

# Dental for Everyone The No Wait Plan Delta Dental PPO

## Plan Details

Participant <b>\$56.44</b> /mo	Plus One <b>\$105.30</b> /mo
Family <b>\$154.17</b> /mo	

## Benefits

	Description			
		Plan Pays Year	Plan Pays Year	Plan Pays Year
		1	2	3
<b>Diagnostic and Preventative Procedures</b>	Diagnostic and Preventive - includes exams and cleanings and Brush Biopsy - to detect oral cancer	80%	90%	100%
<b>Basic Procedures</b>	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%
<b>Major Procedures</b>	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, <span style="background-color: yellow;">implants</span> and dentures	15%	30%	50%
<b>Orthodontia</b>	This plan does not have any benefits for orthodontia.	0%	0%	0%
<b>Disclaimer</b>	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

	<b>Monthly</b>	<b>Quarterly</b>	<b>Semi-Annual</b>	<b>Annually</b>
<b>Participant</b>	\$56.44	\$169.32	\$338.64	\$677.28
<b>Plus One</b>	\$105.30	\$315.90	\$631.80	\$1,263.60
<b>Family</b>	\$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

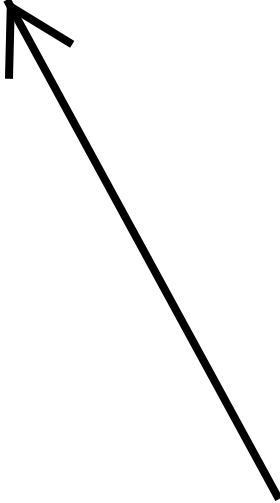
- Visa
- Mastercard
- American Express
- Discover
- Bankdraft

## Plan Highlights

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

## 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

### 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.

### 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](#)

### 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.

### How many cleanings a year are covered with this plan?

Two cleanings are covered in a 12 month period.

### 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.

### Is orthodontia covered?

No. Orthodontia is not covered under this plan.

### 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.

### 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](mailto:individualchanges@morganwhite.com) or by fax to (601) 956-3795.

### Is there a waiting period?

No. There are no waiting periods with this plan.

### 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.

### 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](mailto:individualchanges@morganwhite.com) or by fax to (601) 956-3795.

### Who do I call for billing questions?

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

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

Yes, you may change your dentist at any time.

### 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.

### 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.

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

Yes.

### Are cosmetic procedures covered?

This plan does not cover cosmetic procedures.

### Is this insurance?

Yes.

### Does this plan have any limitations or exclusions?

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

### 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).

### 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.

# MAX Choice Plus Plan PPO

## Plan Details

Participant <b>\$89.49</b> /mo	Plus One <b>\$163.15</b> /mo
Family <b>\$230.57</b> /mo	

## Benefits

	Description	Plan Pays		
		Year 1	Year 2	Year 3
<b>Diagnostic and Preventive</b>	Includes exams, cleanings and brush biopsy to detect oral cancer.	100%	100%	100%
<b>Basic</b>	Includes topical application of fluoride, radiographs (bitewing x-rays), sealants to prevent decay of permanent molars, emergency palliative treatment to temporarily relieve pain and space maintainers. Includes simple extractions, minor restorative services such as fillings, radiographs/diagnostic	40%	60%	80%
<b>Major</b>	imaging/diagnostic casts (x-rays), periodontic services to treat gum disease, after-hours services, endodontic services (root canals), all oral surgery services (extractions and/or dental surgery), periodontal maintenance, major restorative service such as crowns, bridges (including relines/repairs), <b>implants</b> and dentures.	20%	40%	50%
<b>Orthodontics</b>	Braces for eligible dependent children to age 19. A separate lifetime maximum of \$1,200 per eligible dependent applies to orthodontic benefits.	10%	25%	50%

**Deductible**

\$50 per person per policy year, \$150 maximum per family. Applies to all services except in-network diagnostic and preventive services and orthodontics

**Office Co-Pay**

N/A

## Plan Cost

	Monthly	Quarterly	Semi-Annual	Annually
<b>Participant</b>	\$89.49	\$268.47	\$536.94	\$1,073.88
<b>Plus One</b>	\$163.15	\$489.45	\$978.90	\$1,957.80
<b>Family</b>	\$230.57	\$691.71	\$1,383.42	\$2,766.84

One time Non Refundable Processing fee: \$35.00

## Methods of Payment

- Visa
- Mastercard
- American Express
- Discover
- Bankdraft

The stated rates above include \$1.00 per month for membership in the World Travelers of America, Inc. (WTA), and a \$4.00 monthly billing fee. Membership in World Travelers of America, 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 WTA.

