <li>Fillings               <ul style="list-style-type: none"> <li>» Amalgam restorations</li> <li>» Composite restorations, which are limited to anterior teeth and bicuspsids</li> </ul> </li> <li>Emergency palliative treatment to temporarily relieve pain</li> </ul>	50%/50%  6 month waiting period	80%/80%  6 month waiting period	80%/80%  6 month waiting period
<b>Major Care:</b> <ul style="list-style-type: none"> <li>Endodontic services</li> <li>Periodontic services</li> <li>Oral surgery</li> <li>Surgical extractions</li> <li>Dentures and maintenance prosthodontics</li> <li>Inlays, onlays and crowns</li> <li>Bridges</li> </ul>	50%/50%  12 month waiting period	50%/50%  12 month waiting period	50%/50%  12 month waiting period





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## Indemnity Plan Design

	Independence 1000	Independence Ultra 1500	Independence 1500
<b>Copay<sup>1</sup></b> (limit 1 per day, per provider) Applies to all covered procedures.	\$20	\$20	None
<b>Calendar-year Deductible</b>	\$50	\$50	\$50
<b>Maximum Benefit</b> (per covered person, per calendar year)	\$1,000	\$1,500	\$1,500
Coinsurance percentage (listed per covered person)			
<b>Preventive Care:</b> <ul style="list-style-type: none"> <li>Routine oral exams</li> <li>Cleanings (Prophylaxis) (limited to two per calendar year)</li> <li>Topical Fluoride (for dependent children, limited to one per calendar year)</li> <li>Sealants (one per tooth every three years for specific permanent molars)</li> <li>Space maintenance, including the initial appliance and adjustments (within six months of installation for a</li> </ul>	100% <sup>2</sup>	100% <sup>2</sup>	100% <sup>2</sup>
<b>Diagnostic Care:</b> <ul style="list-style-type: none"> <li>Bitewing X-rays (limited to one per calendar year)</li> <li>Full-mouth X-rays (limited to one every three years)</li> </ul>	100% <sup>2</sup>	100% <sup>2</sup>	80%  6 month waiting period
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## Examples of Monthly Premiums

### PPO 1000

### PPO 1500

### Ultra PPO 1500

#### Individual Price Range

\$ 22.21 - \$25.00

\$ 27.38 - \$30.12

\$ 27.53 - \$30.38

#### Family of 2

\$ 44.42

\$ 54.76

\$ 55.06

#### Family of 3

\$ 62.19

\$ 76.66

\$ 77.08

#### Family of 4

\$ 79.96

\$ 98.57

\$ 99.11

*Prices might vary slightly + or - based on city & zip code. Please text, email or call me for a quote today.*

One of the largest networks in the U.S.

Find a Dentist based on Zip Code anywhere in the country

<https://www.dentemax.com/find-a-dentist>

