

# Dental for Everyone



## The Voluntary Dental Plan for members of Benefits Association, Inc.

Association members include:

*Individuals*



*Small Employers*



*Senior Citizens*



Administration & Plan Marketing by

**MorganWhiteGroup**

[www.dentalforeveryone.com](http://www.dentalforeveryone.com)

## Dental Facts

*“Most dental disease can be avoided through preventive care and good oral hygiene.”*

The American Dental Association

*“Every year one of ten people experiences a restricted activity day or lost work day due to dental disease.”*

National Center for Health Statistics

*“Tooth decay and other dental diseases affect nearly 90% of the population.”*

American Institute of Preventive Medicine

The continuing rise in the cost of dental care has made dental insurance an important consideration for today’s American families.

Now you and/or your family are eligible for this new Voluntary Dental Plan.

*And you select your own dentist!*

## Plan Features

- **Free choice of dentist**  
(However, Delta Dental Participating Dentists have agreed to file the claim for you and to accept the amount approved by Delta.)
- **No age limits**
- **\$100 per person lifetime deductible on ortho**
- **Calendar year maximum \$1200 per person**
- **6 month waiting period for basic procedures**
- **12 month waiting period for major care & ortho**
- **Keep your dental plan regardless of your age**
- **Ortho benefits for dependents included at no extra charge**
- **Benefits increase after the first and second years**
- **No questions about your past dental history**

For additional information, email MorganWhiteGroup at [dentalforeveryone@morganwhite.com](mailto:dentalforeveryone@morganwhite.com) or call **1-800-800-1397** • Access Delta Dental’s National Dentist Directory on the Internet at [www.deltadentalins.com](http://www.deltadentalins.com)

Your Deductible	Plan Pays 1st Year	Plan Pays 2nd Year	Plan Pays 3rd Year	Services Covered
\$50 per person per calendar year for Types 1, 2 and 3 procedures.	80%	90%	100%	<b>Type 1 - Diagnostic and Preventive Treatment</b> <u>Diagnostic:</u> Routine periodic examinations once in a 6 month period. <u>Preventive:</u> Dental prophylaxis (teeth cleaning and scaling) once in a 6 month period (including application of topical fluoride for dependent children only). <u>Radiography:</u> Bitewing x-rays once in a 6 month period. Full mouth x-rays one in a 36 month period.
See above	60%	70%	80%	<b>Type 2 - Basic Procedures (6 month waiting period)</b> <u>Restorative:</u> Amalgam, synthetic porcelain or plastic fillings. <u>Other:</u> Space maintainers, recementation of crowns.
See above	0%	40%	50%	<b>Type 3 - Major Procedures (12 month waiting period)</b> <u>Endodontics:</u> Pulpal therapy and root canals. <u>Periodontics:</u> Treatment of diseases of the gums. <u>Oral Surgery:</u> Extractions and other oral surgery, including pre and post operative care. <u>Prosthetics:</u> Gold restorations, crowns, bridges, partials and complete dentures. <b>For enrollees of age 65 or older this benefit is limited to \$600 per person per year.</b> <u>Other:</u> Pontics, repair of crowns and bridges, repair of full and partial dentures.
\$100 lifetime	0%	40%	50%	<b>Type 4 - Orthodontia Procedures (12 month waiting period)</b> (\$350 benefit year maximum) (\$1000 lifetime maximum per person for this benefit) This benefit only applies to covered dependents up to age 19 (except for age 21 in Louisiana and age 25 in Texas).

(DDIC-BAI-ALL)

## Monthly New Business Rates

Area	Zip Code (first three digits)	Member	Member Plus One Dependent	Member and Family
1	AL, MS	\$40.95	\$77.65	\$107.50
2	TX (except 770-777), LA (except 710-714)	\$45.15	\$85.50	\$123.00
3	TX (770-777), LA (710-714)	\$49.75	\$94.15	\$138.75
A	UTAH	\$45.15	\$85.50	\$151.75

Rates include \$4.00 billing fee, and \$1.00 Association Dues.

## How do I Enroll?

1. Select the insurance package that fits your needs (Example: "Member & Family").
2. Complete the attached Enrollment Form. (Completion of attached enrollment form includes membership in Benefits Association.)
3. Select mode of payment.
4. Enclose a check for one month's premium made payable to MorganWhiteGroup.
5. Questions concerning benefits or enrolling? E-mail MorganWhiteGroup at [dentalforeveryone@morganwhite.com](mailto:dentalforeveryone@morganwhite.com).