## Plan Highlights

- **No waiting periods**
- Benefits that increase over three years
- Annual Maximum: 1st year-\$1,000/2nd year-\$2,000/3rd year-\$3000
- Includes coverage for orthodontics (up to age 19)
- Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN and in New York by Renaissance Health Insurance Company of New York, Binghamton, NY. Each company has sole financial responsibility for its own products.
- Freedom to choose any dentist (Out-of-Network claims will be paid at the 80th percentile of UCR, Usual Customary and Reasonable charges.)



## Plan Disclosures

### Exclusions:

In addition to the exclusions listed in the Benefits Section, RLHICA will not make payment for the following services, items or supplies and all charges for the same will be the responsibility of the Certificate Holder, unless otherwise specified in the Declarations Section:

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Services that are received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX of the Social Security Act, that is, Medicaid;
2. Services or appliances started prior to the date the person became eligible under this Policy, excluding orthodontic treatment in progress (if a Covered Service);
3. Charges for failure to keep a scheduled visit with the Dentist;
4. Charges for completion of forms or submission of claims;
5. Services, items or supplies for which no valid dental need can be demonstrated, as determined by RLHICA;
6. Services, items or supplies that are specialized techniques, as determined by RLHICA;
7. Services, items or supplies that are investigational in nature, including services, items or supplies required to treat complications from investigational procedures, as determined by RLHICA;
8. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or other licensed provider under the scope of his or her license as permitted by applicable state law;
9. Services, items or supplies excluded by the policies and procedures of RLHICA;
10. Services, items or supplies which are not rendered in accordance with accepted standards of dental practice, as determined by RLHICA;
11. Services, items or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of RLHICA coverage;
12. Services, items or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
13. Services, items or supplies that are generally covered under a hospital, surgical/medical or prescription drug program;
14. Services, items or supplies that are not within the categories of Benefits that have been selected by the Policyholder and are not covered in this Policy;
15. Prescription drugs, non-prescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards, house/extended care facility visits, mounted occlusal analysis, complete occlusal adjustments, enamel microabrasions, odontoplasty or bleaching;
16. Correction of congenital or developmental malformations, cosmetic surgery or dentistry for aesthetic reasons as determined by RLHICA;

17. Any appliance, restoration or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusion; (c) replace tooth structure lost as a result of abrasion, attrition, abfraction or erosion; or (d) splint or stabilize teeth for periodontal reasons.

Limitations:

In addition to the limitations listed in the Benefits Section, the following limitations apply under this Policy, unless otherwise specified in the Declarations Section:

1. RLHICA's obligation for payment of Benefits ends on the last day of the month in which coverage is terminated under this Policy;
2. When services in progress are interrupted and completed later by another Dentist, RLHICA will review the claim to determine the amount of payment, if any, to each Dentist;
3. Care terminated due to the death of a Certificate Holder or Eligible Dependent will be paid to the limit of RLHICA's liability for the services completed or in progress;
4. The Maximum Payment will be limited to the amount specified in the Declarations Section of this Policy;
5. If a Deductible amount is specified in the Declarations Section, RLHICA will not be obligated to pay, in whole or in part, for any services, items or supplies to which the Deductible applies until the Deductible amount is met.

Notice: This website provides a very brief description of some important features of the coverage. It is not the Insurance Group Policy or Certificate. A full explanation of benefits, exclusions and limitations are contained in the Certificate of Insurance under group policy form **D-100A-OH V4.**

## Frequently Asked Questions

### Do I need to obtain claim forms?

One of the advantages of visiting a **Maximum Care™ 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.

### Is there a waiting period?

There are no waiting periods with this policy.

### 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.

### Does this plan have any limitations or exclusions?

Yes. There are some limitations and exclusions with this plan, as with most group insurance policies. Please check the Disclosures Tab on this product.

### Are cosmetic procedures covered?

This plan does not cover cosmetic procedures.

### 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 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.

### How many cleanings a year are covered with this plan?

Cleanings are covered 3 times a year. Oral exams are only covered twice a year.

### 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 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.

### 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.

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

Yes.

### Is this insurance?

Yes.

### 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.

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

You can call Morgan-White (administrator for World Travelers of America, Inc.) at 1-866-569-8654.

### Is orthodontia covered?

Yes. Orthodontia is covered for eligible dependents up to age 19. Please refer to the Plan Benefits section for additional details on Orthodontia benefits.

