



Request for assistance

MDA Health Plan quote

The MDA Health Plan is available exclusively to members of the Michigan Dental Association and their employees. This is an employer-sponsored group health plan organized as a self-insured multiple employer welfare arrangement (MEWA). The dentist, as the employer, sets the eligibility rules for employees to participate in the MDA Health Plan.

Rates are developed based on the census of the office.

- There are 4 geographic rating areas
- Each subscriber on the policy has his/her own rate by age in 5-year age bands
- Each child under 19 has his/her own rate, up to a maximum of 3 children per family
- Rates are added together to produce an aggregate for the office

Yes, please follow up with me to provide a customized quote on the MDA Health Plan*

(please complete the information below):

MDA Member information	
First name	Last name
Practice name	
Practice address <i>(please include city, state and ZIP)</i>	
Email address	
Contact person <i>(if other than member)</i>	
I am interested in the following plans <i>(please select all that apply)</i>	
<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2
<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4
<input type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 6
<input type="checkbox"/> Plan 7	<input type="checkbox"/> Plan 8
<input type="checkbox"/> Plan 9	<input type="checkbox"/> Plan 10

**To help find the plan that's right for you, please see the following page for an overview of all our MDA Health plans*



Find the plan that's right for you

Many factors contribute to finding the plan that's right for you. The plans below are broken down at-a-glance, categorized by your desired level of financial risk. Complete benefits at-a-glance can be found at mdaprograms.com.

- Higher monthly costs
- Lower financial risk
- Lower coinsurance max

PLAN 1 PPO*	
Deductible (1 person)	\$500 in-network \$2,500 coinsurance max \$4,000 TROOP
Office visits	\$30 co-pay
Benefit	Pays 80% after deductible
Rx co-pays †	\$10 / \$40 / \$80 / 20% / 50%

PLAN 2 PPO*	
Deductible (1 person)	\$1,000 in-network \$3,000 coinsurance max \$7,150 TROOP
Office visits	\$30 co-pay
Benefit	Pays 80% after deductible
Rx co-pays †	\$10 / \$40 / \$80 / 20% / 50%

PLAN 3 PPO*	
Deductible (1 person)	\$1,500 in-network \$3,000 coinsurance max \$7,150 TROOP
Office visits	\$35 co-pay
Benefit	Pays 80% after deductible
Rx co-pays †	\$10 / \$50 / \$100 / 20% / 50%

- Moderate-range monthly costs
- Moderate financial risk
- Moderate-range out-of-pockets

PLAN 4 PPO*	
Deductible (1 person)	\$2,500 in-network \$5,000 coinsurance max \$7,150 TROOP
Office visits	\$35 co-pay
Benefit	Pays 80% after deductible
Rx co-pays †	\$10 / \$50 / \$100 / 20% / 50%

PLAN 7 EPO † LIMITED NETWORK	
Deductible (1 person)	\$2,000 in-network \$4,000 TrOOP
Office visits	\$30 co-pay
Benefit	Pays 80% after deductible
Rx co-pays †	\$10 / 50% (\$100/\$300)/(\$200/\$400)

PLAN 8 PPO*	
Deductible (1 person)	\$3,000 in-network \$7,150 TROOP
Office visits	\$30 co-pay
Benefit	Pays 80% after deductible
Rx co-pays †	\$10 / 50% (\$100/\$300)/(\$200/\$400)

- Lower monthly costs
- Higher financial risk
- Higher out-of-pockets
- Potential tax benefit

PLAN 5 HSA †	
Deductible (1 person)	\$2,000 in-network \$5,000 TROOP
Office visits	80% after deductible
Benefit	Pays 80% after deductible
Rx co-pays †	\$10 / \$50 / \$100 / 20% / 50% (after deductible is met)

PLAN 6 HSA †	
Deductible (1 person)	\$3,000 in-network \$6,450 TROOP
Office visits	80% after deductible
Benefit	Pays 80% after deductible
Rx co-pays †	\$10 / \$50 / \$100 / 20% / 50% (after deductible is met; preventative Rx copay before deductible)

PLAN 9 HSA †	
Deductible (1 person)	\$4,000 in-network \$6,550 TrOOP
Office visits	80% after deductible
Benefit	Pays 80% after deductible
Rx co-pays †	\$10 / \$50 / \$100 / 20% / 50% (after deductible is met)

PLAN 10 PPO*	
Deductible (1 person)	\$7,150 in-network \$7,150 TROOP
Office visits	\$35 co-pay †
Benefit	Pays 100% after deductible
Rx co-pays †	\$10 / 50% (\$100/\$300)/(\$200/\$400)

* Preferred Provider Organization (PPO): A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

† All drug cards are five-tier: Generic / Preferred brand / Non-preferred brand / Preferred specialty / Non-preferred specialty.

‡ Exclusive provider organizations (EPOs) are a lot like HMOs: They generally don't cover care outside the plan's provider network. Members may not need a referral to see a specialist.

† A health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a qualified high-deductible health plan (HDHP). The funds contributed to an account are not subject to federal income tax at the time of deposit.

§ Services provided in the office are subject to the deductible (e.g. urine analysis, throat culture, blood work, etc.)