

Plan Design	Calendar Year Deductible (Single)	Calendar Year Deductible (Family)	Deductible waived in-network Preventative?	Calendar Year Maximum	Diagnostic & Preventative Services	Diagnostic & Preventative Services Waiting Period	Basic - Minor Restorative Services	Basic - Minor Restorative Services Waiting Period	Major Services - Oral Surgery, Endodontic, & Periodontal Services	Major Services - Oral Surgery, Endodontic, & Periodontal Services Waiting Period
Classic 1500	\$50	\$150	NO	\$1,500	80%	None	80%	6 Months	50%	18 Months
Classic 2000	\$50	\$150	NO	\$2,000	80%	None	80%	6 Months	50%	18 Months
Classic Select 1500	\$50	\$150	YES	\$1,500	100%/70%	None	80%/70%	6 Months	60%/50%	18 Months
Classic Select 2000	\$50	\$150	YES	\$2,000	100%/70%	None	80%/70%	6 Months	60%/50%	18 Months
*PPO Advantage	\$0	\$0	N/A	\$500	100%	None	Network Discounts Apply	N/A	Network Discounts Apply	N/A

*Not available in the state of Minnesota.

Who can buy Multiflex Dental and how do they purchase?

- Almost anyone can buy Multiflex Dental (availability varies by state)
- Upon purchase and enrollment via brochure or the Web, all new customers become members of the National Small Business Association (NSBA)

Our Classic Plans offer the freedom to use any dentist and have maximum calendar year benefits of \$1500 or \$2000. There is no network required; however, you may recognize significant savings by utilizing DenteMax® providers.

The Classic Select plans offer a higher level of benefits if you use DenteMax® network providers, but still provide the freedom to see out-of-network dental providers with a lower benefit percentage. These plans also are offered at calendar year maximums of \$1500 or \$2000. Out-of-network benefits will be paid at MAC levels.

We are pleased to introduce a new plan that provides Diagnostic and Preventative services only: The PPO Advantage plan will pay 100% toward these Type I services and will have a \$500 calendar year maximum. On basic and major services, network discounts apply. This will allow you the opportunity to get cleanings, x-rays and preventative exams at an extremely competitive rate!

The plan designs listed are available to individuals of all ages.

A reason to smile...



How do you enroll in the Nationwide MultiflexSM Dental Plan?

- Contact your local agent
- Call MBA at 1.800.800.6543
- Go online to: www.multiflexdentalinsurance.com for further details

Reliability and strength that will please **everyone**

We're all smiles at MBA and Nationwide Specialty Health®. We're pleased the unique new dental plans we've built together give you and your clients so many reasons to smile - including the strength and reliability offered by our partnership.

MBA

- Leading developer, administrator and marketer of quality dental plans and other specialty products for 20+ years
- History of creating solid strategic partnerships and alliances
- Known for recruiting top notch agents and brokers
- Reputation for ingenuity and sound business practices

Nationwide Specialty Health

- Mission is to help consumers better plan for the ever-increasing responsibility for their own health care costs
- Backed by financial strength and prudent financial history of Nationwide®
- A+ rating from A.M. Best
- #124 on Fortune 500 list
- Commitment to health benefits industry since 1942

Are you eager to **learn** more?

- Would you like to learn more about our plans?
- Are you ready to learn more about our simplified enrollment process?
- Are you an agent and would like to sell Multiflex Dental?

Simply give us a call or visit us on the Web to learn more:

- **www.multiflexdentalinsurance.com**
- **1.800.800.6543**
- **or call your local agent**

Some plan offerings use DenteMax®, a national, seamless, credentialed PPO dental network, ranking in the top 10 for network size. For more information on DenteMax®, please visit our website at multiflexdentalinsurance.com.

