

Platinum Plan Delta Dental Premier

Plan Details

Participant **\$56.48**/mo Plus One **\$105.40**/mo

Family **\$154.33**/mo

Benefits

Description	Plan	Plan	Plan
	Pays	Pays	Pays
	Year	Year	Year
	1	2	3
Diagnostic and Preventative Procedures Diagnostic: Routine periodic examinations twice in a calendar year. Preventative: Dental prophylaxis (teeth cleaning) twice in a calendar year. Radiography: Bitewing and full mouth x-rays.	80%	90%	100%
Basic Procedures (6 month waiting period) Restorative: Amalgam fillings. Other: Space maintainers, recementation of crowns.	60%	70%	80%
Major Procedures (12 month waiting period) Endodontics: Pulpal therapy and root canals. Periodontics: Treatment of diseases of the gums. Oral Surgery: Extractions and other oral surgery, including pre and post operative care. Prosthetics: Gold restorations, crowns, bridges, partials and complete dentures. Other: Pontics, repair of crowns and bridges, repair of full and partial dentures.	0%	40%	50%
Orthodontia Procedures (12 month waiting period) \$350 calendar year maximum \$1000 lifetime maximum per person for this benefit Orthodontic benefits are only available for eligible dependent children.	0%	40%	50%

Deductible

\$50 per person per calendar year. Separate \$100 lifetime for Orthodontic Procedures.

Office Co-Pay

N/A

Plan Cost

	Monthly	Quarterly	Semi-Annual	Annually
Participant	\$56.48	\$169.44	\$338.88	\$677.76
Plus One	\$105.40	\$316.20	\$632.40	\$1,264.80
Family	\$154.33	\$462.99	\$925.98	\$1,851.96

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 two dollar (\$2) 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 January 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 July 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

- Free choice of dentist
- Plan Maximum of \$1,500 per person, per calendar year
- Benefits increase after the first and second years
- Orthodontic benefits for dependent children
- 6 month waiting period for basic procedures
- 12 month waiting period for major procedures
- \$100 lifetime deductible on ortho
- Enrollment available regardless of age
- 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

How many cleanings a year are covered with this plan?

Two cleanings are covered in a 12 month period.

Are cosmetic procedures covered?

This plan does not cover cosmetic procedures.

Is orthodontia covered?

Yes. This plan has a \$1,000 lifetime maximum for orthodontic procedures. Benefits are limited to \$350 per calendar year and a separate \$100 lifetime deductible applies. Orthodontic benefits are only available for eligible dependent children.

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](#)

Is there a waiting period?

Yes, there are some waiting periods with this plan.

Is this insurance?

Yes.

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.

What is the deadline for enrollments?

There is a 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 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 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?

Morgan White at 1-877-759-5726.

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.

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.

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).

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/BAI 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 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.

When will my first payment be taken?

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

Does this plan have any limitations or exclusions?

Yes. There are some limitations and exclusions with this plan, as with most group insurance policies. Review the Disclosures tab on this plan.

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.

