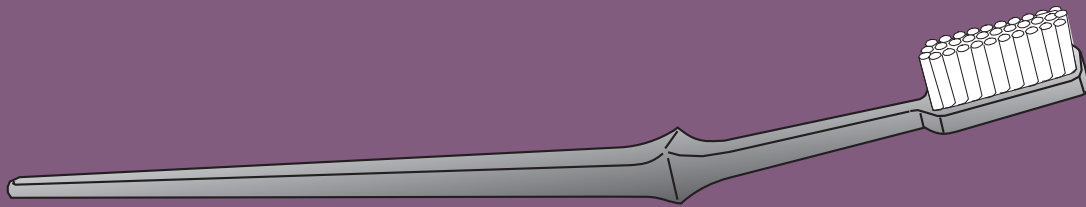


2009

MEDICA®

Medica SeniorDental®



Administered and underwritten
by Delta Dental of Minnesota

Medica SeniorDental®

Available to Minnesota members enrolled in Medica Prime Solution® Basic or Enhanced, or Medica Select Solution® Basic or Extended Basic only.

With Medica SeniorDental, you'll have more than one thing to smile about. You'll enjoy healthier teeth and gums. And big savings, too.

If you're a member of Medica Prime Solution Basic or Enhanced, or Medica Select Solution Basic or Extended Basic, you may purchase dental coverage through our Medica SeniorDental plan. For just \$38.00 per month, Medica SeniorDental provides coverage for your preventive dental care, as well as care for fillings, gum disease, root canal treatment, oral surgery and more.

You will have access to a network of dental providers and specialists throughout the service area. To qualify for and maintain Medica SeniorDental coverage, you must be a current Medica Prime Solution Basic or Enhanced, or Medica Select Solution Basic or Extended Basic member, and you must get all of your dental care from one of Medica's SeniorDental participating providers. To learn more about the Medica SeniorDental program, please call Medica Sales at **952-992-2300** or **1-800-234-8755**. TTY users may call **952-992-3650** or **1-800-234-8819**. Hours of operation: 8 a.m. to 8 p.m., CST, seven days a week.

How to Enroll

Fill out the enclosed Medica SeniorDental enrollment form and return it to Medica in the enclosed postage-paid envelope. Once we have received it, we'll notify you of your effective date.

Medica SeniorDental® 2009 Summary of Benefits

Amount covered by
Medica SeniorDental

Preventive Care	
• Oral exam two times per calendar year	100%
• Routine cleaning two times per calendar year	100%
• Bitewing X-rays once per calendar year	100%
• Full mouth X-rays once every five years	100%
Diagnostic	
• Additional X-rays, emergency exam	80%
Restorative	
• Silver fillings and stainless steel crowns	80%
• Composite (tooth-colored fillings)	
Anterior (front) tooth	80%
Posterior (back) tooth	50%
Endodontics	
• Root canal treatment	50%
Oral Surgery	
• Necessary extractions, including post-operative care	50%
Periodontics	
• Gum disease treatment	50%
Removable Prosthetics*	
• Upper or lower dentures (full or partial), denture repair	50%
Fixed Prosthetics*	
• Fixed bridges	50%
• Crowns; full cast	50%
Emergency Care	
• After hours at your Medica SeniorDental dentist's office	80%
• At a non-participating provider	80% (maximum \$75)

The maximum benefit per member per calendar year is \$1,000. All treatment must be provided by a Medica SeniorDental participating dentist.

This is a summary of benefits only. **This plan may not cover all of your dental care needs. Read your Policy carefully to determine which expenses are covered.** A complete description of benefits, limitations and exclusions is contained in the EOC. If you have a question about a specific service, call Medica Dental Member Service at **651-406-5914** or toll-free **1-800-981-8125**. TTY users may call **651-406-5915** or **1-800-916-9514**.

* See the Limitations and Exclusions section in your Dental Evidence of Coverage (EOC).

Limitations

- Preventive dental coverage is limited to dental checkups two times per calendar year, bitewing X-rays once per calendar year, and full-mouth X-rays once every five years.
- After a 12-month waiting period, replacement of dentures (full or partial), crowns (per tooth) or bridges are limited to once in a five-year period.
- After a 12-month waiting period, repair of dentures (full or partial) is limited to one repair of the same type per year.
- The maximum benefit per member per contract year is \$1,000.

Exclusions

- Dental services related to treatment that was undertaken prior to the effective date of your Medica SeniorDental coverage.
- Within the first twelve (12) consecutive months of membership, replacement of teeth missing prior to the effective date of your Medica SeniorDental coverage.
- Dental services and associated expenses for full or partial dentures within the first 12 months of coverage under this Dental Benefit Plan.
- Single crowns, within the first twelve (12) consecutive months of membership.
- Services performed solely for cosmetic purposes, or to correct congenital conditions; to include bonding, veneers and any procedure that is not necessary to treat a dental disease condition.
- General anesthesia.
- Replacement of prosthetic appliances that have been misplaced, lost or stolen.
- Full cast restorations (crowns) when alternate restorations are deemed adequate.
- Gold foil restorations.
- Treatment to increase vertical dimension and/or ridge augmentation.
- Dental implants of any kind, regardless of methodology.
- Any dental services that are covered by Workers' Compensation, Employer's Liability Insurance Plan, "no fault" insurance or similar act of law.
- Charges for canceled or missed dental appointments.
- Third party consultations as a separate service.

This is a summary of benefits only. **This plan may not cover all of your dental care needs. Read your Dental Evidence of Coverage (EOC) carefully to determine which expenses are covered.** A complete description of benefits, limitations and exclusions is contained in the EOC.

This program is administered and underwritten by Delta Dental of Minnesota (DDMN). 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 ("DDPA"). Medica is not an authorized licensee of DDPA and nothing contained in this statement or set forth in this document is intended to imply or suggest that any of the products or services of Medica are in any way authorized, sponsored, endorsed, or approved by DDPA.

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Medica SeniorDental® is a registered service mark of Medica Health Plans.

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