Distributed by:

Matrix Insurance Marketing, Inc.
1225 S Weller St, Suite 320
Seattle, WA 98144
800-929-6123 Toll Free
206-521-9451 Phone
206-521-9554 Fax

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Nationwide MultiflexSM Dental Plans



AR, KY, NY Rates

(Find your zipcode in the Rate Column Finder below to the right of this Rate Guide. Use your local Rate Column Number to identify your Rate Column below. Your Rate Column below contains all your rates for all offered plans.)

Plan Name/Coverage	Rate Column 1	Rate Column 2	Rate Column 3	Rate Column 4	Rate Column 5	Rate Column 6	Rate Column 7	Rate Column 8	Rate Column 9
Classic Plans									
Classic 1500									
Under 65									
Mem	\$23.53	\$26.13	\$28.95	\$31.93	\$35.16	\$38.38	\$42.45	\$49.31	\$24.47
Mem + 1	\$44.05	\$48.98	\$54.35	\$60.03	\$66.16	\$72.31	\$80.04	\$93.07	\$45.82
Mem + Fam	\$72.33	\$80.28	\$89.08	\$98.36	\$108.30	\$118.44	\$130.95	\$152.12	\$75.14
65 & Over									
Mem	\$33.44	\$37.23	\$41.13	\$45.30	\$49.90	\$54.48	\$60.22	\$69.92	\$34.88
Mem + 1	\$61.24	\$68.22	\$75.48	\$83.21	\$91.73	\$100.23	\$110.85	\$128.81	\$63.88
Mem + Fam	\$90.92	\$101.08	\$111.92	\$123.42	\$135.95	\$148.63	\$164.26	\$190.76	\$94.66
Classic 2000									
Under 65									
Mem	\$24.53	\$27.24	\$30.17	\$33.27	\$36.62	\$39.98	\$44.21	\$51.34	\$25.52
Mem + 1	\$45.83	\$50.96	\$56.52	\$62.40	\$68.77	\$75.16	\$83.17	\$96.69	\$47.69
Mem + Fam	\$74.54	\$82.75	\$91.77	\$101.30	\$111.54	\$121.99	\$134.84	\$156.62	\$77.46
65 & Over									
Mem	\$35.32	\$39.33	\$43.43	\$47.81	\$52.67	\$57.50	\$63.54	\$73.76	\$36.86
Mem + 1	\$64.54	\$71.92	\$79.52	\$87.63	\$96.59	\$105.53	\$116.68	\$135.55	\$67.36
Mem + Fam	\$94.78	\$105.41	\$116.64	\$128.58	\$141.62	\$154.84	\$171.08	\$198.64	\$98.73
Classic Select Plans (These plans use the DenteMax network. Members may enjoy discounts by using one of the many dentists within the DenteMax network.)									
Classic Select 1500									
Under 65									
Mem	\$21.96	\$24.20	\$21.96	\$21.96	\$24.20	\$29.34	\$29.34	\$29.34	\$24.46
Mem + 1	\$40.89	\$45.18	\$40.89	\$40.89	\$45.18	\$55.01	\$55.01	\$55.01	\$45.70
Mem + Fam	\$66.21	\$73.37	\$66.21	\$66.21	\$73.37	\$89.64	\$89.64	\$89.64	\$74.39
65 & Over									
Mem	\$31.98	\$35.03	\$31.98	\$31.98	\$35.03	\$42.42	\$42.42	\$42.42	\$35.29
Mem + 1	\$58.26	\$63.97	\$58.26	\$58.26	\$63.97	\$77.69	\$77.69	\$77.69	\$64.48
Mem + Fam	\$85.00	\$93.68	\$85.00	\$85.00	\$93.68	\$114.17	\$114.17	\$114.17	\$94.69
Classic Select 2000									
Under 65									
Mem	\$22.97	\$25.28	\$22.97	\$22.97	\$25.28	\$30.65	\$30.65	\$30.65	\$25.52
Mem + 1	\$42.70	\$47.10	\$42.70	\$42.70	\$47.10	\$57.34	\$57.34	\$57.34	\$47.59
Mem + Fam	\$68.47	\$75.77	\$68.47	\$68.47	\$75.77	\$92.59	\$92.59	\$92.59	\$76.74
65 & Over									
Mem	\$33.89	\$37.06	\$33.89	\$33.89	\$37.06	\$44.89	\$44.89	\$44.89	\$37.29
Mem + 1	\$61.63	\$67.54	\$61.63	\$61.63	\$67.54	\$82.04	\$82.04	\$82.04	\$68.01
Mem + Fam	\$88.95	\$97.87	\$88.95	\$88.95	\$97.87	\$119.29	\$119.29	\$119.29	\$98.82
PPO Advantage Plans									
PPO Advantage									
Under 65									
Mem	\$9.81	\$9.81	\$9.81	\$10.20	\$10.73	\$12.57	\$12.57	\$12.57	\$9.81
Mem + 1	\$18.72	\$18.72	\$18.72	\$19.50	\$20.57	\$24.36	\$24.36	\$24.36	\$18.72
Mem + Fam	\$35.41	\$35.41	\$35.41	\$36.86	\$38.91	\$46.80	\$46.80	\$46.80	\$35.41
65 & Over									
Mem	\$10.89	\$10.89	\$10.89	\$11.33	\$11.92	\$13.98	\$13.98	\$13.98	\$10.89
Mem + 1	\$20.59	\$20.59	\$20.59	\$21.45	\$22.63	\$26.81	\$26.81	\$26.81	\$20.59
Mem + Fam	\$37.43	\$37.43	\$37.43	\$38.96	\$41.14	\$49.45	\$49.45	\$49.45	\$37.43

Indemnity Rates - GA, MA, NC, NJ, and VA

(Find your zipcode in the Rate Column Finder below this Rate Guide. Use your local Rate Column Number to identify your Rate Column below. Your Rate Column below contains all your rates for all offered plans.)

Plan Name/Coverage	Rate Column 1	Rate Column 2	Rate Column 3	Rate Column 4	Rate Column 5	Rate Column 6	Rate Column 7
Classic Plans							
Classic 1500							
Under 65							
Mem	\$25.03	\$33.04	\$32.52	\$33.74	\$39.44	\$46.27	\$47.65
Mem + 1	\$47.85	\$63.06	\$62.07	\$64.40	\$75.24	\$88.22	\$90.84
Mem + Fam	\$79.29	\$104.04	\$102.43	\$106.21	\$123.85	\$144.95	\$149.22
65 & Over							
Mem	\$35.98	\$47.32	\$46.58	\$48.32	\$56.40	\$66.06	\$68.02
Mem + 1	\$66.84	\$87.83	\$86.47	\$89.68	\$104.64	\$122.54	\$126.16
Mem + Fam	\$99.83	\$130.82	\$128.81	\$133.55	\$155.64	\$182.07	\$187.42
Classic 2000							
Under 65							
Mem	\$26.13	\$34.46	\$33.92	\$35.19	\$41.13	\$48.23	\$49.66
Mem + 1	\$49.81	\$65.60	\$64.57	\$66.98	\$78.24	\$91.70	\$94.43
Mem + Fam	\$81.72	\$107.18	\$105.53	\$109.42	\$127.57	\$149.28	\$153.67
65 & Over							
Mem	\$38.06	\$50.01	\$49.23	\$51.05	\$59.57	\$69.75	\$71.82
Mem + 1	\$70.49	\$92.55	\$91.12	\$94.49	\$110.22	\$129.04	\$132.84
Mem + Fam	\$104.08	\$136.33	\$134.24	\$139.16	\$162.15	\$189.65	\$195.21

AR, KY, NY Rate Column Finder

ST	ZIP	RT	ST	ZIP	RT
AR	722	3	NY	117-118	4
	725-727	3		119	5
	729	3		124	4
	All Other	2		126	5
KY	All	9	127	4	
	NY	100-102	8	132	2
103		5	134	1	
104		4	135-136	2	
105-108		6	138	2	
109-113		5	140-142	2	
114		4	143	1	
115		6	146-147	2	
116		5	149	2	
			All Other	3	

Indemnity Rate Column Finder

ST	ZIP	RT	ST	ZIP	RT	
GA	303	5	NJ	071	4	
	310	3		073	4	
	311	6		074	6	
	312	3		076	6	
	316-319	3		078	6	
	399	1		079	7	
	All Other	4		080-083	4	
	MA	010-011		5	084	3
		012		4	085	6
		014		5	087	4
021-022		7	All Other	5		
024		7	VA	201	5	
027		5		220-221	5	
055		1		222	6	
All Other		6		223	5	
NC		271		5	225	3
		275-277		5	239	3
	280-281	5		242-243	2	
	282	6		244-245	3	
	All Other	4		246	2	
				All Other	4	

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**Nationwide
MultiflexSM Dental Plans
Rate Guide**

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Nationwide
On Your Side

mba merchants
benefit admin
1.800.800.6543



On Your Side[®]

Nationwide Life Insurance Company

Home Office: One Nationwide Plaza, Columbus, Ohio 43216

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about the coverage offered to you under a group policy issued by Nationwide Life Insurance Company, to the National Small Business Association.

The policy is subject to and governed by the laws of the state of Arizona.

The certificate of coverage issued to you is governed by the state of Washington.

The Washington State Insurance Commissioner has authority to assist you concerning your coverage.

To keep this coverage, you must continue membership in the group. If you are not now a member, the initial cost of membership is \$12.00. Membership costs may increase in future years. You will also have the premiums to pay.

The coverage can be discontinued by the group. It can be terminated by the insurer. If the group organization ceases to exist, your coverage would terminate. You are not entitled by the contract to convert your coverage to your own policy.

National Small Business Association will have a "free look" of 30 days during which you may cancel your contract and recover your premium without obligation. Your membership fee to join the group is not refundable.

DELIVERED to the applicant this _____ day of _____, _____ by
(month) (year)

(signed) _____ (agent, solicitor or broker).

Printed Name: _____

I ACKNOWLEDGE THAT I HAVE RECEIVED AND UNDERSTAND THIS DISCLOSURE STATEMENT:

Applicant



Nationwide Life Insurance Company
Home Office: Columbus, Ohio

On Your Side®

WASHINGTON

Nationwide MultiflexSM Dental Insurance Enrollment Form

The enrollment form and 1st month's premium and fees through Electronic Funds Transfer Authorization, Check or Credit Authorization, are required to put your coverage in force.

Insured Coverage Information (please print clearly or type)

Full Name	Birth Date (MM/DD/YYYY)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated
Street Address	City	ST Zip
Home Phone ()	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #

Check Type of Coverage and Plan Selected

Type of Coverage:	
Insured Only	<input type="checkbox"/>
Insured Plus One	<input type="checkbox"/>
Insured Plus Family (insured plus 2 or more)	<input type="checkbox"/>
Plan Selection:	
Classic \$1500 Plan	<input type="checkbox"/>
Classic \$2000 Plan	<input type="checkbox"/>
Classic Select \$1500 Plan	<input type="checkbox"/>
Classic Select \$2000 Plan	<input type="checkbox"/>
PPO Advantage Plan	<input type="checkbox"/>
Requested Effective Date (MM/DD/YYYY):	/01/
(Policy issued the first of the month only)	

Calculate Monthly Dues

Monthly Premium	\$
(Refer to Rate Guide for monthly premium)	
Monthly Admin. Fee	\$ 5.00
Monthly NSBA Fee* +	\$ 1.00
Monthly Total Due	\$

* The NSBA monthly membership fee is \$1.00. This fee will appear on your monthly invoice. **Participation is mandatory.** As a value added feature of Multiflex Dental, you will automatically become a member of the National Small Business Association (NSBA). You can learn more about the non-insurance benefits and services by visiting www.nsba.net.

Dependent Coverage Information - For additional dependents, please attach a separate sheet of paper including the following information:

Relation	Name	Social Security Number XXX-XX-XXXX	Date of Birth MM/DD/YYYY	Gender M/F
Spouse / Domestic Partner		- -	/ /	
Child		- -	/ /	
Child		- -	/ /	
Child		- -	/ /	
Child		- -	/ /	

Payment Method (Choose one)

Electronic Fund Transfer		
I want to pay by <input type="checkbox"/> Electronic Fund Transfer (EFT). Please complete and sign Electronic Fund Transfer (EFT) form on page 2.		
Check or Money Order		
I want to pay by <input type="checkbox"/> Check or Money Order. Please bill me direct.	Make Checks payable to: Multiflex Dental	
Credit Card		
Charge my Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Credit Card #	Exp. Date (MM/YYYY)
DEDUCTION AUTHORIZATION: I hereby authorize the insurance premiums to be deducted monthly from my credit card and remitted to Multiflex Dental. This authority is to remain in effect until I cancel it by written notification to Multiflex Dental at least 31 days in advance of the intended termination date of my coverage. (Any excess premiums which may accrue after termination of my coverage will be refunded to me.)	Name as it appears on Card:	
	Card billing address:	
	Signature	Date (MM/DD/YYYY)

MAIL SIGNED FORM TO:

Matrix Insurance Marketing, Inc., 1225 So. Weller Seattle, WA 98144 or FAX both sides of this form to: (206) 521-9554

Administered by Merchants Benefit Administration (MBA).

Please Sign and Date

State Fraud Notices

(California) For your protection California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

(Florida) Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

(Kentucky) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

(Louisiana) It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

(Maryland) Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

(Missouri) An insurance company or its agent or representative may not ask an applicant or policyholder to divulge in a written application or otherwise whether an insurer has canceled or refused to renew or issue to the applicant or policyholder a policy of insurance. If a question(s) appears in this application, you should not renew it.

(Pennsylvania) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

(Puerto Rico) Any person who, knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggregated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a maximum of two (2) years.

(Washington) Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

(All Other States) Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties.

(New York) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By my signature below, I hereby apply for coverage with Multiflex Dental insurance under a Group Dental Insurance Policy. I also certify that I have read and understand the applicable Fraud Notices.

SIGNATURE

DATE (MM/DD/YYYY)

MULTIFLEX DENTAL ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Save time and postage by using our Electronic Funds Transfer (EFT) Service for your monthly premium and fees payment.

How Does EFT Work?

The EFT service allows you to automatically pay your insurance premiums and fees from a bank or money account of your choice. There is no fee charged by Merchants Benefit Administration for this service. We will issue instructions to your bank to forward payment on the due date of each month. If there are insufficient funds in your account on the payment due date, your payment will be considered unpaid and delinquent. Multiflex Dental will send you a late notice should this occur. There will be a \$15.00 fee associated with an insufficient funds notification. If you choose to discontinue the EFT service, you must notify Multiflex Dental in writing at least 30 days before the next payment due date. To initiate the EFT service, complete and sign the form below.

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER

NAME ON BANK ACCOUNT

NAME OF BANK

BANK ACCOUNT NUMBER

BANK ROUTING NUMBER

You should attach or fax a voided check or savings deposit slip

TYPE OF ACCOUNT SAVINGS CHECKING

I hereby authorize Multiflex Dental to initiate EFT debit entries for the payment of insurance premiums and fees from the bank listed above. The debit entry amount will be the total of the invoice for insurance premiums and fees due each month. This authorization will remain in effect until Multiflex Dental receives written instructions from me to terminate the service.

ACCOUNT HOLDER'S SIGNATURE

DATE (MM/DD/YYYY)

Producer Information (please print clearly or type)

Producer Signature

Producer Number

For Internal Use Only

GA: Matrix Insurance Marketing

MGA: Matrix Insurance Marketing

Enrollment Form Questions?

Please call us at 1-800-445-7227, Option 3, Monday-Friday, 8:00AM-4:00PM (PST).

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