All correspondence and enrollment forms should be forwarded to MorganWhiteGroup  
Attn: Dental For Everyone  
P.O. Drawer 14067, Jackson, MS 39236

## Benefits Association

As a member of **Benefits Association** you receive the following **Benefits and Services**:

**PreScrip** - Discount prescription program

**Budget** - Car rental discounts

**Vitamins** - Nutritional supplements

**United Van Lines** - Discount moving service

**PowerNet** - Discount long distance rates

## EXCLUSIONS AND LIMITATIONS

### Limitations on all Benefits – Optional Services:

Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services." Optional Services also include the use of specialized techniques instead of standard procedures. For example:

- (a) a crown where a filling would restore the tooth;
- (b) a precision denture/partial where a standard denture/partial could be used;
- (c) an inlay/onlay instead of an amalgam restoration;  
or
- (d) a composite/resin restoration instead of an amalgam restoration on posterior teeth.

If you receive Optional Services, your Benefits will be based on the lower cost of the customary service or standard practice instead of the higher cost of the Optional Service. You will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard practice.

### EXCLUSIONS

#### Delta does not pay Benefits for:

- a) Services for injuries or conditions which are compensable under workers' compensation or employers' liability laws; services which are provided to the Enrollee by any federal or state government agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision except as such exclusion may be prohibited by law.
- b) Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration) of the teeth, and andontia (congenitally missing teeth), except those services provided to newborn children for congenital defect or birth abnormalities or services that may be provided under Orthodontic Benefits.
- c) Services for restoring tooth structure lost from wear, erosion, or abrasion, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include, but are not limited to: equilibration, periodontal splinting, occlusal adjustment.
- d) Any Single Procedure started prior to the date the person became covered for such services under this program.
- e) Prescribed drugs, medication or analgesia.
- f) Experimental procedures.
- g) Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
- h) Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services.
- i) Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- j) Services with respect to any disturbance of the temporomandibular joint (jaw joint).
- k) Services performed by any person other than a Dentist or auxiliary personnel legally authorized to perform services under the direct supervision of a Dentist.
- l) Replacement of teeth extracted prior to the member's effective date.

The preceding information is a brief description of coverage. See policy (25-1533) for complete details.

**DELTA DENTAL INSURANCE COMPANY  
ENROLLMENT CARD (Benefits Association, Inc.)**

**MODE OF PAYMENT**

Social Security No.	Primary Enrollee: Last Name	First	Initial	Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Home Phone	Street				
	City	State		Zip	

Annually  Quarterly  
 Monthly Bankdraft  
**BANKDRAFT:** This is authorization for Morgan-White, on behalf of Delta Dental Insurance Company to draft payments from my checking account for payment of my insurance premiums. Drafts will occur between the 18-23 of each month for the following month's premium. Enclosed is a check for the first month's premium plus a blank voided check on the bank on which drafts are to be drawn.  
 OR  
 Charge Premiums:  
 Visa  MC  
 Credit Card #:  
 \_\_\_\_\_  
 Exp. Date  
 \_\_\_\_\_ / \_\_\_\_\_

**LIST ALL DEPENDENTS TO BE COVERED BELOW**

Last Name (if different)	First Name	Initial	Birthdate	Sex
2. Spouse				<input type="checkbox"/> M <input type="checkbox"/> F
3. Dependents				<input type="checkbox"/> M <input type="checkbox"/> F
4.				<input type="checkbox"/> M <input type="checkbox"/> F
5.				<input type="checkbox"/> M <input type="checkbox"/> F
6.				<input type="checkbox"/> M <input type="checkbox"/> F
7.				<input type="checkbox"/> M <input type="checkbox"/> F

All dependent children between 19 and 25 must be full-time students (except in Florida and Texas, children to age 25 are eligible). In Louisiana, children to age 21 are eligible and full-time students are to be covered until age 24 if attending an accredited college or at a vocational, technical, vocational-technical or trade school or institute or secondary school.

"I understand and agree that (1) the insurance shall not take effect unless the application has been accepted and approved by the Company and until the Effective Date of the Certificate and (2) Neither the agent, MorganWhite Administrators, Inc., nor Benefits Association, Inc. have the authority to alter the contract or waive any of the Company's other rights or requirements. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree (FL Ins. Statutes Section 817.234(1)(b)). Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison (LSA-R-S. 40:1424.B).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

DDIC-BAI-ENR  
Revised 03-05

AGENT NAME (if applicable): Lee Martinson

AGENT # (Your state license #): 976120

Forward enrollment form to: MorganWhite Group - Attn: Dental for Everyone - P.O. Drawer 14067, Jackson, MS 39236