

We make it easy to keep  
your winning smile

Nationwide®



Nationwide Multiflex<sup>SM</sup>  
Dental Plans

**MBA** INC.  
Merchants Benefit Administration



**Nationwide®**  
*On Your Side*



# Introducing Nationwide Multiflex<sup>SM</sup> Dental

Nationwide Multiflex Dental is a comprehensive dental insurance plan created to offer you and your qualified family members the protection and flexibility you need to maintain your winning smile.

When you enroll with Multiflex, you receive coverage for basic, preventative, and major dental services. Since acceptance is guaranteed, your coverage begins the first day of the month after your application, first month's premium and fees are received. Your spouse and dependent children are also eligible for coverage. Our dental product also offers affordable coverage for people ages 65 and older. When you reach age 65 you will automatically be transferred to an over age 65 plan.

After you review the list of benefits offered to you and your family, please complete and mail an enrollment form today. Just as soon as you receive your Certificate of Coverage, you may begin enjoying the available benefits of the dental insurance plan.

Important information – upon receipt of your completed application you will receive a copy of your Certificate of Coverage and identification card(s). Do not cancel any other dental coverage you may have until you receive written confirmation from Merchants Benefit Administration, Inc.

## Why Dental Insurance?

- It's a fact — good oral health leads to good overall health!
- Dental insurance covers the preventative measures needed to help keep your teeth healthy and bright!
- We give you peace of mind that you'll be covered for costly dental expenses.

## Flexible Dental Protection for you and your family

- Freedom to choose any dentist
- Coverage for you and qualified family members
- Coverage for preventative, basic and major services
- Multiple premium payment options
- Guaranteed acceptance
- Initial 12 month rate guarantee

# Plan Features

## Eligible Expenses

We will pay for eligible expenses you incur for yourself or on behalf of your insured dependent. Expenses must be incurred while the policy is in force and the person is covered by the policy. An overview of eligible expenses is shown in the Rate Guide. To be an eligible expense, the dental service or procedure must be performed by a dentist, a physician or a dental hygienist.

## Deductible Amount

The calendar year deductible, if any, is shown in the Rate Guide. The deductible is an amount of charges you must incur for yourself or on behalf of your insured dependent before we start paying benefits.

## Maximum Calendar Year Limit

The maximum limit payable for all eligible expenses in any calendar year is shown in the Rate Guide. The maximum calendar year limit, if any, will apply to each person covered under the policy.

## DenteMax® PPO Network

Some plans offered use DenteMax, a national, seamless, credentialed PPO dental network, ranked in the top ten for network size. DenteMax dentists offer fees below normal costs. All Multiflex<sup>SM</sup> plans give you the freedom to select any dentist you please, but if your plan uses the DenteMax network and you choose a dentist in the network, you may receive cost savings on fees to you and your family. To find a DenteMax<sup>®</sup> provider, please visit our website at [mbaadmin.com](http://mbaadmin.com).

## Eligibility

Coverage is offered to individuals plus their eligible dependents (spouse and unmarried children from birth to age 19; extended to age 23 if child is a full-time student). This may vary based on state requirements.

## Termination Of Coverage

Coverage terminates on the earliest of the following dates:

- (A) the last day of the month in which you cease to be eligible for coverage;
- (B) the last day of the month in which your dependent is no longer a dependent as defined;
- (C) subject to the grace period, the last day of the month for which a premium has been paid by you or on your behalf;
- (D) or the date the master policy ends.

## Effective Date

You and your dependents are covered on the later of: the date we accept your enrollment and determine an effective date; or the date you first acquire a dependent, if the date is after your coverage begins. Effective dates will be first of the month only.

## Reasonable And Customary

Reasonable and customary means the usual, customary and regular charges for the area where such expenses are incurred.

