



MDA health care program

Underwritten by Blue Cross and Blue Shield of Minnesota

Marketed by Mercer Consumer

You want access to the health care you and your loved ones deserve. You need coverage that's easy, hassle-free and offers good value. You're most interested in a plan you can trust — one that will be there for you today and into the future. Your Minnesota Dental Association (MDA) now offers health care coverage at affordable group rates available only to dentists who are members of MDA. It's underwritten by the only health plan in the state with more than 77 years of experience.

Your MDA plan offers

- Coverage for a wide range of medical and hospital care, physician services, home health care and prescription drugs
- Unlimited lifetime maximum per person
- Your choice of three different plan designs
- The benefits of convenient group enrollment; no eligible member can be denied coverage

Choose your plan

- Comprehensive major medical with a calendar year deductible of \$1,000 that includes a prescription drug copay
- Comprehensive major medical with a calendar-year deductible of \$2,450
- Options BlueSM HSA 100 — a high-deductible health plan compatible with a health savings account (HSA), with choice of deductibles:
 - \$3,000 single/\$6,000 family
 - \$5,000 single/\$10,000 family

Choose your doctor

With the MDA plan, you see the doctor of your choice, without a referral for most services. However, you get the best coverage when you use doctors in the Blue Cross and Blue Shield of Minnesota Aware[®] network. The Aware network is one of the broadest in the state. Chances are your doctor is already in the network.

Blue Cross features a large network of health care providers. Each provider is an independent contractor and is not our agent.

Choose convenience

The MDA group plan with Blue Cross means a simplified underwriting process. Participating doctors and hospitals will file your claims directly to Blue Cross.

Find out more today at mndentalsolutions.com.



Covered services	Comprehensive major medical with \$1,000/\$3,000 deductible		Comprehensive major medical with \$2,450/\$4,900 deductible		Options Blue HSA 100 (compatible with a health savings account)	
Annual deductible	\$1,000 per person/\$3,000 per family		\$2,450 per person/\$4,900 per family		a. \$3,000 single/\$6,000 family b. \$5,000 single/\$10,000 family Family contracts have no individual deductible	
Out-of-pocket maximums • Medical	\$3,000 per person/\$6,000 per family		\$3,000 per person/\$6,000 per family		• In-network out-of-pocket maximum is equal to annual deductible Out-of-network out-of-pocket maximum is \$5,500 single, \$11,000 family	
• Prescription drugs	\$750 per person/\$1,000 per family		No separate out of pocket for prescription drugs		• No separate out of pocket for prescription drugs	
	Blue Cross Aware network*	Out of network	Blue Cross Aware network*	Out of network	Blue Cross Aware network*	Extended/ Out of network**
Preventive care • Well-child services and immunizations • Prenatal care • Routine physicals and eye exams • Members under age 6 • Members age 6 and over • Cancer screenings	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	80% after deductible 80% after deductible
Office visits • Illness or injury • Behavioral health care (mental health, chemical dependency, eating disorders and autism) • Chiropractic manipulation	80% after deductible 80% after deductible	80% after deductible 80% after deductible	80% after deductible 80% after deductible	80% after deductible 80% after deductible	100% after deductible 100% after deductible***	80% after deductible 80% after deductible
• In-office surgery/allergy-related services	80% after deductible	80% after deductible	80% after deductible	80% after deductible	100% after deductible***	80% after deductible; no benefits for services from out-of-network providers 80% after deductible
Lab services and X-ray services	80% after deductible	80% after deductible	80% after deductible	80% after deductible	100% after deductible	80% after deductible
Inpatient and outpatient hospital services • Facility services (including behavioral health) • Professional services (including behavioral health)	80% after deductible 80% after deductible	80% after deductible 80% after deductible	80% after deductible 80% after deductible	80% after deductible 80% after deductible	100% after deductible*** 100% after deductible***	80% after deductible 80% after deductible
Emergency care • Facility services • Professional services	80% after deductible 80% after deductible	80% after deductible 80% after deductible	80% after deductible 80% after deductible	80% after deductible 80% after deductible	100% after deductible 100% after deductible	100% after deductible 100% after deductible
Ambulance services	80% after deductible	80% after deductible	80% after deductible	80% after deductible	100% after deductible	100% after deductible
Medical supplies	80% after deductible	80% after deductible	80% after deductible	80% after deductible	100% after deductible	80% after deductible
Therapy services • Chiropractic	80% after deductible	80% after deductible	80% after deductible	80% after deductible	100% after deductible***	80% after deductible; no benefits for services from out-of-network providers 80% after deductible
• Occupational, physical and speech therapy	80% after deductible	80% after deductible	80% after deductible	80% after deductible	100% after deductible	80% after deductible
Prescription drugs • Retail (31-day supply)	\$15 generic/ \$35 formulary brand \$50 non-formulary brand	\$15 generic/ \$35 formulary brand \$50 non-formulary brand ¹	Formulary drugs only: 80% after deductible	Formulary drugs only: 80% after deductible ¹	Formulary drugs only: 100% after deductible	Formulary drugs only: 80% after deductible ¹
• 90dayRx (90-day supply)	\$30 generic/ \$70 formulary brand \$100 non-formulary brand		Formulary drugs only: 80% after deductible	Formulary drugs only: 80% after deductible ¹	Formulary drugs only: 100% after deductible	Formulary drugs only: 80% after deductible ¹
If a generic drug is available and member chooses a brand-name drug, member pays the difference between the brand-name price and the generic price, plus any coinsurance. In some cases, this can amount to the full cost of the brand-name drug.						