### Who is eligible for coverage under this plan?

Coverage is offered to individuals who are 18 years of age or older plus their eligible dependents (spouse and unmarried children from birth to age 19; extended to age 28 if child is a full-time student). \*Note: This may vary based on state requirements.

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

Yes, you may change your dentist at any time.

### What company and percentile does Renaissance use to determine usual customary and reasonable charges?

Renaissance uses a company called FairHealth for determining usual and customary rates (UCR). And, the 80th percentile of UCR is what is used for pricing out of network claims.

### 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 Maximum Care™ dentist. If he does not participate in a Maximum Care™ network, he can charge potentially higher rates than Maximum Care™ 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.

### Will I receive a renewal notice?

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

# MAX Choice Plan PPO/MAC

## Plan Details

Participant **\$58.78**/mo Plus One **\$106.24**/mo

Family **\$158.59**/mo

## Benefits

Description	Plan Pays		
	Year 1	Year 2	Year 3
<b>Diagnostic and Preventive</b> Includes exams, cleanings and brush biopsy to detect oral cancer.	100%	100%	100%
<b>Basic</b> Includes topical application of fluoride, radiographs (bitewing x-rays), sealants to prevent decay of permanent molars, emergency palliative treatment to temporarily relieve pain and space maintainers. Includes simple extractions, minor restorative services such as fillings, radiographs/diagnostic	40%	60%	80%
<b>Major</b> imaging/diagnostic casts (x-rays), periodontic services to treat gum disease, after-hours services, endodontic services (root canals), all oral surgery services (extractions and/or dental surgery), periodontal maintenance, major restorative service such as crowns, bridges (including relines/repairs), <b>implants</b> and dentures.	20%	40%	50%
<b>Orthodontics</b> Braces for eligible dependent children to age 19. A separate lifetime maximum of \$1,200 per eligible dependent applies to orthodontic benefits.	10%	25%	50%

### Deductible

\$50 per person per policy year, \$150 maximum per family. Applies to all services except in-network diagnostic and preventive services and orthodontics

### Office Co-Pay

N/A

## Plan Cost

	<b>Monthly</b>	<b>Quarterly</b>	<b>Semi-Annual</b>	<b>Annually</b>
<b>Participant</b>	\$58.78	\$176.34	\$352.68	\$705.36
<b>Plus One</b>	\$106.24	\$318.72	\$637.44	\$1,274.88
<b>Family</b>	\$158.59	\$475.77	\$951.54	\$1,903.08

One time Non Refundable Processing fee: \$35.00

## Methods of Payment

- Visa
- Mastercard
- American Express
- Discover
- Bankdraft

The stated rates above include \$1.00 per month for membership in the World Travelers of America, Inc. (WTA), and a \$4.00 monthly billing fee. Membership in World Travelers of America, 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 WTA.

## Plan Highlights

- Generous annual maximum of \$1,200
- This is a Maximum Allowable Charge (MAC) Plan - Benefit payments are calculated on the Renaissance PPO fees. If the dentist is not a participating PPO dentist, the patient is responsible for the difference between the PPO fee and the providers submitted charge.
- Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN and in New York by Renaissance Health Insurance Company of New York, Binghamton, NY. Each company has sole financial responsibility for its own products.
- **No waiting periods**
- **Benefits that increase over three years**
- Includes coverage for orthodontics (up to age 19)

## Plan Disclosures

### Exclusions:

In addition to the exclusions listed in the Benefits Section, RLHICA will not make payment for the following services, items or supplies and all charges for the same will be the responsibility of the Certificate Holder, unless otherwise specified in the Declarations Section:

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Services that are received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX of the Social Security Act, that is, Medicaid;
2. Services or appliances started prior to the date the person became eligible under this Policy, excluding orthodontic treatment in progress (if a Covered Service);
3. Charges for failure to keep a scheduled visit with the Dentist;
4. Charges for completion of forms or submission of claims;
5. Services, items or supplies for which no valid dental need can be demonstrated, as determined by RLHICA;
6. Services, items or supplies that are specialized techniques, as determined by RLHICA;
7. Services, items or supplies that are investigational in nature, including services, items or supplies required to treat complications from investigational procedures, as determined by RLHICA;
8. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or other licensed provider under the scope of his or her license as permitted by applicable state law;
9. Services, items or supplies excluded by the policies and procedures of RLHICA;
10. Services, items or supplies which are not rendered in accordance with accepted standards of dental practice, as determined by RLHICA;
11. Services, items or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of RLHICA coverage;
12. Services, items or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
13. Services, items or supplies that are generally covered under a hospital, surgical/medical or prescription drug program;
14. Services, items or supplies that are not within the categories of Benefits that have been selected by the Policyholder and are not covered in this Policy;
15. Prescription drugs, non-prescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards, house/extended care facility visits, mounted occlusal analysis, complete occlusal adjustments, enamel microabrasions, odontoplasty or bleaching;
16. Correction of congenital or developmental malformations, cosmetic surgery or dentistry for aesthetic reasons as determined by RLHICA;

17. Any appliance, restoration or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusion; (c) replace tooth structure lost as a result of abrasion, attrition, abfraction or erosion; or (d) splint or stabilize teeth for periodontal reasons.

