



Nationwide Life Insurance Company - Dental Plans

Administered by: *Merchants Benefit Administration, Inc.*

Claims Address: P.O. Box 981640, El Paso TX, 79998-1640

Electronic Claims Payer ID: MBAAZ

Phone (480) 776-5041

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BREAKDOWN OF BENEFITS

PLAN: National Care Dental 1500 (NCAA)

Plan Maximum: \$1500 - Calendar Year	
Plan Notes: Service frequencies are established by the Date of Service. The Missing Tooth Clause applies to replacements for fixed and removable prosthodontics. Services are paid on seat date.	Individual Deductible: \$50 Family Deductible: \$150 - Calendar Year Deductible Notes: Deductible applies to all basic and major services for both in and out of network providers.
Coordination of Benefits (COB) Method: Standard – Calculated on lesser of billed fee, primary plan allowed or Nationwide Dental Plan allowed.	
Alternate Benefits: Resin fillings on posterior teeth (molars and bicuspid/premolar) will be paid at the rate for amalgam fillings. Porcelain crown/bridge units on posterior teeth will be paid at the rate of the full cast crowns/bridge units.	
Predetermination: Recommended for treatment in excess of \$1,000.	Preauthorization: Not applicable
Not Covered Services: TMJ, Orthodontia & Occlusal Guard	

Reimbursement: Claims submitted by a participating provider (**Maximum Care Network – Careington, DenteMax or Connection Dental**) are paid based on the contract/fee schedule. Claims submitted by a non-participating provider are paid based on our fee schedule of **Maximum Allowable Charges (MAC)**. In addition to co-insurance, any amount charged over our **MAC** fee schedule will be the member/patient's responsibility.

Service Descriptions & Guidelines	Waiting Period	Covered Percentage		Service Frequency
		INN	OON	
Preventive Services				
Bitewings – Per set	No Waiting Period	100%	100%* Based on maximum allowable charge	1 per 12 months
Periapical X-rays – 9 or more PA's will be bundled into D0210 FMX. Tooth number is required on ADA claim form: Column 27				1 per tooth, per 12 months
Prophylaxis – Children prophylaxis under 13 years. Adult prophylaxis 13+ years. Shared Frequency with Periodontal Maintenance.				2 per 12 months
Topical Fluoride – Child under age 16.				1 treatment per 12 months
Oral Exams – Comprehensive or Periodic.				2 per 12 months
Limited Oral Exam – Emergency Exam. Allowed with other Services.				1 per 12 months
Basic Services				
Full Mouth Series X-Rays/Panoramic Images – Shared Frequency	No Waiting Period	80%	80%* Based on maximum allowable charge	1 per 36 months
Palliative Treatment – Periapical X-Rays Only, no other service.				1 per 12 months
Sealant – Permanent molar only. Child under 16.				1 per tooth, per 36 months
Space Maintainer – Due to premature loss of primary tooth only. Child under 16.				1 per 36 months
Fillings – Alternate Benefit to amalgams rates on posterior teeth.				1 per tooth & surface per 24 months
Major Services				
Crown, Inlay/Onlay & Veneer – Initial placement date required. Service paid on Seat Date . Alternate Benefit to full cast rates - posterior teeth.	12 Months* Based on members eligibility. Visit www.mbaadmin.com	50%	50%* Based on maximum allowable charge	1 per tooth, per 7 years
Bridge Unit – Missing Tooth Clause applies – Initial placement date required. Service paid on Seat Date . Alternate Benefit to full cast rates - posterior teeth.				1 per 7 years
Denture (Full/Partial) – Missing Tooth Clause applies – Initial placement date required. Service paid on Seat Date . Alternate Benefit to full cast rates - posterior teeth.				1 appliance per 5 years
Full Mouth Debridement				1 per lifetime
Pulpotomy – Primary teeth only. Limited to child under 14.				1 per tooth as needed
Root Canal – Anterior, Bicuspid or Molar				1 per tooth, per 24 months
Surgical Periodontics – All 4 quadrants may be done same day.				1 per 36 months, per quadrant
Scaling & Root Planing – All 4 quadrants may be done same day.				1 per 24 months, per quadrant
Periodontal Maintenance – Shared Frequency with Prophylaxis.				2 per 12 months
Denture Adjustments				2 per 12 months
Implant Repair - Initial placement date required.				1 per 36 months
General Anesthesia/IV Sedation – In conjunction with covered oral surgery.				As Needed

Frequencies/Limitations: The above information is provided as a summary of frequently asked questions and is not intended to provide a comprehensive list of all benefits, limitations, and exclusions included in the members Nationwide Dental Plan. Final determination of benefits will be based on the members Nationwide Dental Plan Certificate of Coverage.