

Dental for Everyone Gold Plan Delta Dental Premier

Plan Details

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|-------------|-------------|---------|------------|
| Participant | \$42.62/mo | PlusOne | \$78.37/mo |
| Family | \$114.11/mo | | |

Benefits

| Description | Plan | Plan | Plan |
|---|------|------|------|
| | Pays | Pays | Pays |
| | Year | Year | Year |
| | 1 | 2 | 3 |
| Diagnostic and Preventative Procedures Diagnostic: Routine periodic examinations once in a 6 month period. Preventative: Dental prophylaxis (teeth cleaning) once in a 6 month period. Radiography: Bitewing and full mouth x-rays. | 60% | 80% | 100% |
| Basic Procedures (6 month waiting period) Restorative: Amalgam fillings. Other: Space maintainers, recementation of crowns. | 50% | 65% | 80% |
| Major Procedures (12 month waiting period) Endodontics: Pulpal therapy and root canals. Periodontics: Treatment of diseases of the gums. Oral Surgery: Extractions and other oral surgery, including pre and post operative care. Prosthetics: Gold restorations, crowns, bridges, partials and complete dentures. Other: Pontics, repair of crowns and bridges, repair of full and partial dentures. | 0% | 30% | 50% |
| Orthodontia This plan does not have any benefits for orthodontia. | 0% | 0% | 0% |

Deductible

\$50 per person per calendar year.

Copay

N/A

Plan Highlights

- Underwritten by Delta Dental Insurance Company
- Free choice of dentist
- Plan Maximum of \$1,000 per person, per calendar year
- Benefits increase after the first and second years
- 6 month waiting period for basic procedures
- 12 month waiting period for major procedures
- \$50 deductible per person, per calendar year

Frequently Asked Questions

How many cleanings a year are covered with this plan?

One cleaning is covered every 6 months.

Are cosmetic procedures covered?

This plan does not cover cosmetic procedures.

Is orthodontia covered?

No, orthodontia is not covered under this plan.

Do I need to obtain claim forms?

One of the advantages of visiting a Delta Dental network dentist is that he will file the claim on your behalf. However if services are provided by an out of network dentist, you may be required to file a claim yourself. [Click Here](#)

Is there a waiting period?

Yes, there are some waiting periods with this plan.

Is this insurance?

Yes.

Can I change my dentist once I am in the plan?

Yes, you may change your dentist at any time.

What is the deadline for enrollments?

There is now deadline to enroll. Applications submitted by the 20th of the month can become effective on the 1st of the following month. Any applications received after the 20th can become effective on the 1st of the second month.

If my dentist isn't currently in the directory, what can I do?

You may want to call your dentist to confirm whether he is a Delta Dental dentist. If he does not participate in Delta Dental's network, he can charge potentially higher rates than a Delta Dental dentist. This may likely affect how much more you pay out of pocket for procedures. To reduce your out of pocket expenses, you can select a dentist that is in the directory.

What should I expect to see on my Bank/Credit Card Statement for my premium payments?

8888593795 Insurance will appear on your statement as the charge for your premiums.

When will I receive my enrollment package and what will it include?

You will receive your enrollment package upon completion of enrollment and payment of applicable premiums/enrollment fees, or a few days prior to the selected effective date. The enrollment package will include your Certificate of Coverage and I.D. cards.

Who do I call for billing questions?

Morgan White at 1-877-759-5726.

Can I change my payment type from monthly to another available option once I am in the plan?

Yes.

What if I need to make changes to my coverage (example: add or remove a dependent/spouse)?

You can call Morgan-White (administrator for BAI) at 1-877-759-5726.

Will I be able to cancel the dental plan after I have enrolled?

Yes, your coverage may be canceled within 30 days with written notice. All cancellations require a 30 day notice via email to individuakchanges@morganwhite.com or by fax to (601) 956-3795.

What are my options for selecting an Effective Date?

