

Discover the dental insurance plan that helps you

REACH NEW HEIGHTS.



ILLINOIS ONLY

A Dental And Vision Plan For You And Your Family.

For individuals, families and seniors

Rates effective through December 31, 2017

Denali Dental Plans Feature:

- ✓ The ability to choose your own dentist
- ✓ No waiting periods
- ✓ Benefit year maximum that increases over time
- ✓ Coverage for implants and major services
- ✓ Adult and child orthodontia benefits
- ✓ Option to add on vision to your dental coverage

Products and services referred to are not available in all states and jurisdictions. There is no ownership affiliation between Renaissance and Direct Benefits for Denali Dental. The information included in this summary is a sample of benefits. Policies have exclusions and limitations that may limit coverage. For complete coverage details, please refer to the certificate of insurance. Group association dental insurance under the Denali Dental plan is underwritten by Renaissance Life & Health Insurance Company of America PO Box 1596, Indianapolis, IN 46206.



DENALI PPO PLAN

With Orthodontic Coverage For All Ages

The Denali PPO Plan provides great coverage, *including* coverage for orthodontic services, annual maximums that increase over time and *NO* waiting periods at an affordable price.

Denali PPO plan encourages individuals looking for the lowest out-of-pocket costs to visit a PPO participating dentist.

Dental Benefit Highlights Overview:

Effective through December 31, 2017	Plan Pays*
Service Categories	
Preventive Services Exams and Cleanings Brush Biopsy—to detect oral cancer	100%
Diagnostic Services Sealants—to prevent decay of permanent teeth Bitewing Radiographs—bitewing X-rays Fluoride Treatment (<i>up to age 16</i>)—topical application of fluoride	80%
Basic & Major Services Other Radiographs—all other x-rays besides bitewing X-rays Emergency Palliative Treatment—to temporarily relieve pain Periodontic Services—to treat gum disease Endodontic Services—root canals Oral Surgery Services—extractions and dental surgery Minor Restorative Services—fillings Major Restorative Services—crowns and veneers Prosthodontic Services—bridges, implants and dentures Relines and Repairs—to bridges and dentures	50%
Orthodontics Orthodontics (<i>all ages</i>)—braces	50%
Maximums & Deductibles	
Orthodontic Maximum—per person, per Benefit Year/per lifetime	\$600/\$1,200
Orthodontic Benefit Year Deductible—per person	\$100
Benefit Year Maximum—per person	Year 1/Year 2/ Year 3
	\$1,200/\$2,500/\$3,500
Benefit Year Deductible—per person total per Benefit Year, not limited to a maximum family deductible. Applies to all services except Diagnostic & Preventive and Orthodontics.	\$100
Allowed Amounts	
Allowed Amounts—in- and out-of-network	PPO Fee

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Rates and Area Factors				
ZIP Code Rating Factors	Lines of Coverage	Member Only	Member + One Dependent	Member + Family
Area 1 612-616, 623-626, 628-629	Dental Only	\$36.18	\$74.90	\$140.93
	Dental+Vision	\$48.49	\$99.50	\$180.54
Area 2 609-611, 617-620, 622, 627	Dental Only	\$41.90	\$86.42	\$160.32
	Dental+Vision	\$54.21	\$111.02	\$199.93
Area 3 600-608	Dental Only	\$49.35	\$101.46	\$185.64
	Dental+Vision	\$61.66	\$126.06	\$225.25

SEE VISION BENEFIT OVERVIEW ON PAGE 3

ENROLL ONLINE TODAY AT WWW.DENALIDENTAL.COM



DENALI PPO PLAN

Covered Services

Good oral health is important. That's why there's Denali Dental. Don't have employer dental coverage? No problem. Denali Dental is an affordable option for you and your family.

This dental insurance plan helps you cover the costs of dental care. Covered dental services include exams, cleanings, fillings and extractions, as well as crowns, bridges and dentures. Payment will be made to replace a tooth that has been missing prior to the effective date of coverage. This plan pays for covered dental expenses based upon the allowed amounts for those covered expenses after the \$100 annual deductible has been satisfied. These percentages are: 100% for Preventive Services, 80% for Diagnostic Services and 50% for Basic, Major and Orthodontic Services.

Preventive Service Examples

- Two exams per Benefit Year
- Three cleanings per Benefit Year

Diagnostic Service Examples

- One series of bitewing X-rays per Benefit Year
- Fluoride treatments limited to dependents under age 16
- Sealants limited to under age 14, one treatment per tooth for the occlusal surface of first and second permanent molars, once in any 3 year period.

