

MEDICA®



MEDICA DIRECT DENTALSM
FOR INDIVIDUALS



DELTA DENTAL OF MINNESOTA



Good dental health is part of overall health and well-being.

That's why we are pleased to offer coverage through a partnership between Medica and Delta Dental of Minnesota — the state's largest dental benefits administrator. Medica Direct Dental for Individuals is for policyholders ages 18 through 64. If you pay for your own insurance, or the insurance for a spouse or dependent(s), Medica Direct Dental for Individuals offers affordable, comprehensive coverage that protects you and your family.

Medica Direct Dental for Individuals benefits include:

- Coverage for individuals and families
- The choice of three dental plans and coverage levels
- A range of premium options
- Freedom to see any dentist
- Cost savings with network dentists
- Premium rates that are guaranteed for the initial 12 months
- No waiting periods for many services, including routine care, fillings, sealants, oral surgery and root canal therapy

Eligibility and Enrollment

To qualify for Medica Direct Dental for Individuals, you must meet the following guidelines.

You or your family members must:

- Be a current member of a Medica individual plan: Medica Solo, Medica Direct HSA, Medica Direct Value, or apply for enrollment in a Medica individual plan (not available for Medica Direct Short-Term members). If Medica cannot offer you medical coverage at this time, you may still keep your dental policy if you wish.
- Be age 18 through 64 to enroll as the policyholder. Minors (under age 18) can be enrolled as a dependent when a parent or legal guardian is enrolling on the same dental policy.
- Enroll in dental coverage within 60 days of your enrollment if you are a new member to a Medica individual plan.

Once your coverage is issued, there are a few more things to know.

- Coverage begins on the first day of the month that follows the date we receive your application for coverage. Your dental effective date may not match the effective date of your medical coverage. Also, please note that medical coverage and dental coverage are billed separately.
- Your dental coverage period is for 12 months from the date your coverage begins. You may not cancel your policy for the first 12 months (except during the first 10 days).
- Your premium will be the same for these 12 months.
- After your first year of coverage, you are automatically re-enrolled for the following year. You may cancel your dental plan with a 30-day written notice to Medica.
- After your initial 12 months of enrollment, if you decide to cancel your coverage, you may not re-enroll in Medica Direct Dental for Individuals for 24 months.

Medica Direct DentalSM

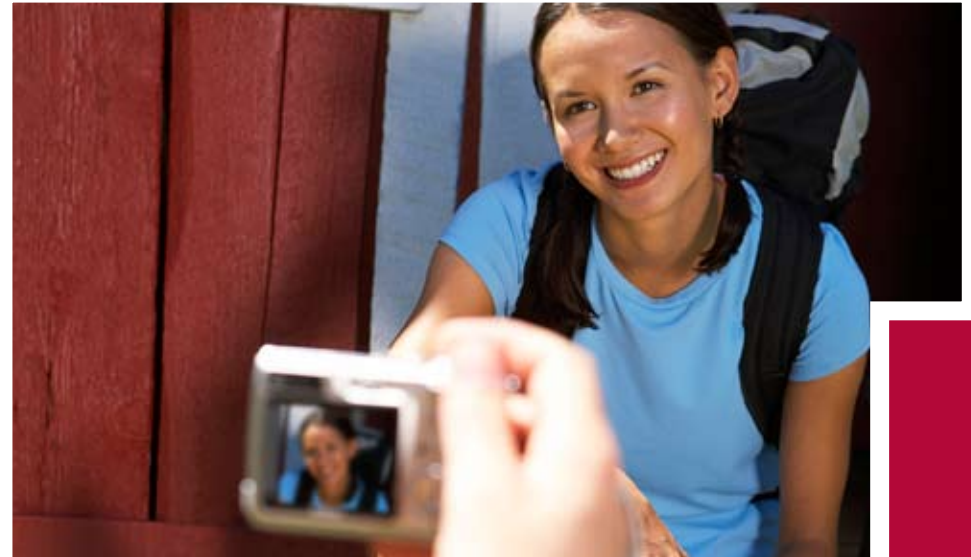
For policyholders ages 18 through 64 and eligible dependents

COINSURANCE*			
	Plan 1 Comprehensive	Plan 2 Comprehensive	Plan 3 Preventive Only
Diagnostic/Preventive (No waiting period)			
Routine exams	100%	100%	100%
X-rays and cleanings	100%	100%	100%
Fluoride treatments	100%	100%	100%
Basic (No waiting period except where noted)			
Fillings and sealants	80%	50%	–
Oral Surgery	50%	50%	–
Endodontics – root canal therapy	50%	50%	–
Peridontics – treatment of gum disease (12-month waiting period)	50%	50%	–
Major (12-month waiting period)			
Crowns	50%	50%	–
Dentures	50%	50%	–
Denture/bridge repairs	50%	50%	–
Annual Deductible Does not apply to diagnostic and preventive services	\$50 per person	\$50 per person	None
Annual Maximum	\$1,200 per person	\$1,000 per person	\$500 per person

*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.

