Discover the dental insurance plan that helps you

REACH NEW HEIGHTS.

A dental plan for you and your family.

For individuals, families and seniors

Denali Dental plans feature:

- ✓ The ability to choose your own dentist
- ✓ No waiting periods
- ✓ Three cleanings per calendar year
- ✓ Options for $1,500, $2,500 and $3,500 calendar year maximums
- ✓ Coverage for implants and major services

DENALI DENTAL

Higher Level Dental Care

DENALI INDEMNITY PLAN—Choose your own dentist

The Denali Indemnity Plan promotes the value of maintaining good oral health practices year after year with with the option of three annual maximums to choose from, the benefits increase over time and *NO* waiting periods.

Individuals have the flexibility to visit any dentist they choose.

Benefit highlights overview:

	Plan pays*		
	1st year	2nd year	3rd year
Preventive	100%	100%	**100%**
Diagnostic	40%	80%	**90%**
Basic services	20%	50%	**50%**
Major services	20%	50%	**50%**
Annual maximum per insured (with options for $2,500 and $3,500 annual maximums)	$1,500	$1,500	**$1,500**
Lifetime deductible (applies to all services)	$100 per member/3 per family lifetime		

Rates: Valid October 1, 2014–September 31, 2015**

	Member only	Member + one dependent	Member + two or more dependents	Member (child only)
Area 1	$31.75	$62.23	$95.54	$22.22
Area 2	$35.66	$69.92	$107.34	$24.95
Area 3	$39.19	$76.83	$117.95	$27.43
Area 4	$42.71	$83.74	$128.56	$29.90
Area 5	$46.63	$91.43	$140.37	$32.64
Area 6	$50.15	$98.34	$150.98	$35.11
Area 7	$54.86	$107.56	$165.13	$38.39
Area 8	$62.70	$122.93	$188.72	$43.89

*This policy pays you for covered dental expenses based upon a percentage of the Reasonable and Customary (R&C) fees for those covered expenses after the $100 lifetime deductible has been satisfied.

**Rates are guaranteed for 12 months from effective date. Monthly rates do not include the association fee or monthly administration fee.

Area factors:

Alabama	1	**Indiana**	1	**Nevada**	4	**South Carolina**	2
Alaska	8	460–466, 469, 473	2	893–898	5	**South Dakota**	1
Arizona	1	**Iowa**	2	**New Jersey**	4	**Tennessee**	1
850–851	2	**Kansas**	1	070, 074–076,		370–372, 380–384	2
852–853	3	**Kentucky**	1	078–079, 088–089	5	**Texas**	1
Arkansas	1	**Louisiana**	1	**New Mexico**	1	750–751, 760–761,	
California	6	**Maine**	3	**New York**	2	770, 772–777,	
900–916, 926–931,		**Maryland**	1	100–102	8	786–787, 789, 752–753	2
940–944	6	206–209	3	103–114	5	**Utah**	3
945–951	7	210–214	2	115–119	4	**Vermont**	3
Colorado	3	**Massachusetts**	4	120–129	3	**Virginia**	1
800–804, 808–809	4	017–019	5	**North Carolina**	2	201	4
Connecticut	5	021–022	6	275–277	3	220–223	3
068–069	6	**Michigan**	2	282	4	233–237	2
Delaware	5	480–485	3	**North Dakota**	1	**Washington**	4
District of Columbia	4	**Minnesota**	2	**Ohio**	1	980–981	7
Florida	2	550, 554	4	**Oklahoma**	1	982	6
330, 332–334, 340	3	551–553, 555	3	**Oregon**	4	983–986	5
331	4	**Mississippi**	1	970–975	5	**West Virginia**	1
Georgia	4	**Missouri**	1	**Pennsylvania**	1	**Wisconsin**	2
300–303, 311	6	630–634, 640–641	2	190–191	4	532–534, 537	3
Hawaii	4	**Montana**	2	189, 192–194	3	**Wyoming**	1
Idaho	1	**Nebraska**	1	**Rhode Island**	3		

NOTE: Offering not available in all states.

