

Additional Details

The plan is available to employees of MSBA members in firms with four or fewer employees inclusive of the MSBA member. Firms with five or more members are eligible to purchase Delta Dental's group products. Applicants currently enrolled in a Delta Dental of Minnesota group or individual dental plan are not eligible for coverage.

Coverage begins following premium payment

Your coverage begins on the first day of the month following the date your completed application and initial premium are received. The initial coverage period is for 12 months, after which time continued enrollment for another 12 months is automatic unless canceled in writing by you. We guarantee not to change your premiums during the initial 12 months, and you agree to pay premiums on time. Only dental treatments begun and completed while coverage is in force are eligible for benefits.

Complete details in Dental Benefit Plan Summary

This brochure is intended to provide a convenient overview of coverage and is not intended to be a complete description. Only those services and supplies specifically listed in the Dental Benefit Plan Summary are covered under the plan, regardless of dental necessity. Please note that treatment for a missing tooth is not immediately covered under this plan.

The Dental Benefit Plan Summary is your source for complete information, including the specific dental treatments that are covered, the frequency with which those treatments are covered, benefit amounts, limitations, exclusions, and conditions under which coverage may remain in force. Exclusions and limitations are also available on the Delta Dental Web site: www.deltadentalmn.org.

You will receive the Dental Benefit Plan Summary with your welcome package. If you decide this coverage is not for you, simply let Delta Dental know in writing within 10 days of receiving the Summary. You will promptly be refunded your paid premium minus any paid claims. You will not be eligible to re-enroll.



Individual Dental Plans Endorsed by the Minnesota State Bar Association



Delta Dental of Minnesota

Features of the plans include:

- **A choice of two plan options**
 - Both provide 100% coverage for preventive care with no waiting periods (exams, cleanings and fluoride treatments)
- **Solid coverage for basic and major services** such as fillings, sealants, crowns, extractions, dentures, etc.
- **Freedom to see any dentist**, with the greatest savings from network dentists
- **An orthodontics program** available as an option for covered dependent children (age 8-18)
- **International emergency treatment** automatically included

Solid coverage at any dentist. Greatest savings at network dentists.

You're free to see any dentist, but you'll receive the greatest savings with a network dentist. You'll have access to the Delta Dental PPOSM network and the Delta Dental Premier[®] network – the state's largest.

With more than 80% of Minnesota dentists in our network, it's very likely you're already seeing a participating provider. Find out by calling **651-406-5995** or toll-free **1-888-223-2954**, or visit **www.msbaensure.com** and click "Dentist Search."

Advantages of seeing a network dentist include no paperwork and lower out-of-pocket costs. That's because our network dentists agree to accept our Maximum Amount Payable* (MAP) as payment in full. The example below illustrates how this works.



Example: network vs. non-network coverage on Plan B

In-network filling and sealant

We pay 80%. You pay 20% of the MAP. Any covered charge over our MAP is waived by the dentist for the Delta Dental member.

Out-of-network filling and sealant

We pay 80% of our MAP. You pay 20% of our MAP, plus any amount the dentist charges in excess of our MAP.

*The Maximum Amount Payable is the maximum amount Delta Dental will pay for a given procedure.

Enroll today

Enrolling is fast and simple. In fact, everything you need to sign up is included in this brochure.

**For more information call
toll-free 1-800-501-5776.**



Individual Dental* for Minnesota State Bar Association Members

	Plan A	Plan B
Service <i>-Diagnostic/Preventive</i> Routine exams and cleanings once every 6 months, X-rays, fluoride treatments	Coinsurance	
	100% No waiting period	100% No waiting period
<i>-Basic</i> Fillings and sealants, extractions, non-surgical periodontal care	50% 6-month waiting period	80% No waiting period
<i>-Major</i> Crowns, bridges, dentures, root canals	50% 12-month waiting period	50% 3-month waiting period
Annual Deductible Diagnostic and preventive services are not subject to the deductible	\$75 per person	\$50 per person
Annual Coverage Maximum	\$750 per person	\$1,500 per person
Optional – Orthodontics (Available for covered dependent children only, age 8-18)	50% to lifetime max. of \$1,000 12-month waiting period	50% to lifetime max. of \$1,000 12-month waiting period

*Coverage at non-network dentists is subject to our Maximum Amount Payable, which is the maximum amount Delta Dental will pay for a given procedure.

Dental plans are one of the most frequently requested and commonly used group benefits. Attorneys in private practice or in small firms without group benefits know how challenging it can be to find individual dental coverage at a competitive price.

