

Available to Members
of
The Salem Chamber of Commerce

GROUPS of ONE + DENTAL INSURANCE BENEFIT
Good News From **Health Services Administrators**



dental benefits!

- Available for 1+Lives
- Employee Paid, No Employer Contribution Required
- No Participation Limits
- Freedom to choose any dentist, including specialists
- Vision Discount Program included
- Provided by Assurant Employee Benefits

For more information call:

Toll Free:

(877) 777 – 4414



HEALTH SERVICES ADMINISTRATORS

135 Wood Road, Braintree, MA 02184

Website: WWW.HSAmembership.com

“New England’s Leading Health Care Administrator”

*Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Fortis Benefits Insurance Company through an Insurance policy issued to Health Services Administrators.

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Available to Members of the Salem Chamber of Commerce

In a continuing effort to serve our association partners we are pleased to make available to members some unique and affordable dental options. The plans offered are through the largest and most well respected plan in the state they are guarantee issue and easy to understand and enroll into. Please contact us anytime for more details .



Delta Dental Plans of Massachusetts -Plan Highlights and Rates

Product Name	Available To Group Sizes	Tier Option	Benefit Design Highlights	Rates
Delta Dental Premier USA 2+ (with waiting period)	2+ employees	2 Tier	<ul style="list-style-type: none"> • \$1200 max pp cal/yr • Type I Preventive 100% (no deductible) • *Type II Basic 80% • *Type III Major 50% <p><i>*\$50/150 combined deductible waiting period applies to certain benefits</i></p>	Individual = \$52.00 Family = \$119.00
Delta Dental Premier USA 2+ (no waiting period) Must provide proof of prior coverage	2+ employees	2 Tier	<ul style="list-style-type: none"> • \$1200 max pp cal/yr • Type I Preventive 100% (no deductible) • *Type II Basic 80% • *Type III Major 50% <p><i>*\$50/150 combined deductible</i></p> <p style="text-align: center;">No waiting period</p>	Individual = \$54.00 Family = \$122.00
Delta Dental Premier USA 10+	10+ employees	2 Tier	<ul style="list-style-type: none"> • \$1200 max pp cal/yr • Type I Preventive 100% (no deductible) • *Type II Basic 80% • *Type III Major 50% <p><i>*\$50/150 combined deductible</i></p> <ul style="list-style-type: none"> • Orthodontics** <p style="text-align: center;">No waiting period</p>	Individual = \$56.00 Family = \$124.00
Delta Care 2	2+ employees	3 Tier	<ul style="list-style-type: none"> •Preventive and diagnostic services are covered at 100%. •Basic and major restorative services provided by network dentists are available at discounted rates. •Limited network of participating dentists •Orthodontics** <p style="text-align: center;">No waiting period</p>	Individual = \$37.00 2-person = \$59.00 Family = \$88.00
Delta Dental PPO Value	1+ employees (Voluntary)	2 Tier	<ul style="list-style-type: none"> •When received in-network, preventive and diagnostic services are covered at 100%. •Basic and major restorative services provided by network dentists are available at discounted rates. <p style="text-align: center;">No waiting period</p>	Individual = \$28.00 Family = \$68.00



YES, I'm interested in obtaining information on the Group Dental Plans

NAME _____ COMPANY NAME _____ # EMPLOYEES _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ EMAIL _____ BEST TIME TO CALL _____ AM/PM _____

HSA
PO Box 859042
Braintree, MA 02185-9042

FAX the form to: (781) 952-2023
email: Dental@mbagroup.com
ph (877) 777-4414

Savings You Can See

Monthly Rates Effective 1/01/09 to 12/31/09

Employee	\$57.00
Employee + 1 Dependent	\$93.00
Employee + 2 or more Dependents	\$136.00

Freedom Preferred-PPO

Benefit Maximum:	In	Out
Per Person, Per Policy Year	\$1,250	\$1,250

Coinsurance Percentage Per Person:		
Type I Dental Services	100%	100%
Type II Dental Services	90%	80%
Type III Dental Services	60%	50%

Deductible:		
Per Person, Per Policy Year	\$50	\$50

Type I Preventive Dental Services, Including:

- ◆ Oral Evaluations - once in any 12-month period
- ◆ Routine Dental Cleanings - once in any 6-month period (frequency combined with periodontal maintenance)
- ◆ Fluoride Treatment - once in any 12-month period
Only for children under age 14
- ◆ Sealants - No more than once per tooth per person, only for permanent molar teeth
Only for children under age 16
- ◆ Space Maintainer
Only for children under age 16
(Includes adjustments within 6 months of installation)
- ◆ Harmful Habit Appliance - once per person
Only for children under age 16
(Not covered if Orthodontic related)

Type II Basic Dental Services, Including:

- ◆ X-Rays:
 - ◆ Complete series - once in any 60-month period
 - ◆ Bitewing - once in any 12-month period
 - ◆ Panoramic - once in any 60-month period (may also be payable in connection with the removal of impacted teeth)
 - ◆ Other X-Rays (See Certificate of Insurance)
- ◆ New Fillings
- ◆ Replacement Fillings - once in any 24-month period per Filling
- ◆ Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- ◆ Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Type III Major Dental Services, Including:

- ◆ Endodontics (includes root canal therapy)
- ◆ Endodontic retreatment (covered after 24 months have passed from initial treatment)

- ◆ Complex Oral Surgery; General Anesthesia and IV Sedation when medically required for such Surgery
- ◆ Minor Gum Disease Treatment: (Minor Periodontics)
 - ◆ Provisional Splinting, Occlusal Adjustments - once in any 12-month period
 - ◆ Scaling and Root Planing - once in any 24-month period
 - ◆ Periodontal Maintenance - once in any 3 consecutive months (frequency combined with routine dental cleanings)
- ◆ Major Gum Disease Treatment: (Major Periodontics)
 - ◆ Gingivectomy, Osseous Surgery, other major periodontic procedures - once in any 36-month period per area
- ◆ Initial Placement, Replacement and Maintenance of Inlays, Onlays, Crowns, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

Waiting Periods for Certain Services	From Your Effective Date
Repairs, Re-Cementing of Fixed Partial (Bridges), Inlays, Onlays, or Crowns	None
Accidental Non-Chewing Injury	None
Fillings	6 months
All Services under Endodontics (Includes root canal therapy)	6 months
Stainless Steel/Plastic Crowns Only for children under age 16	6 months
Relines, Rebases, Denture Adjustment	6 months
Complex Oral Surgery	12 months
All Services under Minor and Major Periodontics	12 months
Crown/Inlays/Onlays/Labial Veneers	12 months
Dentures (Partial or Complete)	12 months
Fixed Partial Dentures (Bridges)/Diagnostic Casts	12 months

If you are covered under the current dental program on the day it terminates, your waiting periods will be reduced by 12 months or waived.

Other Policy Provisions

Benefit Adjustments
Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.

Eligibility
Full-time employee, spouse and unmarried dependent children less than age 19 or 25 if a full-time student.

Late Entrants
If you elect coverage more than 31 days after your Eligibility Date, your Effective Date will be delayed to the next plan Anniversary Date.

This is a brief description only. It is not a Certificate of Coverage. Please see the Group Policy, which alone determines all rights, benefits, and applicable Limitations and Exclusions. We and the policyholder have the option to cancel the group policy.