Indemnity – Choose Your Own Dentist

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. 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. These percentages are: 100% for Preventive Services, 70% for Diagnostic Services and 10% for Basic & Major Services in the 1st year. In the 2nd year of coverage, Diagnostic Services increase to 80% and 50% for Basic & Major Services. In the 3rd year Diagnostic Services increase to 90%.

Preventive Services
• Two exams per year
• Three cleanings per calendar year

Diagnostic Services
• 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 & molars) no less that 36 months apart
• Space Maintainers – initial appliance under 13 years of age

Basic & Major Services
• 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
• Basic fillings

Benefits

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<th>$1,500 per insured</th>
<th>$2,500 option for 6%</th>
<th>$3,500 option for 9%</th>
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<tr>
<td>Calendar Year Maximum</td>
<td></td>
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<tr>
<td>Lifetime Deductible</td>
<td>$100 per person/</td>
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<td></td>
<td>3 per family lifetime</td>
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REASONABLE AND CUSTOMARY
Dental expenses are paid based on a percentage of Reasonable and Customary (R&C) fees. 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 Us.

“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
Send all original forms to:
Direct Benefits, Inc.
325 Cedar Street Suite 800,
St. Paul MN 55101
651-649-3503 / 800-620-5010
651-649-3502 fax
info@denalidental.com

Information must be postmarked by the 25th of the month to be effective by the first of the following month.
This brochure provides a brief description of the benefits, exclusions and other provisions of the Master Group Dental Policy MNL-ADEN-POL 0905 issued to Communicating for America, Inc. association, the group policyholder. For complete details, please refer to the Group Dental Insurance Certificate (MNL-ADEN-CER.001 0905).

GROUP ASSOCIATION
Denali Dental is a group association dental plan available to individuals and families. Membership enrollment in Communicating for America, Inc. (CA) is effective upon receipt of association dues, which are added to the plan premium. CA is a nonprofit association headquartered in Fergus Falls, Minn., providing members valued benefits and savings since 1972.

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 CA and all family members must be residents of the United States in order to be covered.

COVERED CHARGES
Covered charges must be incurred while the policy is inforce 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.

PREDETERMINATION OF BENEFITS
Except in an emergency, before you begin treatment that will cost more than the predetermination 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 group, blanket or franchise plan under which an individual will receive benefits.

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 the length of time you were covered under your prior plan will be applied to the graded benefit features of this plan. As a result, you will 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 20% increase to the base rate. All required information and the additional premium must be submitted with your application.
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 MNL ADEN-POL 0905 issued to Communicating for America.
Denali Dental insurance plan is available to members of Communicating for America, Inc. (CA). Membership with CA provides valuable benefits and services you can use to stay healthy and reduce your out-of-pocket expenses. These benefits include:

**Vision discount program**
Offered at no cost to CA members, Clear Vision is a discount program that provides reduced rates on eye exams, lenses, frames and traditional eyewear options. Save up to 15 percent on eye exams. Lens and frame discounts range from 20 – 60 percent off.

*Clear vision is a discount program only and not an insurance plan.*

**Discount prescription drug card**
All members receive a FREE discount prescription drug card.

**Coaches and advocates**
Do you need information on providers in your discount network or assistance with benefits? You have a personal advocate ready to help.

**Discounted services**
- **Remote PC access**
  The ability to remotely access your office PC from home, or your home computer at work.
- **Remote backup**
  Automatic backup of your personal PC over the Internet for safer file storage and remote location.
Included with the Denali Dental plan at no additional cost:

**EPIC – A Hearing Savings Plan**

Hearing is a valued life asset that can be protected, treated and assisted through a program for hearing healthcare. The EPIC Hearing Service Plan provides easy access to hearing health professionals – primarily physicians and audiologists – who can help you achieve your maximum hearing potential through life.

EPIC’s Hearing Service Plan offers you a national alliance of independent ear physicians and audiologists dedicated to high-quality hearing care. Your EPIC discount benefit ensures substantial savings – between 30 and 60 percent – on name-brand hearing aids and products to protect and improve your hearing.

**EPIC provides the following administrative services:**
- Qualified and credentialed preferred provider network consisting of ear physicians and audiologists
- Toll-free call center with hearing counselors for member support
- Referral coordination to closest local providers
- Fixed, pre-set pricing for professional services and hearing aids
- Benefit coordination (when applicable)
- Access to all brand-name hearing aids and related technology at pre-set, pre-disclosed pricing starting as low as $495 for name brand, digital products (representing savings of 30 – 60 percent off MSRP)
- Billing and collection directly for professional services and devices (no office copays, up-selling, or balance billing by provider)

The EPIC Hearing Service Plan is automatically included with every Denali Dental insurance plan. This plan is not insurance. There is no ownership or affiliation between the Denali Dental insurance carrier, Direct Benefits or EPIC.