The Minnesota State Bar Association (MSBA) has you covered. Take advantage of solid, affordable dental plans endorsed by the MSBA and designed exclusively for members like you. The plans are underwritten and administered by Minnesota's leading dental benefits provider for more than 40 years – Delta Dental of Minnesota.

Making dental coverage a priority for you and your family is a smart move, especially as researchers come closer to understanding the impact that oral health has on general health. These plans include coverage for preventive, basic and major services to help safeguard your oral health – and overall well-being.

Premiums	Plan A			Plan B		
	Monthly	Quarterly	Annual	Monthly	Quarterly	Annual
Without orthodontia						
MSBA member	\$33.79	\$101.37	\$405.48	\$43.84	\$131.52	\$526.08
MSBA member + spouse	\$68.96	\$206.88	\$827.52	\$90.07	\$270.21	\$1,080.84
MSBA member + children	\$64.41	\$193.23	\$772.92	\$81.92	\$245.76	\$983.04
Family	\$97.89	\$293.67	\$1,174.68	\$124.51	\$373.53	\$1,494.12
With orthodontia						
MSBA member + children	\$74.21	\$222.63	\$890.52	\$91.72	\$275.16	\$1,100.64
Family	\$107.69	\$323.07	\$1,292.28	\$134.31	\$402.93	\$1,611.72



MINNESOTA STATE BAR ASSOCIATION

Enrollment Application

Delta Dental of Minnesota

When completing this enrollment application, use a pen and print clearly. If information is missing or illegible, this form may be returned and it can delay your enrollment. For information or assistance in completing this form, please call 1-800-501-5776.

PART A - SUBSCRIBER INFORMATION - MSBA Member or Employee
Internal Use Only: Marsh Verification Date:
Marsh Representative Signature:
Subscriber Name: Last First Middle Initial Social Security Number
Gender: Day Phone Number Evening Phone Number Email Address Date of Birth
Subscriber Address: Address City State Zip Code

PART B - ENROLLMENT OPTIONS - Select one plan option and one orthodontic option.

Plan A (\$75 Deductible/\$750 Plan Maximum) Plan B (\$50 Deductible/\$1500 Plan Maximum)
Yes, I Elect Orthodontic Coverage No, I Do Not Elect Orthodontic Coverage
Select Who Is To Be Enrolled: Subscriber Only Subscriber + Spouse/Partner
Subscriber + Children Subscriber + Family
Complete this section if you selected an enrollment option other than Subscriber Only. If enrolling more than four family members, attach a list of additional dependent information in the below format. Dependent children through age 25 are eligible to enroll.
Relationship to Subscriber First Name, Middle Initial, Last Name Gender Date of Birth
Spouse/Domestic Partner M F / /
Dependent Child M F / /
Dependent Child M F / /
Dependent Child M F / /

PART C - PAYMENT OPTION INFORMATION - Select one payment option and billing frequency.

A. Direct Withdrawal from Checking Account: Monthly Quarterly Annual
Name on Checking Account: Bank Name:
Routing Number: Checking Account Number:
The first premium will be charged immediately. Future premiums will be charged to your account on the 6th business day of each coverage period.
B. Credit Card: Quarterly Annual
American Express Discover MasterCard Visa
Credit Card Number Exp. Date
Name As It Appears On Credit Card
The first premium will be charged immediately. Future premiums will be charged to your account on the 6th business day of each coverage period.
C. Check: Quarterly Annual Send a check with this form payable to Delta Dental of Minnesota.
Future premiums will be billed prior to the start of each coverage period.

PART D - AUTHORIZATION AND VERIFICATION - Sign and date application as verification of your enrollment.

I have read the information contained in the application and choose to enroll. I understand the benefits and restrictions of this plan as stated in the material provided with the application. I certify the information contained in this application is true and complete. I understand my enrollment is subject to receipt of payment and verification of funds. If I have selected Payment Option A or B, I authorize Delta Dental to withdraw funds from my checking account or debit my credit card. I understand that if funds/credit balances are not available or payment is not made timely I will no longer be eligible for coverage. The start and cancellation dates of my insurance coverage will be determined by Delta Dental of Minnesota. The start date is generally the first day of the month following receipt of the enrollment application. If I decide I do not want the contract, I may return it within 10 days after receipt with a written statement requesting termination of the contract. Upon return, the contract will be deemed void, and any money paid will be refunded minus any claims which may have been paid. I understand that I must enroll for one full year and if I terminate this contract or discontinue enrollment for any reason, I will not be able to re-enroll for a period of two years.
Subscriber Signature: Date:

Send Completed Application To:

Marsh U.S. Consumer, a service of Seabury & Smith, Inc. Attn: Jenny Hedtke
333 S. 7th St., Suite 1600
Minneapolis, MN 55402

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