

2012 Rates

	PLAN A—LOW OPTION (Group #7317-1000)	PLAN B—HIGH OPTION (Group #7317-2000)
One person	\$27.56	\$52.58
Two person	\$50.09	\$96.27
Family	\$79.71	\$169.42

Rates shown are monthly. Billing occurs every two months.

How to Enroll

To enroll, complete the form on the reverse of this page and return to:

Fax: (517) 347-1566
 Michigan Osteopathic Association
 2445 Woodlake Circle
 Okemos, MI 48864

For questions about pricing or enrollment, contact the Michigan Osteopathic Association at (800) 657-1556.

Delta Dental Plan Options

SERVICE TYPE	PLAN A—LOW OPTION Delta Dental PPO (Point-of-Service) (Group #7317-1000)	PLAN B—HIGH OPTION Delta Dental PPO (Point-of-Service) (Group #7317-2000)	
	Delta Dental PPO, Delta Dental Premier or Nonparticipating	Delta Dental PPO	Delta Dental Premier or Nonparticipating
CLASS I			
Diagnostic & Preventive Services—Includes exams, cleanings, fluoride treatments and space maintainers	50%	100%	100%
Emergency Palliative Treatments—Used to temporarily relieve pain	50%	100%	100%
Radiographs—X-rays, as required and in conjunction with diagnosis of a specific condition requiring treatments	50%	100%	100%
Sealants—Dental sealants to prevent decay of permanent molars (to age 9 on first molars; to age 14 on second molars)	50%	100%	100%
CLASS II			
Oral Surgery—Includes extractions and other surgical dental procedures employed by dentists, including pre-operative and post-operative care	50%	75%	65%
Minor Restorative Services—Includes amalgams (silver fillings) and resin restorations, relines, and repairs to prosthetic appliances	50%	75%	65%
Periodontics—Procedures to treat diseases of the gums and supporting structures of teeth	50%	75%	65%
Endodontics—Procedures to treat teeth with diseased or damaged nerves (e.g., root canals)	50%	75%	65%
CLASS III			
Major Restorative Services—Includes cast restorations (crowns), only when teeth can't be restored with another filling material	50%	60%	50%
Prosthodontics—Includes procedures for the construction of bridges, partial dentures, complete dentures, and endosteal implants	50%	60%	50%
CLASS IV			
Orthodontics—Treatment & procedures required for correction of malposed teeth (to age 19)	N/A	60%	50%
BENEFIT MAXIMUMS			
For Class I, Class II and Class III, the maximum dollar amount that the plan pays during each calendar year for each person is:	\$800	\$1,200	\$1,000
For Class IV orthodontic care, the plan pays a lifetime maximum for each eligible person of:	N/A	\$1,000	\$1,000

Payment is based on the participating status of the dentist: Delta Dental PPOSM—based on dentist's submitted fee or the Delta Dental PPO dentist fee schedule, whichever is less; Delta Dental Premier[®]—based on dentist's submitted fee or the maximum approved fee, whichever is less; and Nonparticipating—based on dentist's submitted fee or Delta Dental's nonparticipating dentist fee, whichever is less.

NOTE: This summary is a sample of benefits. Policies have exclusions and limitations that may limit coverage. For complete coverage details, please refer to your certificate.



Check: Michigan Indiana Ohio

Client # / Subclient #
 Low Option - #7317-1000
 High Option - #7317-2000

Client Name: Michigan Osteopathic Association

Subscriber Information (please complete for all enrollments/updates:) Example: **ABCDEF123456**

Subscriber Name (Last) (First) (M.I.) Sex
 Male
 Female

Subscriber Social Security Number Birth Date Status* Coverage Effective Date
 Active COBRA
 Retiree Surviving

Street Address Email
 Check here if this is a new address

City State ZIP Code

Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information):

Type of Update: New Enrollment Reinstatement Change/Correction to Information Termination of Benefits

Group Transfer From: Client/Subclient# To: Client/Subclient# Rate Code Change* From: To: Effective Date of Change Change is for:
 Subscriber
 Dependent

Enrollment/Corrections to Information (please fill in for spouse/dependents for first-time enrollment or corrections):

SPOUSE Name (Last) (First) (M.I.) Sex
 Male
 Female

Social Security Number Birth Date Status*
 Legal Surviving

DEPENDENT #1 Name (Last) (First) (M.I.) Sex
 Male
 Female

Social Security Number Birth Date Status*
 IRS Dep. Surviving
 Disabled Sponsored

DEPENDENT #2 Name (Last) (First) (M.I.) Sex
 Male
 Female

Social Security Number Birth Date Status*
 IRS Dep. Surviving
 Disabled Sponsored

DEPENDENT #3 Name (Last) (First) (M.I.) Sex
 Male
 Female

Social Security Number Birth Date Status*
 IRS Dep. Surviving
 Disabled Sponsored

DEPENDENT #4 Name (Last) (First) (M.I.) Sex
 Male
 Female

Social Security Number Birth Date Status*
 IRS Dep. Surviving
 Disabled Sponsored

*See reverse side for instructions and explanation of codes.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Subscriber's Signature _____ Date _____