Plan effective dates are always the 1st of the month. Incomplete enrollment forms or failure to submit the required initial premium amount may cause an initial delay in issuance of insurance. We/BAI advise you not to cancel any other insurance or assume you are insured under the Group Dental Insurance Policy until you receive your Certificate of Coverage.

Who is eligible for coverage under this plan?

Any individuals who are 18 years of age or older, and their eligible dependents (unmarried children from birth to age 26).

Will I receive a renewal notice?

No. Once enrolled, the plan will continue unless you send a cancellation notice. All cancellations require a 30 day notice via email to individualchanges@morganwhite.com or by fax to (601) 956-3795.

When will my first payment be taken?

The \$35 non-refundable enrollment fee plus your first months premium is due at time of enrollment. Banking/Saving account – Please allow up to 3 business days. Credit/Debit Card - Will be taken immediately.

Can my coverage be cancelled?

Yes, if you do not pay your premiums on time; you are no longer a member of the Association; or if the Group Dental Insurance Policy with Benefits Association, Inc. is terminated/cancelled for any reason.

Does this plan have any limitations or exclusions?

Yes. There are some limitations and exclusions with this plan, as with most group insurance policies.

Dental Terminology Definitions

These definitions are designed to give you a “layman’s understanding” of some dental terminology in order for you to better understand your plan; they are not full descriptions.

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|-------------------------------|--|
| Amalgam: | A silver filling |
| Anterior: | Teeth that are in the front of the mouth |
| Bicuspid: | Most people have eight bicuspid teeth; they are located immediately preceding the molar teeth with two in each quadrant of the mouth. |
| Bridge: | A replacement for one or more missing teeth that is permanently attached to the teeth adjacent to the empty space(s). |
| Crown: | A covering created to place over a tooth to strengthen and/or replace tooth structure. A crown can be made of different materials (noble, high noble), base metal, porcelain or porcelain and metal. |
| Endodontics: | Procedures that treat the nerve or the pulp of the tooth due to injury or infection. |
| Oral Surgery: | Surgery to remove teeth, reshape portions of the bone in the mouth, or biopsy suspect areas of the mouth. |
| Orthodontics: | Braces and other procedures to straighten the teeth. |
| Periodontics: | Procedures related to treatment of the supporting structures of the teeth (gums, underlying bone). |
| Posterior: | Teeth that set towards the back of the mouth, including molars and bicuspids (premolars). |
| Primary Teeth: | The first set of teeth (“baby” teeth). |
| Prophylaxis: | Scaling and polishing of teeth by removal of the plaque above the gum line. |
| Prosthodontics: | The restoration of natural and/or the replacement of missing teeth with artificial substitutes. |
| Quadrant: | One of the four equal sections into which your mouth can be divided (some procedures like periodontics are done in quadrants). |
| Resin-based Composite: | Tooth-colored (white) fillings |

BROKER TIPS FOR DENTAL PLANS

General Information:

Both Indemnity and PPO plans provide benefits for use of any dentist, Higher benefits for use of PPO network dentists. PPO plans typically have a waiting period for certain types of care, such as basic and major care items. ***PPO plans have an annual deductible (calendar year) and an annual maximum benefit (calendar year). Both the annual deductible and annual maximum benefit shown are “per person”***

Highest benefits provided by DHMO plans by selecting dentist from panel dental network, three networks, immediate coverage for crowns and most major care items. **Orthodontia benefits included. DHMO plans have copayments for each procedure. There are no annual deductibles and no annual maximums on DHMO plans.**

Delta Care USA Senior plan at approx.. \$130/year offers only Preventative and Routine Care, no Major Care benefits where our Group plans provide this.

Delta Care USA Ind. Plan (non-group) approx.. \$10/month less does not allow referrals to specialists, Periodontists, Oral Surgeons, etc. where our Group plans do.

Preventative Care – Dental Exam/Teeth Cleaning 1 every 6 months

Routine Care – X-rays (1 every 12 months), Dental Fillings

Major Care – Crowns, Periodontal (gum disease) Care, Root Canals, Bridges,

Definitions/Terminology follow on second page