



HEALTH[®]
INSURANCE
INNOVATIONS

Foundation Dental

Underwritten by: Nationwide Mutual Insurance Company and affiliated companies, including National Casualty Company and Nationwide Life Insurance Company

Benefits	Protector	Defender	Guardian
Plan Year Deductible (Per Person)	\$0	\$50	\$50
Plan Year Maximum Benefit (Calendar Year)	\$500	\$1,000	\$1,500
Deductible Waived In-Network Preventative	Y	Y	Y
Diagnostic & Preventative Services (% of Covered Expenses)	100%	100%	100%
Diagnostic & Preventative Services - Benefit Waiting Period	3 Months	None	None
Basic Services (% of Covered Expenses)	PPO Discount*	70%	70%
Basic Services - Benefit Waiting Period	—*	6 Months	6 Months
Major Services (% of Covered Services)	PPO Discount*	PPO Discount*	50%
Major Services - Benefit Waiting Period	—*	—*	12 Months

*These types of services are not covered by the Plan; however, you still have access to the Maximum Care network discounts. The Maximum Care network combines the outstanding network management skills of two great organizations, Careington and DenteMax, and results in average aggregate discounts of 5% to 50%. There is no waiting period to access the Maximum Care network discounts.

What types of services are covered?

Foundation Dental plans include coverage for necessary dental treatments in three different classes of service, which may be subject to age or frequency limitations.

- Diagnostic & Preventative Services – X-Rays, Oral Exams, Prophylaxis, Sealant, Space Maintainers, and Topical Application of Fluoride
- Basic Services – Amalgam, Anterior and Posterior Restorations; Simple Extractions, Sedative
- Fillings, Emergency Palliative Treatment, Full Mouth X-Rays, Problem Focused Exams
- Major Services – Oral Surgery, Periodontics, Endodontics, Bridges, Crowns, Dentures

Though network discounts may apply, not all classes of service have benefits payable for all plan levels. Choose the plan level with the coverage that's right for you.

Who is eligible to apply for this insurance?

Foundation Dental is available to Med-Sense Guaranteed Association members age 18 and older, their spouses/domestic partners, and their dependent unmarried children under 19 years old or up to age 26.

Are there both In-Network and Out-of-Network Benefits?

You may choose to use a provider who participates with the Maximum Care Network or a non-participating provider. Benefits are determined and payable in either case. If a participating provider is chosen, the covered person will generally have less out-of-pocket cost.

Is there a Plan Year Maximum Benefit?

The Plan Year Maximum Benefit is the maximum benefit payable by the Policy for all Covered Procedures completed in each calendar year, January 1st through December 31st. The Plan Year Maximum Benefit depends on which plan is chosen and is listed in the Schedule of Benefits.

How does a Deductible affect a Covered Person's Benefits?

Deductibles are per person, per calendar year. A covered person must pay any applicable deductible amount before covered benefits are payable under the plan chosen.

How are Covered Expenses determined?

The Covered Expense is based on the Maximum Reimbursement for your plan, as shown in the Schedule of Benefits. For your plan (in all states except MA, NJ and VA), the Maximum Reimbursement is based on MAC (Maximum Allowable Charge), the amount that a Participating Provider has agreed to accept as payment in full for dental services. MAC is also used for non-participating providers; non-participating providers may bill for the difference between the original billed charge and the MAC. In MA, NJ and VA, the Maximum Reimbursement for all providers is based on CMAC (Customary Maximum Allowable Charge), which is the reasonable and customary charge determined from within a range of charges made for the same service by other providers in that geographic area. Providers may bill for the difference between the original billed charge and the CMAC.

How does a Benefit Waiting Period affect a Covered Person's Benefits?

If a Covered Procedure is started before the Benefit Waiting Period for that procedure ends, that procedure is not covered under the Policy. The Benefit Waiting Periods for Covered Procedures are listed in the Schedule of Covered Procedures and vary by class of service.

If Benefits are not paid at 100%, how does the Percentage of Covered Expense affect Benefits?

The Percentage of Covered Expense is the percentage of the Covered Expense that We will pay for a Covered Procedure. The percentage applicable to a Covered Person may vary by Covered Procedure and is shown in the Schedule of Benefits.

Coordination of Benefits (COB)

What if a Covered Person has more than one plan covering similar procedures?

When a Covered Person has dental coverage under more than one Plan, as defined below, the benefits payable between the Plans will be coordinated.

Benefit Coordination:

Benefits will be adjusted so that the total payment under all Plans is no more than 100 percent of the total Allowable Expense, as defined in the policy. In no event will total benefits paid exceed the total payable in the absence of COB.

If a Covered Person's Benefits paid under this Plan are reduced due to COB, each benefit will be reduced proportionately. Only the amount of any benefit actually paid will be charged against any applicable Plan Year Maximum Benefit.

Maximum Care Network

Careington has owned and managed dental networks for 30 years and has recently contracted with DenteMax, another quality dental network provider, to create a "combined" national PPO dental network with significant presence. This combined network is known as the Maximum Care Network.

The Maximum Care Network creates one of the largest dental networks nationally with a focus on neighborhood dentists. The network combines the outstanding network management skills of two great organizations and results in average aggregate discounts of 5% to 50% below the 80th percentile of Reasonable and Customary charges.

Members are able take advantage of savings offered by leaders in the dental care industry.



This is a PPO plan. This is not a discount plan.

Third party administrators will pay for covered services according to the plan design. All applicable co-pays, deductibles or co-insurance, outlined by the plan design, are to be paid directly to the dental office at the time service is rendered. Please ask the dentist or office staff to explain all charges before treatment begins. (In all states except MA, NJ and VA.)