DENALI INDEMNITY 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 allows you to select your own dentist and is affordable 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 policy pays for covered dental expenses based upon a percentage of the Reasonable and Customary (R&C) fees for those covered expenses after the $100 lifetime deductible has been satisfied. These percentages are: 100% for preventive services, 40% for diagnostic services and 20% for basic and major services in the first year. In the second year of coverage, diagnostic services increase to 80% and 50% for basic and major services. In the third year, diagnostic services increase to 90%.

Preventive and diagnostic services

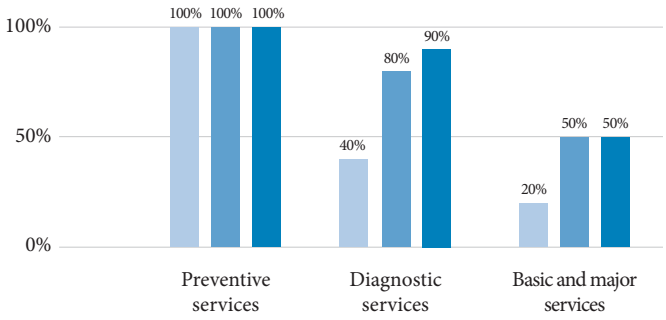
- Two exams per calendar year
- Three cleanings per calendar year
- One series of bitewing X-rays per calendar year
- Fluoride treatments limited to dependents under age 16
- Sealants limited to under age 14, one treatment per permanent tooth (bicuspids and molars) no less than 36 months apart
- Space Maintainers—initial appliance under 13 years of age

Basic and major services

- 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

- Calendar year maximum
  - $1,500 per insured
  - $2,500 option (increase of 6% to $1,500 rate)
  - $3,500 option (increase of 9% to $1,500 rate)
- Lifetime deductible
  - $100 per person/three per family lifetime (applies to all services)



Year 1	100%	40%	20%
Year 2	100%	80%	50%
Year 3	100%	90%	50%

Reasonable and Customary

Dental expenses are paid based on a percentage of Reasonable and Customary (R&C) fees—or in this case, the 80th percentile. This means the most common charge for similar professional services, drugs, procedures, devices, supplies or treatment within the geographic area* in which the charge is incurred. The most common charge means the lesser of:

- the actual amount charged by the provider;
- the negotiated rate;
- the usual charge which would have been made by a provider (dentist, hospital, etc.) for the same or a comparable professional services, drugs, procedures, devices, supplies or treatment within the same geographic area, as determined by Renaissance.

*Geographic area means the three digit ZIP code in which the service, treatment, procedure, drugs or supplies are provided; or a greater area if necessary to obtain a representative cross-section of charge for a like treatment, service, procedure, device drug or supply.

Applying

Enroll online at www.denalidental.com.

Send all original forms to:
Direct Benefits, Inc.
325 Cedar Street, Suite 800
St. Paul MN 55101
(651) 649-3503, or toll-free (800) 620-5010
Fax (651) 649-3502
info@directbenefits.com

Information must be postmarked by the 25th of the month to be effective by the first of the following month.

Association fee:

There is a one-time, $30 non-refundable set up fee charged with the first month's premium. Monthly premiums also include a $1 per month for membership in the Benefits Association, Inc. (BAI), and 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.

DENALI DENTAL
Higher Level Dental Care

Renaissance Dental

DIRECT BENEFITS INC.

DENALI PPO PLAN—With orthodontic coverage

The Denali PPO Plan provides great coverage, *including* coverage for orthodontic services, with the option of three annual maximums to choose from, the benefits increase over time and *NO* waiting periods at an affordable price.

Denali PPO is the least expensive option and the plan encourages individuals to visit a PPO participating dentist.

Benefit highlights overview:

	Plan pays		
	1st year	2nd year	3rd year
Preventive	100%	100%	**100%**
Diagnostic	40%	80%	**90%**
Basic services	30%	50%	**60%**
Major services	30%	50%	**60%**
Orthodontics (up to age 19)	10%	25%	**50%**
Annual maximum per insured (with options for $2,500 and $3,500 annual maximums)	$1,500	$1,500	**$1,500**
Lifetime deductible (applies to all services)	$100 per member/3 per family lifetime		

Rates: Valid October 1, 2014–September 31, 2015*

	Member only	Member + one dependent	Member + two or more dependents	Member (child only)
Area 1	$26.01	$56.48	$80.38	$18.21
Area 2	$28.99	$62.93	$89.57	$20.29
Area 3	$31.64	$68.70	$97.77	$22.15
Area 4	$34.30	$74.47	$105.99	$24.02
Area 5	$37.27	$80.93	$115.18	$26.09
Area 6	$39.93	$86.70	$123.39	$27.95
Area 7	$43.51	$94.46	$134.45	$30.46
Area 8	$49.42	$107.31	$152.72	$34.60

*Rates are guaranteed for 12 months from effective date. Monthly rates do not include the association fee or monthly administration fee.

