

## MSATP Member Insurance Benefits

Contact us for more information at  
(703)-961-8886 or [info@questinsurance.us](mailto:info@questinsurance.us)

Enrollment Instructions for Group Dental,  
Vision, and Life Programs:

1. Click on the link below.  
<https://transamerica.benselect.com/>
2. Log into the Benefits Enrollment Site using your MSATP certificate ID # and PIN (MSATP2020)
3. You will be asked to change your PIN after your initial log in.
4. Click next after updating your personal information and dependents information – please be sure to have your dependents date of birth and social security number.
5. Make elections or waive each of the offered benefits.
6. Review final elections, sign to complete and authenticate with your PIN. (The new PIN you created)
7. Enrollment is complete once you see the “Congratulations” screen

If you have any questions regarding the benefits or the enrollment process, please contact Quest Insurance Benefits Team.

## Property and Casualty Coverage

Online portal for Professional Liability  
(Errors and Omissions):

<https://tiny.cc/QuoteMSATP>

\$50,000–\$1,000,000 Limit Options

Cyber and Data Breach Risk-Management  
Assistance and Insurance

(Written Cyber Security Plan & Written  
Cyber Security Checklist)

Cyber Coverage can be included in your  
Business Owners’ Policy or quoted separately  
with higher limits.

**Basic Commercial Coverages:** General  
Liability, Business Personal Property, Hired  
and Non-Owned Auto, Umbrella, and  
Worker’s Compensation

## Group Dental Program

	Select HMO Plan	Choice PPO Plan
<b>Coverage</b>	100% Coverage for Diagnostic and Preventive Care  Coverage for Basic Care  Coverage for Major Restorative Care  Coverage for Orthodontics (adults and children)	Diagnostic & Preventive Care 100% 90%  Basic Care 80% 70%  Major Restorative Care 50% 40%  <i>*In-Network Coverage</i> <i>*Out-of-Network Coverage</i>
<b>Source of Care</b>	Dominion Dental Dentist Network	Dominion Dental Dentist Network or Any Licensed Dentist
<b>Office Visit Co-pay</b>	\$10 per visit	None
<b>Deductible</b>	None	\$50 for individual \$150 for family
<b>Annual Maximum</b>	None	\$1500 per person
<b>Waiting Period</b>	None	None for Diagnostic & Preventive Care or Basic Care, 6-Months of Continuous Coverage for Major Restorative Care
<b>Pricing (Monthly Premium)</b>	Subscriber– \$17.61/mo. Subscriber + 1 – \$32.94/mo. Subscriber + 2+ – \$51.43/mo.	Subscriber– \$32.58/mo. Subscriber + 1 – \$60.93/mo. Subscriber + 2+ – \$95.14/mo.

## Group Life and Long-Term Care Program\*

<b>Face Value Options</b>	\$10,000–\$500,000 with \$50,000 or Below Guaranteed Issue
<b>Cash Value Growth</b>	3% Guaranteed Growth
<b>Long-Term Care Benefit Amount</b>	2% of Face Value for 25 Months
<b>Long-Term Care Benefit Requirement</b>	Insured is Unable to Perform 2 of the 6 Activities of Daily Living: <ul style="list-style-type: none"> <li>• Transferring</li> <li>• Toileting</li> <li>• Eating</li> <li>• Bathing</li> <li>• Continence</li> <li>• Dressing</li> </ul>

\*The premium rates are based on age. Call or email to get a quote

## Group Vision Program

<b>Copay &amp; Frequency</b>	Exam: \$10 per visit Lenses: \$10 per visit Frames: None Contact Lenses: None (Every 12 Months)
<b>Preferred Provider Maximum Allowance</b>	\$120 for Frames \$100 for Contact Lenses
<b>Non-Preferred Provider Maximum Allowance</b>	\$60 for Frames \$75 for Contact Lenses

<b>Pricing (Monthly Premium)</b>	Subscriber– \$8.42/mo. Subscriber + 1 – \$14.58/mo. Subscriber + 2+ – \$21.10/mo.
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