**Limitations:**

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3. Care terminated due to the death of a Certificate Holder or Eligible Dependent will be paid to the limit of RLHICA's liability for the services completed or in progress;
4. The Maximum Payment will be limited to the amount specified in the Declarations Section of this Policy;
5. If a Deductible amount is specified in the Declarations Section, RLHICA will not be obligated to pay, in whole or in part, for any services, items or supplies to which the Deductible applies until the Deductible amount is met.

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## Frequently Asked Questions

**Does this plan have any limitations or exclusions?**

Yes. There are some limitations and exclusions with this plan, as with most group insurance policies. Please check the Disclosures Tab on this product.

**Is this insurance?**

Yes.

**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 Maximum Care™ dentist. If he does not participate in a Maximum Care network, he can charge potentially higher rates than Maximum Care™ 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.

**Is orthodontia covered?**

Yes. Orthodontia is covered for eligible dependents up to age 19. Please refer to the Plan Benefits section for additional details on Orthodontia benefits.

**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.

**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.

**Are cosmetic procedures covered?**

This plan does not cover cosmetic procedures.

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

You can call Morgan-White (administrator for World Travelers of America, Inc.) at 1-866-569-8654.

**Is there a waiting period?**

This plan has no waiting periods.

**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.

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

Yes.

**Do I need to obtain claim forms?**

One of the advantages of visiting a Maximum Care™ 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.

**How many cleanings a year are covered with this plan?**

Cleanings are covered 3 times a year. Oral exams are only covered twice a year.

**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.

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

Yes, you may change your dentist at any time.

**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 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.

**Will I receive a renewal notice?**

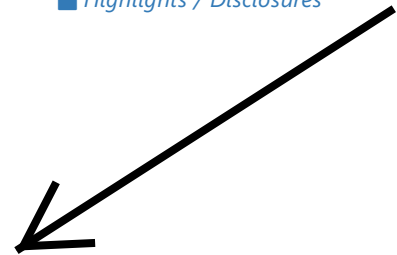
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**Who is eligible for coverage under this plan?**

Coverage is offered to individuals who are 18 years of age or older plus their eligible dependents (spouse and unmarried children from birth to age 19; extended to age 28 if child is a full-time student). \*Note: This may vary based on state requirements.

# Compare Plans SAN PEDRO, CA, 90731

Plan	MAX Choice Plan PPO/MAC	Dental for Everyone The No Wait Plan <span style="background-color: yellow;">Delta Dental PPO</span>	MAX Choice Plus Plan PPO
<b>Monthly Rate</b>	Participant: \$58.78 PlusOne: \$106.24 Family: \$158.59	Participant: \$56.44 PlusOne: \$105.30 Family: \$154.17	Participant: \$89.49 PlusOne: \$163.15 Family: \$230.57
<b>Waiting / Costs</b>	Cleaning: None / 100% Filling: None / 20%-50% Crown: None / 20%-50% Ortho: None / 10%-50%	Cleaning: None / 80%-100% Sealants: None / 40%-80% Crown: None / 15%-50% Ortho: N/A / 0%	Cleaning: None / 100% Filling: None / 20%-50% Crown: None / 20%-50% Ortho: None / 10%-50%
<b>Deductible</b>	\$50 per person per policy year, \$150 maximum per family. Applies to all services except in-network diagnostic and preventive services and orthodontics	\$50 per person per calendar year	\$50 per person per policy year, \$150 maximum per family. Applies to all services except in-network diagnostic and preventive services and orthodontics
<b>Office Co-pay</b>	N/A	N/A	N/A
<b>Plan Maximum</b>	\$1,200 per person per policy year	\$2,000 per person per calendar year	Policy Year Maximum: 1st year- \$1,000 2nd year-\$2,000 3rd year- \$3,000
<b>Plan Documents</b>	<a href="#">Highlights / Disclosures</a>	<a href="#">Highlights / Disclosures</a>	<a href="#">Highlights / Disclosures</a>



Click here for customized details, proposal & Enrollment