# Nationwide Multiflex<sup>SM</sup> Dental Plans



## 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 service started or appliance installed before the effective date or after the termination date, except in those instances noted in this certificate;
3. Any service, which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least 3 years, as determined by us;
4. Any procedure we determine is not necessary, does not offer a favorable prognosis, does not have uniform professional endorsement or is experimental in nature;
5. Crowns, inlays, onlays, cast restorations, or other laboratory prepared restorations on teeth, which may be satisfactorily restored with an amalgam or composite resin filling;
6. 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;
7. Appliances, services or procedures relating to:
  - a. the change or maintenance of vertical dimension;
  - b. restoration of occlusion (unless otherwise noted in the schedule of covered procedures—only for occlusal guards);
  - c. splinting;
  - d. correction of attrition, abrasion, erosion or abfraction;
  - e. bite registration; or
  - f. bite analysis;
8. Replacement of bridges;
9. Replacement of full or partial dentures;
10. Replacement of crowns, inlays or onlays;
11. For orthodontia services;
12. Services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
13. Charges for implants of any type, and all related procedures, removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized Services or attachments;

14. Athletic mouth guards; myofunctional therapy; treatment for malignancies, cysts and neoplasms; failure to keep scheduled appointment; charges for completion of claim forms, infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; charges for travel time; transportation costs; professional advice; treatment of jaw fractures; orthognathic surgery; exams required by a third party other than us, personal supplies (e.g., water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
  15. Prescription drugs, premedication, pharmaceuticals, or analgesia;
  16. Dental disease, defect or injury caused by a declared or undeclared war or any act of war or terrorism or taking part in an insurrection or riot; the commission or attempted commission of a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane;
  17. Dental treatment not approved by the American Dental Association or which is clearly experimental in nature;
  18. 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 (unless you are not required to be covered under Worker's Compensation);
  19. 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;
  20. The initial placement of a removable full denture or a removable partial denture unless it includes the replacement of a natural tooth extracted while the person is insured under the policy;
  21. The initial placement of a fixed partial denture including a Maryland bridge, unless it includes the replacement of a natural tooth extracted while the person is insured under the policy, provided that tooth was not an abutment to an existing partial denture.
  22. The replacement of teeth beyond the normal complement of 32;
  23. The replacement of an existing removable partial denture with a fixed partial denture unless upgrading to a fixed partial denture is essential to the correction of the covered person's dental condition;
  24. Local anesthetic, including light anesthetic, as a separate fee;
  25. Any treatment plan which involves full-mouth reconstruction by the removal and reestablishment of occlusal contacts of 10 or more teeth with restorations, crowns, onlays, inlays, fixed partial dentures, dentures, or any combination of these services;
  26. Services with respect to congenital (hereditary) or developmental (before birth) malformations, except during the 31 day period immediately following the birth of your child, including but not limited to; cleft palate, maxillary and mandibular (upper and lower) malformations, enamel hypoplasia (lack of development), fluorosis, and anodontia;
  27. Dental care paid for, required, or provided by or under the laws of a national, state, local or provincial government, or treatment furnished within a hospital or other facility owned or operated by a national or state government unless the insured person has a legal obligation to pay;
  28. Dental services performed in a hospital and related hospital fees;
  29. Services covered under an existing medical plan;
  30. The portion of an expense which is in excess of the reasonable charge;
  31. Fees associated with a cancelled or missed appointment;
  32. General anesthesia and I.V. sedation, unless deemed medically necessary as determined by a professional consultant.
- Missing teeth limitation: We will not pay benefits for replacement of teeth missing on a covered person's effective date of insurance under this certificate for the purpose of the initial placement of a full denture, partial denture or fixed bridge.

Please note: Exclusion language may not be applicable in all states. Please refer to the certificate of Coverage for a complete list of exclusions in your state.

## Ready to learn more?



Please call Merchants Benefit Administration at 800.800.6543



[mbaadmin.com](http://mbaadmin.com)



Or call your local General Agent

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Products not available in all states. The benefits outlined are for illustrative purposes only and should not be considered a proposal for coverage. Limitations and exclusions apply.

This brochure is not the Insurance Contract, nor does it represent the Insurance Contract. A full explanation of your benefits, exclusions and limitations is contained in the Certificate of Insurance, under Group Policy NSHDTL 2000 issued to the National Small Business Association.

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