

Dental for Everyone The No Wait Plan Delta Dental PPO

Plan Details

Participant **\$56.44**/mo Plus One **\$105.30**/mo

Family **\$154.17**/mo

Benefits

| Description | Plan Pays | | |
|---|-----------|--------|--------|
| | Year 1 | Year 2 | Year 3 |
| Diagnostic and Preventative Procedures Diagnostic and Preventive - includes exams and cleanings and Brush Biopsy - to detect oral cancer | 80% | 90% | 100% |
| Basic Procedures Fluoride Treatment - topical application of fluoride, Bitewing Radiographs - bitewing X-rays, Sealants - to prevent decay of permanent molars, Emergency Palliative Treatment - to temporarily relieve pain, and Space Maintainers - to maintain space | 40% | 60% | 80% |
| Major Procedures All Other Radiographs - other X-rays, Minor Restorative Services – fillings, Periodontics Services - to treat gum disease, Endodontics Services - root canals, Relines and Repairs - to bridges, implants and dentures, Oral Surgery Services - extractions and dental surgery, Major Restorative Services – crowns, and Prosthodontic Services - bridges, implants and dentures | 15% | 30% | 50% |
| Orthodontia Procedures This plan does not have any benefits for orthodontia. | 0% | 0% | 0% |
| Disclaimer PPO rates are based on the use of the PPO or Premier network. Payment to PPO Dentist is based on the Delta Dental PPO fee schedule. Payment to the Premier Dentist is based on Delta's Premier Maximum Contract Allowance. PPO and Premier Dentist will file the claim with Delta Dental. Non Delta Dentist may balance bill up to their fees. | | | |

Deductible
\$50 per person per calendar year

Office Co-Pay
N/A

Plan Cost

| | Monthly | Quarterly | Semi-Annual | Annually |
|--------------------|----------------|------------------|--------------------|-----------------|
| Participant | \$56.44 | \$169.32 | \$338.64 | \$677.28 |
| Plus One | \$105.30 | \$315.90 | \$631.80 | \$1,263.60 |
| Family | \$154.17 | \$462.51 | \$925.02 | \$1,850.04 |

One-Time Non-Refundable Processing Fee: \$35.00

The stated rates above include a four dollar (\$4) per month billing fee, a four percent (4%) administration fee, and one dollar (\$1) per month fee for membership in the Benefits Association. Membership in the Benefits Association, Inc. is required to enroll in this plan. Should you decide to enroll in this dental plan, you will be prompted during the enrollment process to confirm your acceptance of membership in the Benefits Association. If you are already a member of Benefits Association, please call the member services number located on the back of your membership card, and they will process your enrollment accordingly. Should your effective date fall on, or between, January 1st and June 1st, your policy will renew in December of each year, at which time rates may be subject to change. After your first renewal, the rates will be guaranteed for 12 months each year thereafter. If your effective date is on or between July 1st and December 1st, your policy will renew in June of each year, at which time rates may be subject to change. After your first renewal, the rates will be guaranteed for 12 months each year thereafter.

Methods of Payment

- Visa
- Mastercard
- American Express
- Discover
- Bankdraft

Plan Highlights

- No waiting periods
- Free choice of dentist
- \$50 deductible per person, per calendar year
- Plan Maximum of \$2,000 per person, per calendar year
- Benefits increase after the first and second years
- Group insurance coverage available to members of Benefits Association Inc.
- Group dental insurance plan is underwritten by Delta Dental Insurance Company

Plan Disclosures

Yes. There are some limitations and exclusions with this plan, as with most group insurance policies. [For a brief summary of the limitations and exclusions click here.](#)

Frequently Asked Questions

Is this insurance?

Yes.

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).

How many cleanings a year are covered with this plan?

Two cleanings are covered in a 12 month period.

Is orthodontia covered?

No. Orthodontia is not covered under this plan.

Are cosmetic procedures covered?

This plan does not cover cosmetic procedures.

Is there a waiting period?

No. There are no waiting periods with this plan.

Does this plan have any limitations or exclusions?

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

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

Yes, you may change your dentist at any time.

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.

When will my first payment be taken?

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

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.

What is the deadline for enrollments?

There is no 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.

When will I receive a billing statement?

Payments are automatically deducted from the credit card or bank account supplied to us at time of enrollment on the 18th of every month for the month ahead. We do not send out paper billing statements.

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.

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

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

Who do I call for billing questions?

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

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.

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 individualchanges@morganwhite.com or by fax to (601) 956-3795.

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](#)

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.