Basic and Major Service Examples

- Basic Fillings
- Simple Extractions
- One diagnostic X-ray, full or panoramic in any 3 year period
- Oral Surgery
- Endodontic Treatment
- Periodontic Services
- Restoration Services—inlays, onlays and crowns
- Prosthetic Services—bridges and dentures
- Veneers (*restorative only*)
- Endosteal Implants

Benefits

- **Escalating Benefit Year Maximum**
(*applies to all services except orthodontics*)
 - Year 1: \$1,200 per person
 - Year 2: \$2,500 per person
 - Year 3: \$3,500 per person
- **Benefit Year Deductible**
(*applies to all services except orthodontics*)
 - \$100 per person total per Benefit Year, not limited to a maximum family deductible.
- **Orthodontic Maximum**
 - \$600 per person per Benefit Year
 - \$1,200 Lifetime
- **Orthodontic Deductible**
 - \$100 Lifetime

Allowed Amounts

The Denali PPO plan promotes the value of maintaining good oral health practices year after year with a benefit year maximum that increases over time and *NO* waiting periods.

Individuals will likely experience the lowest out-of-pocket costs by visiting an in-network (PPO) dentist, but have the flexibility to visit any dentist they choose.

- In-Network and Out-of-Network
 - PPO Fee

Association Fee:

Enrollment requires a \$1 per month fee for membership in the Benefits Association Inc. (BAI), as well as a \$4 monthly billing fee. Membership in BAI is required to enroll in this plan. Should you decide to enroll in this dental plan, you will be prompted during the enrollment process to confirm your acceptance of both the membership in BAI and the non-refundable set up charge.

Note: Offering is not available in all states

**ENROLL ONLINE TODAY AT
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RENAISSANCE VISION

Add on Vision Coverage

Adding vision insurance to our dental plans couldn't be easier. We offer one bundled rate for a simplified approach to purchasing dental and vision coverage.

Renaissance vision coverage is administered by VSP. With over 65 million members and more than 31,000 doctors, VSP boasts the largest national network of independent doctors.¹ Eye care professionals across the nation partner with VSP to deliver the best patient experience. You'll be thrilled by the large selection of eye-wear available to you, from classic styles to trendy frames, and you'll find hundreds of options to choose from. Frames include dozens of top brand names, so you can find one that fits your personality.

Vision Coverage through VSP Eye Doctors

The best eye doctors provide the best care. VSP carefully chooses eye doctors based on their professional licensing, work history, education, professional liability and ethics. Vision members will receive quality care with an eye exam from a VSP doctor.

- **Certified Care:** VSP optometrists are Therapeutic Pharmaceutical Agent (TPA) certified and ophthalmologists are American Board of Ophthalmology (ABO) certified.
- **Excellent Standards:** The VSP credentialing process complies with the National Committee for Quality Assurance (NCQA) standards.
- **All VSP Doctor Locations:** Accept new patients, provide a WellVision Exam and offer a wide selection of contact lenses and frame brands.
- **VSP Doctor Network:** VSP Choice

WellVision Exam

- \$10 copay
- One exam every 12 months

Prescription Glasses

- \$25 Copay
- **Frames (every 12 months)**
 - Copay included in prescription glasses
 - \$130 Allowance for a wide selection of frames
 - 20 percent savings on the amount over your allowance
- **Lenses (every 12 months)**
 - Copay included in prescription glasses
 - Single vision, lined bifocal, lined trifocal and lenticular lenses. Polycarbonate lenses for dependent children

- **Lens Enhancements (every 12 months)**
 - Standard Progressive Lenses \$55 Copay
 - Premium Progressive Lenses \$95-\$105 Copay
 - Custom Progressive Lenses \$150-\$175 Copay
 - Average savings of 20-25% on other lens enhancements
- **Contacts Instead of Glasses (every 12 months)**
 - \$60 copay that applies to contact evaluation and fitting
 - \$130 allowance for contacts; copay does not apply
 - Contact lens exam (*evaluation and fitting*) if medically necessary covered in full after \$25 copay

Extra Savings

- **Glasses and Sunglasses:** 20 percent savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your WellVision Exam.
- **Contacts:** 15% savings on a contact lens exam (*fitting & evaluation*)
- **Laser Vision Correction:** Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

Coverage with Other Providers²

- **Exam:** Up to \$45
- **Single Vision Lenses:** Up to \$30
- **Lined trifocal lenses:** Up to \$65
- **Contacts:** Up to \$105 (\$210 if medically necessary)
- **Frames:** Up to \$70
- **Lined bifocal lenses:** Up to \$50
- **Progressive lenses:** Up to \$50
- **Lenticular lenses:** Up to \$100

Monthly Premiums

- **Member Only:** \$12.31
- **Member + 1 Dependent:** \$24.60
- **Member + Family:** \$39.61

(1) VSP internal data. (2) Coverage with a retail chain affiliate may be different. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with Renaissance, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Note: Offering is not available in all states.



RENAISSANCE DENTAL NETWORK NOW AVAILABLE WITH DENALI DENTAL.