If you choose to see a dentist who is not in Medica's dental network of providers, you are responsible for all charges that exceed the plan payment for the services you receive.

This plan only covers those dental treatments or procedures that begin after coverage is issued. Medica cannot cover treatments or procedures begun before you enroll in this dental plan, regardless of necessity.



PLAN 1			
	Monthly	Quarterly	Annually
Individual	\$46.55	\$139.65	\$558.60
Individual + 1	\$86.10	\$258.30	\$1,033.20
Family	\$159.65	\$478.95	\$1,915.80
PLAN 2			
	Monthly	Quarterly	Annually
Individual	\$41.95	\$125.85	\$503.40
Individual + 1	\$77.60	\$232.80	\$931.20
Family	\$143.90	\$431.70	\$1,726.80
PLAN 3			
	Monthly	Quarterly	Annually
Individual	\$18.85	\$56.55	\$226.20
Individual + 1	\$34.85	\$104.55	\$418.20
Family	\$64.65	\$193.95	\$775.80



This brochure is an overview of the dental coverage options available on this plan. It is not intended as a complete description. A more detailed Summary of Exclusions and Limitations can be found at www.medica.com.

The Dental Benefit Plan Summary is your source for complete descriptions and benefit reviews, limitations, exclusions, and other important information. Members receive a copy of this Summary in their new member Welcome Package. If, after reviewing this material, you decide this coverage is not right for you, simply let us know in writing within 10 days of receiving the Summary. We will promptly refund your premium minus any paid claims. You are not eligible to re-enroll for 24 months.

For more information, contact your local Medica broker or call Medica directly:
952-992-2080 or 1-800-670-5935
8 a.m. – 5 p.m. Monday – Thursday;
9 a.m. – 5 p.m. Friday.

To find a dentist in Medica's dental network, please call:
651-406-5914 or 1-800-981-8125.

You may also visit us on the Web at www.medica.com. Click "Find A Doctor" and select the Medica "Individual and Family" option. Then click the "Find A Dentist" option.

Perf off and tape shut.

Affix
postage
here.

Medica Direct Dental
PO Box 330
Minneapolis, MN 55440-0330

Medica Direct DentalSM Application Form

Underwritten and administered by Delta Dental of Minnesota

Please complete this application and mail to: Medica Direct Dental, PO Box 330, Minneapolis, MN 55440-0330

PART A – APPLICANT INFORMATION				
Subscriber's Name	Last	First	Middle Initial	Social Security Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Day Phone Number	Evening Phone Number	Email Address	Date of Birth
Subscriber's Address	Address		City	State Zip Code
Medica Member Number Refer to your Medical ID Card to obtain number.				
Broker Information	Name	Signature		Phone Number Medica Broker BTS#

PART B – DENTAL PLAN SELECTION AND DEPENDENT INFORMATION – Select one plan option.					
<input type="checkbox"/> Plan 1 (\$50 Deductible/\$1,200 Annual Maximum Per Person) <input type="checkbox"/> Plan 2 (\$50 Deductible/\$1,000 Annual Maximum Per Person) <input type="checkbox"/> Plan 3 (No Deductible/\$500 Annual Maximum Per Person)					
Select Who Is To Be Enrolled <input type="checkbox"/> Applicant Only <input type="checkbox"/> Applicant + One Dependent <input type="checkbox"/> Family (applicant plus more than one dependent)					
Complete this section if you have selected the enrollment option of Applicant + One Dependent or Family. If more than four family members are being enrolled, attach a list of additional dependent information in the below format. Dependent children ages 19-25 must be unmarried to be eligible.					
Relationship to Applicant	First Name, Middle Initial, Last Name (Include Last Name Only if Different From Applicant's)		Gender	Date of Birth Month/Day/Year	If Ages 19-25, Unmarried?
Spouse			M F	/ /	
Dependent Child			M F	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Child			M F	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent Child			M F	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C – PAYMENT INFORMATION			
<input type="checkbox"/> A. Direct Withdrawal from Checking Account <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 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.			
<input type="checkbox"/> B. Credit Card <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual		<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa®	
Credit Card Number	Expiration 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.			
<input type="checkbox"/> C. Check <input type="checkbox"/> Quarterly <input type="checkbox"/> 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. When paying by check, there is no monthly payment option. If you wish to pay monthly, select the Direct Withdrawal option.			

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 of Minnesota 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.	
Applicant's Signature	Date

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PO Box 9310
Minneapolis, MN 55440

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Medica Direct for IndividualsSM is a service mark of Medica Health Plans.

Delta Dental is a registered mark of Delta Dental Plans Association. Delta Dental of Minnesota is an independent nonprofit dental services company and is an authorized licensee of the Delta Dental Plans Association of Oak Brook, Illinois.

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