Limitations & Exclusions

No Benefits are payable under the Policy for the Services listed below. In addition, the Services listed below will not be recognized toward the satisfaction of any Deductible:

1. Any Services which are not included in the Schedule of Covered Procedures;
2. Any procedure We determine is not necessary, does not offer a favorable prognosis, does not have uniform professional endorsement or is experimental in nature;
3. Crowns, inlays, onlays, cast restorations, or other laboratory prepared restorations on teeth, which may be satisfactorily restored with an amalgam or composite resin filling;
4. Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations unless such procedure is listed in the Schedule of Covered Procedures;
5. Replacement of bridges unless the bridge is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable; and replacement of full or partial dentures unless the prosthetic appliance is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
6. Replacement of crowns, inlays or onlays unless the prior restoration is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
7. Orthodontics;
8. Prescription drugs, premedication, pharmaceuticals, or analgesia;
9. Any charge for a Service for which benefits are available under Worker's Compensation or an Occupational Disease Act or Law, even if You did not purchase the coverage that is available to You;
10. Any charge for a Service performed outside of the United States other than for Emergency Treatment. Benefits for Emergency Treatment performed outside of the United States are limited to a maximum of \$100 per Plan Year;
11. Local anesthetic, including light anesthetic, as a separate fee;
12. Dental services performed in a hospital and related hospital fees;
13. Services covered under an existing medical plan;
14. The portion of an expense which is in excess of the reasonable charge;
15. General anesthesia and I.V. sedation, unless deemed medically necessary as determined by a professional consultant.

Note: This is a partial list of plan exclusions, which may vary by state. Please see the Policy/Certificate of Insurance for detailed information about these and other plan limitations and exclusions.

The Med-Sense Guaranteed Association (MSGA), is a not-for profit organization that provides memberships to individuals. Members enjoy access to a variety of health, travel, consumer discounts and business services.

You can count on MSGA to continuously and aggressively seek out new discounts to add further value to memberships in the association. Services and discounts you will enjoy as a member may include a collection of the following:

ID Resolution Identity Theft Service

The ID resolution, a leader in providing management services, offers victims or suspected victims unlimited access to an assigned fraud specialist who will facilitate the resolution of virtually any identity-related problem.

GymAmerica.com

As a member, you and your family receive special pricing at GymAmerica.com.

Discount Hearing Service

Your source for discounts on quality hearing aids and accessories.

Gateway Medicaid

In an emergency, getting vital health information to medical personnel quickly could be critical.

Vitamin Discount

HealthFitLabs is an on-line/mail order company that sells only the highest-quality natural vitamins, nutritional supplements, and bath and personal care products.

LensCrafters Vision Club

At LensCrafters, one hour service is just the beginning! Your member ID Card brings you and your eligible family members special rates on all materials and services available at LensCrafters.

24-Hour Emergency Roadside Assistance

Association Members can gain peace of mind on the road by registering for Emergency Roadside Assistance.

Travel Assistance Plan

As a member, you receive services through the Travel Assistance Program when traveling more than one hundred (100) miles from your permanent residence.

Hop The Shops

Through a special arrangement with eGroup Manager, you have preferred customer access to HopTheShops.com, a premium on-line shopping mall.

My Association Savings Benefits Perks Program

My Association Saving Benefits provides members with exclusive perks and over \$4,500 in savings on everything from pizza and the zoo, to movie tickets, oil changes, hotels, and car rentals!

Car Rental Discounts

Take advantage of affordable auto rental from Avis®, Budget®, and Dollar® Rent a Car.

1800Flowers.com

Your Association membership lets you save 15%* when you order flowers and/or gifts from 1800Flowers.com, one of America's top providers of floral and specialty gifts. Note: *Prices & Discounts are exclusive of applicable service and shipping charges and taxes. Items may vary and are subject to availability, delivery rules and times. Offers available online and by phone. Offers cannot be combined, are not available on all products and are subject to restrictions, limitations and black-out periods. Prices and charges are subject to change without notice. Void where prohibited.

Carperks Buying Network

This program allows association members to benefit from a National Corporate Pricing Program. The Carperks dealer network has agreed to sell automobiles for a price better than their best Internet price, resulting in a price hundreds of dollars lower than the sales price of the retail sales department.

Hewlett-Packard Computer and Digital Equipment

As a member, you receive discounts on HP notebooks, laptops, servers, printers, digital cameras, handhelds, point-of-sale (scanners, cash registers, etc.) and more.

Customized Web Services - NAC Web Services

NAC Web Services provides the advantage of Website development and maintenance. NAC Web Services boasts an experienced staff of programmers and graphic designers ready to work for you. All of the latest programming capabilities—including HTML, ASP.NET, Flash, XML, and database connectivity—are available to you as an association member.

UPS Express Delivery Services

Improved program - featuring lower rates! Member discounts on UPS delivery services include 14-28% off Next Day Air®/ Next Day Air® Saver Letter/Package and Worldwide ExpressSM.

Sprint-Wireless/Cellular and Mobile Broadband

Members receive access to an average savings of 25%-35% compared to Sprint Competitors with a 19% program discount on most rate plans. Other programs are available as well such as Mobile Broadband discounts, savings are exclusive to new Sprint subscribers only.

Office Depot Office Supplies and Furniture

Sign up for the Office Depot program and qualify for discounts off the list price on over 16,000 items. Members report they save an average of 30% when compared to their previous office supplies provider. Buy online from the discounted member website, by phone or fax, or in the retail stores. There is FREE SHIPPING for members.



Underwritten by: Nationwide Mutual Insurance Company and affiliated companies, including National Casualty Company and Nationwide Life Insurance Company

Association Benefits provided by:

Billing, Fulfillment, and Customer Service provided by:

