

**ACCEPTANCE OR WAIVER OF COVERAGE FOR
TEMPOROMANDIBULAR DISORDERS AND CRANIOMANDIBULAR
DISORDERS IN GROUP HEALTH INSURANCE PLAN THROUGH
MEDICAL BENEFITS MUTUAL LIFE INSURANCE CO., INC.**

THE EMPLOYER listed below desires to purchase group insurance coverage for eligible employees and their eligible dependent(s) through a plan currently offered by **MEDICAL BENEFITS MUTUAL LIFE INSURANCE CO., INC.** in the State of West Virginia (hereinafter referred to as "Plan").

SAID EMPLOYER understands that the Plan provides coverage, at the option of the employer, for the diagnosis and treatment of Temporomandibular and Craniomandibular Disorders as described in the attached excerpted Plan certificate language.

SAID EMPLOYER further understands that the inclusion of such coverage in the Plan may increase the premium rates otherwise applicable to coverage under the Plan. The Employer acknowledges that the difference in premium rates has been disclosed as part of the sale of this Plan.

With this understanding, the **EMPLOYER** elects the following (failure to make an election shall result in coverage as described being provided in the Plan):

- Coverage as described above shall be included in the Plan provided by Medical Benefits Mutual Life Insurance Co., Inc.
- I decline coverage as described above in the Plan provided by Medical Benefits Mutual Life Insurance Co., Inc.

Dated this _____ day of _____, 19__.

SIGNATURE OF EMPLOYER OR AUTHORIZED REPRESENTATIVE

BUSINESS NAME OF EMPLOYER

EXCERPTS FROM THE MEDICAL BENEFITS MUTUAL CERTIFICATE

FROM THE COVERED SERVICES SECTION:

Temporomandibular or Craniomandibular Disorder(s): The Plan will pay for diagnosis and/or treatment of Temporomandibular or Craniomandibular Disorders provided by a Physician, dentist, or other health care professional licensed to render such services. Payment is limited to an overall lifetime maximum benefit of \$2,000, including all related services, supplies and charges. Covered procedures shall include the following:

- health history (medical or dental) pertinent to symptoms;
- clinical examination related to the presenting symptoms;
- diagnostic imaging procedures;
- conventional diagnostic and therapeutic injections;
- temporary orthotics. Splints or appliances are limited to one every three years, and all adjustments to appliances performed during the first six months of its installation are considered part of the appliance fee. Appliances designed for orthodontic purposes such as bionators, functional regulators, Frankel devices, and similar devices are not covered;
- physical medicine and physiotherapy, including:
 - ultrasound;
 - diathermy;
 - high voltage galvanic stimulation; and
 - transcutaneous nerve stimulation; and

Surgery on the Temporomandibular Joint, including, but not limited to, arthotomy and diagnostic arthroscopy.

FROM THE DEFINITIONS SECTION:

Craniomandibular Disorder: Problems of the stomatognathic system, including disorders of the temporomandibular joint, muscles of mastication and the related occlusion.

Temporomandibular Disorder: A group of musculoskeletal conditions, often overlapping, that involve the temporomandibular joint or joints, the masticatory musculature, or both. These conditions are typically characterized by pain in the preauricular area which is usually aggravated by chewing or jaw function, and are frequently accompanied, either singly or in combination, by limitation of jaw movement, joint sounds, palpable muscle tenderness or joint soreness. Although pain and dysfunction in the orofacial or craniofacial regions have multiple sources and etiologies that may coexist with temporomandibular disorders or show signs similar to those of temporomandibular disorders; temporomandibular disorders are limited to pain and dysfunction arising in and from the masticatory musculoskeletal system.