Area factors:

Alabama	1	**Indiana**	1	**Nevada**	4	**South Carolina**	2
Alaska	8	460–466, 469, 473	2	893–898	5	**South Dakota**	1
Arizona	1	**Iowa**	2	**New Jersey**	4	**Tennessee**	1
850–851	2	**Kansas**	1	070, 074–076, 078–079, 088–089	5	370–372, 380–384	2
852–853	3	**Kentucky**	1	**New Mexico**	1	**Texas**	1
Arkansas	1	**Louisiana**	1	**New York**	2	750–751, 760–761, 770, 772–777, 786–787, 789, 752–753	2
California	6	**Maine**	3	100–102	8	**Utah**	3
900–916, 926–931, 940–944	6	**Maryland**	1	103–114	5	**Vermont**	3
945–951	7	206–209	3	115–119	4	**Virginia**	1
Colorado	3	210–214	2	120–129	3	201	4
800–804, 808–809	4	**Massachusetts**	4	**North Carolina**	2	220–223	3
Connecticut	5	017–019	5	275–277	3	233–237	2
068–069	6	021–022	6	282	4	**Washington**	4
Delaware	5	**Michigan**	2	**North Dakota**	1	980–981	7
District of Columbia	4	480–485	3	**Ohio**	1	982	6
Florida	2	**Minnesota**	2	**Oklahoma**	1	983–986	5
330, 332–334, 340	3	550, 554	4	**Oregon**	4	**West Virginia**	1
331	4	551–553, 555	3	970–975	5	**Wisconsin**	2
Georgia	4	**Mississippi**	1	**Pennsylvania**	1	532–534, 537	3
300–303, 311	6	**Missouri**	1	190–191	4	**Wyoming**	1
Hawaii	4	630–634, 640–641	2	189, 192–194	3		
Idaho	1	**Montana**	2	**Rhode Island**	3		
		Nebraska	1				

NOTE: Offering not available in all states.

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 allows you to select your own dentist, and is affordable for you and your family. Choose the PPO plan and save on out-of-pocket costs when visiting an in-network provider.

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 policy pays for covered dental expenses based upon the reimbursement schedule of the PPO network fees for those covered expenses after the $100 lifetime deductible has been satisfied. These percentages are: 100% for preventive services, 40% for diagnostic services, 30% for basic and major and 10% for child orthodontia services in the first year. In the second year of coverage, diagnostic services increase to 80%, basic and major services increase to 50% and child orthodontia increases to 25%. In the third year, diagnostic services increase to 90%, basic and major services increase to 60% and child orthodontia increases to 50%. Orthodontia has a maximum of $600 per calendar year and a $1,200 lifetime maximum.

Preventive and diagnostic services

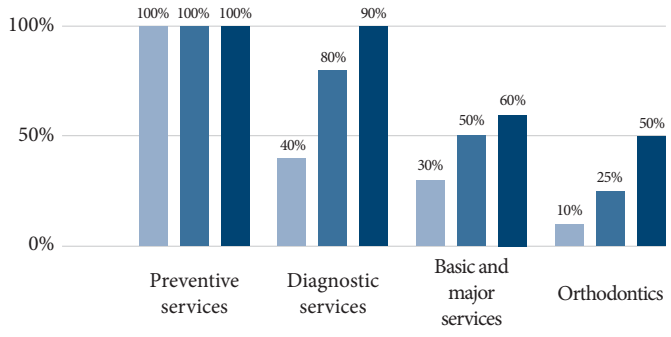
- Two exams per calendar year
- Three cleanings per calendar year
- One series of bitewing X-rays per year
- Fluoride treatments limited to dependents under age 16
- Sealants limited to under age 14, one treatment per permanent tooth (bicuspids and molars) no less than 36 months apart
- Space Maintainers—initial appliance under 13 years of age

Basic and major services

- 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

- Calendar year maximum
  - $1,500 per insured
  - $2,500 option (increase of 6% to $1,500 rate)
  - $3,500 option (increase of 9% to $1,500 rate)
- Lifetime deductible
  - $100 per person/3 per family lifetime (applies to all services)
- Orthodontic coverage option (under age 19):
  - $1,200 lifetime maximum, with a $600 calendar year maximum



Year 1	100%	40%	30%	10%
Year 2	100%	80%	50%	25%
Year 3	100%	90%	60%	50%

*PPO in- and out-of-network charges are subject to the network schedule.

