

ENROLLMENT INFORMATION

- Complete and mail enclosed form.
- Do not send premium with form. You will be billed for your first premium.
- All quarterly bills and information will be mailed to billing address listed on top of the enrollment form.
- Subscribers are required to remain enrolled for a minimum of 24 consecutive months.
- Enrollment form must be signed by MDA member dentist.
- List additional dependents on separate sheet.
- Mail To:
MDA Insurance & Financial Group
3657 Okemos, Rd., Suite 100
Okemos, MI 48864

For Customer Service or
Billing Questions:
1-800-655-8838

For Enrollment:
1-877-906-9924

This brochure can provide only general information and plan highlights. This document is only a partial listing of benefits. This is not a contract of insurance. The policy provides a complete listing of covered services.



MDA Delta Dental plans provide an excellent opportunity for you to obtain protection for yourself, your family, and your employees.

Dental benefits not only encourage good oral health, they can serve as an excellent, affordable employee benefit. Whether the cost is paid by the employer or employee, the MDA Delta Dental plans are worth considering as a new benefit. Subscribers can choose from two Delta Premier programs (the standard fee-for-service program).



insurance
MDAPROGRAMS.COM

Dependent Children

Dependent children between the ages of 19-25 years old may continue coverage through their parents' plan at no additional cost if they are unmarried full time students and financially dependent, according to the IRS. Coverage for these dependents terminates at the end of the calendar year of their 25th birthday.

How Delta Premier Works

You are free to choose any dentist, as long as the dentist is licensed to practice dentistry in the state or country in which you receive care.

If the dentist is contracting with Delta Premier, Delta Dental will make payment directly to him/her. If the dentist is not contracting with Delta Premier, then Delta Dental will make payment directly to you. Dentists contracting with Delta Premier receive payments based on the usual and customary fees for covered services. You are responsible only for your copayment.

Eligibility

MDA members, their dependents, employees and their dependents, and MDA members' surviving spouses may enroll in the dental program throughout the year per the continuous enrollment schedule (listed below). Applications will be processed by the date they are received by the MDA Insurance Agency.

If the application is received by the 18th of the month you will receive an effective date of the 1st day of following month.

Exclusions

- Implants
- Sealants



Delta Dental Plan Enrollment or Change Form

Please type or print all information. Form must be signed by an MDA member dentist. Please fold and tape closed before mailing.

For Customer Service or Billing Questions **1-800-655-8838** | For Enrollment **1-877-906-9924**

PLEASE CHECK ONE:

- New Group Enrollment
 Addition: New Employee
Addition: Spouse
 Child
- Total Group Cancel
 Cancel Coverage: Subscriber & Dependent
Deletion: Spouse
 Child

(Please Print)

Change Name to: _____

Reason for Change (i.e., birth, marriage, divorce, etc.) _____

REQUESTED EFFECTIVE DATE _____
(Please refer to brochure for schedule)

Practice Name _____
Address _____
City _____ State _____ Zip _____
Business Phone (____) _____ Business Fax (____) _____ Email _____
MDA Member Name _____ Contact Person _____

Name _____ SS# _____ Birth Date _____ Sex _____
Address _____ City _____ State _____ ZIP _____
Plan Selection: Premier 1 Premier 2 Please check: Dentist Employee

List Dependents

Name	Sex	Birth Date	Name	Sex	Birth Date
Spouse			Child		
Child			Child		
Child			Child		

Name _____ SS# _____ Birth Date _____ Sex _____
Address _____ City _____ State _____ ZIP _____
Plan Selection: Premier 1 Premier 2 Please check: Dentist Employee

List Dependents

Name	Sex	Birth Date	Name	Sex	Birth Date
Spouse			Child		
Child			Child		
Child			Child		

Name _____ SS# _____ Birth Date _____ Sex _____
Address _____ City _____ State _____ ZIP _____
Plan Selection: Premier 1 Premier 2 Please check: Dentist Employee

List Dependents

Name	Sex	Birth Date	Name	Sex	Birth Date
Spouse			Child		
Child			Child		
Child			Child		

SURVIVING SPOUSE ONLY

Name of DECEASED _____
Social Security Number _____ Date of Death ____/____/____
Name of SURVIVING SPOUSE _____
Billing Address _____
Social Security Number _____ Date of Birth ____/____/____
Signature _____

- IMPORTANT INFORMATION -

- ◆ Subscribers are required to remain enrolled for a minimum of 24 consecutive months or unless terminated by employer.
- ◆ Applicants are free to choose either plan.

MDA Member Signature _____ Date _____

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 89 EAST LANSING, MI

POSTAGE WILL BE PAID BY ADDRESSEE

MDA INSURANCE & FINANCIAL GROUP, INC.
3657 OKEMOS RD STE 100
OKEMOS MI 48964-3927



DELTA DENTAL BENEFIT COMPARISON

CLASS I

DIAGNOSTIC AND PREVENTIVE SERVICES

Services and procedures to evaluate existing conditions and/or to prevent the occurrence of dental abnormalities or disease. Such services might include oral examinations, prophylaxes and topical applications of fluoride.

EMERGENCY PALLIATIVE TREATMENT

Non-specific treatment employed by dentists on emergency basis to temporarily relieve pain.

RADIOGRAPHS

As required, or in conjunction with the diagnosis of a specific condition.

CLASS II

ORAL SURGERY SERVICES

Includes extractions and other surgical dental procedures including pre and post operative care.

RESTORATIVE SERVICES (MINOR)

Services to rebuild, repair or reform natural tooth structure when necessary due to disease or injury which include, but are not limited to:
MINOR restorative services such as amalgams (silver fillings) and resin (white fillings) on both anterior and posterior (back) teeth and relines and repairs to prosthetic appliances.

PERIODONTICS

Procedures employed by dentists for the treatment of diseases of the gums and supporting structures of the teeth.

ENDODONTICS

Procedures for the treatment of teeth with diseased or damaged nerves (for example, root canals).

CLASS III

PROSTHODONTICS

Services and appliances, such as bridges, partial dentures and complete dentures, that replace missing natural teeth.

RESTORATIVE SERVICES (MAJOR)

Services to rebuild, repair or reform natural tooth structure when necessary due to disease or injury which include, but are not limited to:
MAJOR restorative services such as jackets on anterior teeth and cast restorations when the teeth cannot be restored with another filling material.

CLASS IV

ORTHODONTICS (to age 19)

Services, treatment and procedures required for the correction of malposed teeth. Eligible persons are covered only to age 19.

BENEFIT MAXIMUMS

Annual Maximum
Orthodontic Lifetime Maximum

	Delta Premier	
	Premier 1	Premier 2
DIAGNOSTIC AND PREVENTIVE SERVICES	100%	50%
EMERGENCY PALLIATIVE TREATMENT	100 %	50 %
RADIOGRAPHS	100%	50%
ORAL SURGERY SERVICES	50%	50%
RESTORATIVE SERVICES (MINOR)	50%	50%
PERIODONTICS	50%	50%
ENDODONTICS	50%	50%
PROSTHODONTICS	50%	50%
RESTORATIVE SERVICES (MAJOR)	50%	50%
ORTHODONTICS (to age 19)	50%	50%
Annual Maximum	\$1,000	\$800
Orthodontic Lifetime Maximum	\$1,000	\$1,000

PRSRT STD
US POSTAGE
PAID
LANSING, MI
PERMIT NO. 992



MDAPROGRAMS.COM
3657 Okemos, Rd., Suite 100
Okemos, MI 48864

MICHIGAN DENTAL ASSOCIATION

Delta Dental Plan of Michigan



As a member,
affordable dental benefits
are available to you, your family,
employees and small groups.