¹Example: Member pays the pharmacy and files a claim. In addition to copays, member will be responsible for amounts in excess of allowed amount. Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmn.com. *Lowest out-of-pocket costs: in-network providers; **Higher out-of-pocket costs: extended and out-of-network participating providers; Highest out-of-pocket costs: out-of-network nonparticipating providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.) ***For highest level of coverage, use Select network providers for outpatient chiropractic and behavioral health services. For all other services use the Blue Cross Aware® network.

This is only a summary. Read your Certificate of Coverage for more information about what is and isn't covered. Services that aren't covered include those that are cosmetic, investigative, not medically necessary or covered by workers' compensation or no-fault insurance. Preexisting conditions may not be covered for a limited period of time. This limit is reduced by prior continuous coverage and doesn't apply to pregnancy, newborns, adopted children, individuals under 19 or handicapped dependents.

What's a health savings account (HSA)?

Federal law now allows any individual covered by a qualifying high-deductible health plan (like the one being offered by MDA) to set up a special savings account to pay for qualified medical expenses. These accounts earn interest, and balances roll over from year to year. For more information and forms, contact SelectAccount® at (651) 662-5065 or toll free at 1-800-859-2144. You can also visit the website at selectaccount.com and click "HSA" to learn more.

Health support for your "whole person"

Your plan helps you make the most of your health whether you simply want to live better or you are living with a complex or ongoing health challenge. You'll have access to Dedicated Nurse Support if you're ever faced with a condition like heart disease or asthma. Take advantage of a team of professionals who surround each member with the resources and information needed to live well: Online Health Assessment and Coaching Modules, access to Health Guides and Nurse Guides when you call customer service, Dedicated Nurse Support for ongoing conditions, plus Fitness Discounts and Employee Assistance Programs, 24-Hour Nurse Advice Line, Healthy Start® Prenatal Support and Stop-Smoking Support.

Exclusions and limitations

- Treatment of preexisting conditions during the preexisting condition limitation period
- Treatment of injury or illness covered by workers' compensation or no-fault auto coverage
- Treatment that is primarily for cosmetic purposes
- Dental care or periodontal care, except as specified by the contract
- Health care services that are considered investigative or performed for the purpose of research
- Custodial care, rest cures or private duty nursing
- Services and supplies not furnished by an approved provider or determined not to be medically necessary

These and other exclusions and limitations are described more fully in your Certificate of Coverage.



**BlueCross BlueShield
of Minnesota**

An independent licensee of the Blue Cross and Blue Shield Association

Minnesota Dental Association Health Plan. Learn more!

Who's eligible?

Dentists who are members of the Minnesota Dental Association (MDA) may enroll in the plan. Spouses and any unmarried dependents through age 25 can also be covered.

No eligible member or dependent can be denied coverage. New members who enroll within 30 days of joining the MDA will have a 12-month limitation on preexisting conditions. However, credit is given for prior continuous coverage. Members who enroll thereafter (late entrants) will be subject to an 18-month preexisting condition limitation, with credit given for prior continuous coverage.

Portability privileges

If coverage ends because a member has exhausted the Continuation of Coverage provision or the group contract ends, the member can apply for a portability contract. Benefits and costs are different from MDA coverage. You must apply within 63 days of the date coverage ended. Evidence of good health is not required, and portability coverage will start on the date MDA coverage ended. Portability coverage is not available to members who apply 64 days or more after coverage ends.

Effective date of coverage

Coverage for new members and employees begins the first day of the month following a 30-day probationary period. If you're a late entrant, coverage begins the first day of the month after Blue Cross receives your enrollment form.

Certificate of Coverage

Once you become covered, you will receive a Certificate of Coverage that includes complete details of what is and isn't covered. This brochure contains only a partial description of the principal provisions of the health plan coverage. Complete terms and conditions are in your Certificate.

Continuation of coverage

A member's coverage ends when one of the following happens:

- Membership in the MDA ends
- Divorce (for covered spouse)
- Death occurs and your dependents still need coverage
- A dependent no longer meets eligibility requirements

Group coverage may be continued for a specified length of time due to a qualifying event, such as the examples listed above. The length of continuation is determined by which qualifying event has occurred.

Call or go online today!

To find out more about coverage from the Minnesota Dental Association and Blue Cross and Blue Shield of Minnesota, call your MDA representative at **(612) 692-7653** or toll free at **1-866-810-9384**. You may also go to **mndentalsolutions.com** or e-mail your questions to **MDA.service@mercer.com**.