Maximum Allowable Charge (MAC)

In-network

Services received from an in-network dentist are subject to the Maximum Allowable Charge (MAC). The MAC for each covered procedure is the amount agreed to by the dentist. Insured members are never balance billed for covered services in which payment has been made.

Out-of-network

Services received from an out-of-network dentist are also subject to the MAC. However, if the out-of-network dentist charges more than the MAC, the insured is responsible for the balance.

Applying

Enroll online at www.denalidental.com.

Send all original forms to:
Direct Benefits, Inc.
325 Cedar Street, Suite 800
St. Paul MN 55101
(651) 649-3503, or toll-free (800) 620-5010
Fax (651) 649-3502
info@directbenefits.com

Information must be postmarked by the 25th of the month to be effective by the first of the following month.

Association fee:

There is a one-time, $30 non-refundable set up fee charged with the first month's premium. Monthly premiums also include a $1 per month for membership in the Benefits Association, Inc. (BAI), and 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.

DENALI DENTAL
Higher Level Dental Care

Renaissance Dental

DIRECT BENEFITS INC.

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 12.1 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 200,000 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 tools

Our Consumer Toolkit® 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.myrenbenefits.com.

Accessibility

Renaissance Dental's PPO network features more than 200,000 access points across all 50 states and the District of Columbia.[1] 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 Renaissance, 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]

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] 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.

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

1 Renaissance internal data, 2014.
2 Little, James W., Falace, Donald A., Miller, Craig S., & Rhodus, Nelson L. (2008). Dental Management of the Medically Compromised Patient (7th ed.). St. Louis, MO: Mosby Elsevier.

Plan information

Group association

Benefits Association (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 applicants aged 18 and older, their spouse and dependent children under the age of 26. The primary insured 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 primary insured must be the parent or legal guardian.

Covered charges

Covered charges must be incurred while the policy is in force and the person is covered by the policy. 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.

Waiting period takeover benefits

If you were previously covered under a different dental plan with comparable coverage you may be eligible for takeover credit under this plan at an additional cost. If your prior coverage termination date is no more than 30 days prior to the date you are requesting coverage under this plan, you are eligible for a takeover feature whereby 12 months of the time you were covered under your prior plan will be applied to the graded benefit features of this plan. As a result, you could enter the plan at a higher level of benefit for coverage categories that grade up over time.

To qualify for this takeover feature you must provide an evidence of coverage letter from your prior carrier which includes the termination date of the prior plan and a summary of the benefits of the prior plan that illustrates prior comparable coverage. The takeover feature is available for a 35% increase to the base rate. All required information and the additional premium must be submitted with your application. All potential takeover business must be approved prior to enrolling online.

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 Insurance 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.

Exclusions/limitations

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:
  - Are not medically necessary
  - Are not prescribed by a dentist
  - Are determined to be experimental/investigational in nature by us
  - Are received without charge or legal obligation to pay
  - Would not routinely be paid in the absence of insurance
  - Are received from any family member
  - Are not covered procedures
- Self-inflicted injuries
- War or an act or 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

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.

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 5,500 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 large employers. Founded in 2001, Direct Benefits now serves over 100,000 Americans for their dental benefit needs.

Direct Benefits is proud to feature Denali Dental powered and administered by Renaissance Dental. Denali Dental promotes two great dental plan options to keep individuals healthy and save them money.

Learn more about us at www.denalidental.com.

DENALI DENTAL
Higher Level Dental Care

Renaissance Dental

DIRECT BENEFITS INC.

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN, and in New York by Renaissance Health Insurance Company of New York, New York, NY. Both companies can be reached at: PO Box 1596, Indianapolis, IN 46206.