Denali Dental, dental insurance offered by Direct Benefits, now offers the strength and savings of the Renaissance Dental network.

After more than 55 years of experience in dental claims processing within the Renaissance Family of Companies, Renaissance Dental is a leader in the dental insurance industry—providing coverage for more than 13.1 million people, paying out nearly \$3 billion for dental care annually.¹ Our innovative plans and exceptional customer service provide the quality, savings, and convenience expected from superior dental coverage.

Our experience allows us to lead the dental benefits industry with online tools that make it easy for members to access and manage information. We know how to innovate, improve operating efficiencies and manage costs—all without sacrificing the service and attention our customers deserve.

- **Easy Access To Dentists, Easy To Use Benefits:**
Renaissance Dental provides access to more than 300,000 dental locations throughout the nation,¹ and when visiting a participating dentist you won't have to wait to get reimbursed. Participating dental offices will complete and file claims for you, making your dental benefits easy to use. Find a participating dentist at www.RenaissanceDental.com/FindADentist.
- **Experience**
With more than 55 years of experience in dental plan administration, the Renaissance Family of Companies knows dental insurance.
- **Customer Service**
Renaissance Dental has a customer service center dedicated to helping our members, so it's easy to get the help you need.
- **Online Portals**
Our all access portals gives you 24/7 access to benefits and claim information, plus the ability to print ID cards. Members can log in and register at www.my.mwadmin.com
- **Accessibility**
While you save the most money by visiting a dentist in our network, you are welcome to visit any licensed dentist in the country.
- **Innovative Plan Design**
The Renaissance Dental Research and Data Institute continually reviews scientific evidence that helps us create innovative plans that benefit your whole body.
- **Easy-To-Use**
Life is busy enough without worrying about dental insurance. That's why we try to make our plans as easy to use as possible. With the Renaissance Individual Plan, you don't have to wait for an annual enrollment period to enroll, you can pay with a credit card, and you can manage your benefits online once enrolled!

WHY DENTAL INSURANCE?

Did you know dentists can detect more than 120 signs and symptoms of non-dental diseases?^{2, 3}

Better oral health leads to better overall health.

Oral health and overall health are connected, and dentists are in a unique position to detect more than 120 signs and symptoms of non-dental diseases—including diabetes and heart disease—through patient examination.^{2, 3} In many cases, extra cleanings can be beneficial to certain medical conditions, which is why our dental plan options include enhanced periodontal coverage for individuals with chronic and/or high-risk medical conditions like diabetes or coronary artery disease. Also, included in the plan designs is an OralCDx BrushTest[®] for oral cancer screening.

Many people may be more likely to visit their dentist more often than their primary care physician.

Routine dental visits have become an extremely important part of good health maintenance. The dental plan offering helps to remove financial barriers to oral health services and promotes preventive care so that small problems do not become painful, expensive ones.

(1)Renaissance internal data, 2016 (2) Little, James W., Falace, Donald A., Miller, Craig S., & Rhodus, Nelson L. (2013). (3) Dental Management of the Medically Compromised Patient (7th ed.). St. Louis, MO: Mosby Elsevier.

**FIND A PARTICIPATING DENTIST AT
WWW.RENAISSANCEDENTAL.COM/FINDADENTIST**

DENTAL PLAN INFORMATION

- **Group Association:**
Benefits Association Inc. (BAI) has been committed since 1990, to providing its members with practical benefits that can be useful in everyday life. BAI offers you access to discounts on travel expenses, health services, entertainment, restaurants, and much more. Individuals must become a member of the BAI in order to purchase this dental insurance plan. BAI will communicate member information to you via email or by visiting www.benefitsassociation.com.
- **Eligibility:**
Denali Dental is available to individuals, their spouse and dependent children under the age of 26. The applicant must be a member of BAI and all family members must be residents of the United States in order to be covered. In order for dependent children to be eligible for coverage, the applicant must be their parent or legal guardian.
- **Covered Charges:**
Covered charges must be incurred while the certificate of insurance is in force and the person is covered by the certificate of insurance. To become a covered charge, the dental services must be performed by: a licensed dentist performing dental services within the scope of his license; or a licensed dental hygienist acting under the supervision and direction of a dentist. A covered charge is considered incurred on the following dates: for full and partial dentures—on the date the final impression is taken; for fixed bridges, crowns, inlays and onlays—on the date the teeth are first prepared; for root canal therapy—on the date the pulp chamber is opened; for periodontal surgery—on the date surgery is performed; for all other services—on the date the service is performed.
- **Alternative Benefit:**
If we determine that a less expensive alternate procedure, service or course of treatment can be performed in place of the proposed treatment to correct a dental condition and the alternative treatment will produce a professionally satisfactory result, then the maximum we will allow will be the charge for the less expensive treatment.
- **Pre-Treatment Estimate:**
Except in an emergency, before you begin treatment that will cost more than the pre-treatment estimate amount shown on the Certificate's schedule of benefits page, your dentist must submit a claim to us describing the treatment necessary and its cost. This estimate is not a guarantee of payment. We will still consider a claim for which you have not obtained prior approval. However, the claims will be subject to reduced benefits based on our determination of Reasonable and Customary charges, and medically-necessary treatment.
- **Coordination Of Benefits:**
This plan will be coordinated with any other individual, blanket or franchise plan under which an individual will receive benefits, unless prohibited by applicable law.
- **Right To Return Period:**
If you are not completely satisfied with this coverage and have not filed a claim, you may return the Certificate of Coverage within 10 days of the effective date and receive a premium refund.
- **Dental Benefit Increases And Policy Re-Writes:**
Once a policy has been issued, benefit increases such as (but not limited to) increases in annual maximums and/or coinsurances, cannot be honored. In-force policies may not be canceled and re-written to increase the plan benefits.

