

Dental Insurance



Nationwide Is On Your Side

We're all smiles at MBA and Nationwide Insurance. These unique new dental plans will provide you so many reasons to smile - including strength and reliability!

National Small Business Assoc.

Welcome to the National Small Business Association (NSBA). We are pleased to present the many programs/resources made available to you through your membership.

Annual Maximum Benefit Options

1500, 3000 or 3000+ Additional
**\$2000 Buy Up

<ul style="list-style-type: none"> • Deductible 	<ul style="list-style-type: none"> • \$50 annual deductible for basic and major services (per person) No deductible for preventative services.
PREVENTIVE CARE (100% Coverage) No Waiting Period	
<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 6 months) 	<ul style="list-style-type: none"> • Cleaning (2 in 12 months) • Fluoride for Children 19 & under (1 in 12 months)
BASIC CARE (80% Coverage) No Waiting Period	
<ul style="list-style-type: none"> • Full Mouth/Panoramic X-rays (1 in 3 years) • Sealants (ages 6 through 16) 	<ul style="list-style-type: none"> • Restorative Amalgams • Simple Extractions
MAJOR CARE* (50% Coverage) 12 Month Waiting Period	
<ul style="list-style-type: none"> • Space Maintainers • Onlays • Implants • Crowns (1 in 10 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Periodontics (nonsurgical) 	<ul style="list-style-type: none"> • Periodontics (surgical) • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Complex Extractions • Anesthesia

*Plans not available in AK, HI, ME, MA, MN, MT, NH, NY, SD, VT or WA. Underwritten by Nationwide Life Insurance Company. Administered by Merchants Benefit Administration. **\$2,000 Plan buy up option for total \$5,000 Plan benefit, self-funded by administrator.

Vision Insurance



VSP Individual Vision Plans

VSP® Individual Vision Plans give you access to the services and products you need to care for your eyes. You'll enjoy comprehensive vision coverage and access to the personalized care you deserve all at low out-of-pocket costs. And, as a member, you'll get an annual average savings of more than \$200 on eye care and eyewear.¹

¹Comparison based on national average for comprehensive eye exams and most commonly purchased brands. This number represents typical savings for VSP members when they see a VSP network doctor.

Product Details**

Copay	\$10 Exam / \$25 Materials per Covered Person per Office Visit	
Benefit	Frequency	
Exam:	Every 12 months	
Lenses:	Every 12 months	
Frame:	Every 24 months	
Benefit	Participating Provider	Non-Participating Provider
WellVision Exam	Covered after \$10 Exam Copay	Up to \$45 after \$10 Exam Copay
Contact Lens Exam	15% Savings on a contact lens exam	
Lenses:	Participating Provider	Non-Participating Provider
Single Vision	Covered after \$25 materials Copay	Up to \$30.00 after \$25 Materials Copay
Lined BiFocal	Covered after \$25 materials Copay	Up to \$50.00 after \$25 Materials Copay
Lined TriFocal	Covered after \$25 materials Copay	Up to \$65.00 after \$25 Materials Copay
Lenticular	Covered after \$25 materials Copay	Up to \$100.00 after \$25 Materials Copay
Impact-Resistant (polycarbonate) lenses for children	Fully covered with no Copay up to age 18	
Frames	\$150 allowance every 24 months	Up to \$70.00 allowance every 24 months
Elective Contact Lenses*	\$150 allowance every 12 months	Up to \$105.00 allowance every 12 months
Necessary Contact Lenses*	N/A	N/A
Discounts & Savings		
<ul style="list-style-type: none"> Average 20-25% savings on other lens enhancements 20% off additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of the patient's last WellVision Exam. Extra \$20 to \$40 on featured frame brands. Brands and promotions subject to change. Laser Vision Correction- Average 15% savings on the regular price or 5% savings on the promotional price from the contracted facilities. 		

*Contact Lenses are provided in lieu of all other lens once every 12 months and frames once every 24 months.

**Rates and coverage may vary in FL & OR.

Plans not available in HI, MA, NY or WA. Underwritten by VSP Vision Care.

Dental

1500

\$49.00 per Month for Member

\$96.00 per Month for Member plus Children

\$89.00 per Month for Member plus Spouse

\$134.00 per Month for Family

3000

\$59.00 per Month for Member

\$110.00 per Month for Member plus Children

\$99.00 per Month for Member plus Spouse

\$146.00 per Month for Family

5000

\$69.00 per Month for Member

\$125.00 per Month for Member plus Children

\$114.00 per Month for Member plus Spouse

\$180.00 per Month for Family

Vision

\$14.00 per Month for Member

\$29.00 per Month for Family

\$25.00 per Month for Member + Spouse

\$22.00 per Month for Member + Child(ren)

This booklet is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. Always read your policy or certificates of coverage when you receive them. Depending on your resident state additional coverage and carrier options may be available to you which are not featured in this booklet. Please call for additional information.