FIND A PARTICIPATING DENTIST AT
WWW.RENAISSANCEDENTAL.COM/FINDADENTIST



WHO IS DIRECT BENEFITS?

Direct Benefits, Inc. is a managing general agency that provides one-stop shopping for individuals and families, and employers both direct and through over 9,000 agents in all 50 states.* Our passion is for the “little people of America!” Our mission is to provide individuals and small businesses with the same or better quality insurance products as Fortune 500 companies. Founded in 2001, Direct Benefits now serves over 100,000 Americans for their dental benefit needs.*

Direct Benefits is proud to feature Denali Dental underwritten and administered by Renaissance Life & Health Insurance Company of America. Denali Dental promotes two great dental plan options to keep individuals healthy and save them money.

Learn more about us at www.DenaliDental.com.

*Direct Benefits Internal Data, 2015



LEARN MORE ABOUT US AT WWW.DENALIDENTAL.COM

EXCLUSIONS/LIMITATIONS

DENTAL: The following is a partial list of exclusions from coverage. Please consult the Certificate of Insurance for a complete description of charges, services and supplies excluded from coverage. Benefits will not be paid for dental expenses arising from or in connection with:

- Treatment, services or supplies which:
(1) Are not medically necessary (2) Are not prescribed by a dentist (3) Are determined to be experimental/investigatory in nature by us (4) Are received without charge or legal obligation to pay (5) Would not routinely be paid in the absence of insurance (6) Are received from any family member (7) Are not covered procedures
- Self-inflicted injuries
- War or an act of war, whether or not declared
- A covered person's commission of a felony or an assault on another person
- Employment; whether caused by, related to, or as a condition of employment, including self-employment. This exclusion applies even if workers' compensation or any occupational disease or similar law does not cover the charges
- Congenital or development malformations existing on the covered person's effective date as shown in the certificate's schedule of benefits
- Periodontal splinting
- Porcelain on crowns, or pontics posterior to the 2nd bicuspid
- Replacement of partial or full dentures, fixed or removable bridge work, crowns, gold restorations and jackets more often than once in any five-year period
- Lost, stolen or missing dentures or bridges for duplicates
- Charges payable under any medical insurance
- Charges made by any government entity, unless the covered person is required to pay, or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made
- Use of materials, other than fluorides or sealants, to prevent tooth decay
- Bite registrations
- Bacteriologic cultures
- Therapeutic injections administered by a dentist
- Replacement of 3rd molars
- Composites on teeth posterior to the second bicuspid
- Crowns, inlays and onlays used to restore teeth with microfractures or fracture lines, undermined cusps, or existing large restorations without overt pathology
- Temporomandibular joint syndrome

VISION: NOT COVERED There are no Benefits for professional services or materials connected with:

- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (less than a $\pm .50$ diopter power).
- Two pair of glasses in lieu of bifocals.
- Replacement of lenses and frames furnished under this Plan that are lost or broken, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Necessary Contact Lenses
- Corrective vision treatment of an Experimental Nature.
- Costs for services and/or materials above stated allowances.
- Services and/or materials not indicated in the Certificate of Insurance as covered Plan Benefits.
- Refitting of contact lenses after the initial (90-day) fitting period.
- Contact lens insurance policies or service agreements.
- Additional office visits associated with contact lens pathology.
- Services associated with CRT or Orthokeratology.
- Contact lens modification, polishing or cleaning
- Local, state and/or federal taxes, except where RLHICA or its claims administrator is required by law to pay.
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available.

NOTICE: This brochure provides a very brief description of some important features of your Plan. It is not the Insurance Contract, nor does it represent the Insurance Contract. A full explanation of benefits, exceptions and limitations is contained in the Certificate of Insurance under Policy Form issued to Benefits Association Inc.

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