

discover the dental and vision
insurance plan that helps you

REACH NEW HEIGHTS



DENTAL & VISION FOR GROUPS 2-99 LIVES
EFFECTIVE DATES: FEB 2023—DEC 2023

See alternative brochure for: GA, LA, MS, MT, MN & TX

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN
and in New York by Renaissance Life & Health Insurance Company of New York, New York, NY

BENEFITS OF DENALI DENTAL & VISION

IT'S THE BEST OF BOTH WORLDS. EMPLOYERS SAVE MONEY, WHILE EMPLOYEES RECEIVE A VALUED BENEFIT.

With the Denali Dental & Vision program, workers receive high quality group plans at affordable group rates and pay for the benefits pre-tax.

Benefit of Staying In-Network

Employees who choose an in-network dentist can save 20–35 percent in out-of-pocket expenses and premium.¹

No Waiting Periods

Including immediate coverage for Preventive & Diagnostic and Basic Services. Optional waiting period waiver available for Major Services.

Low Participation Requirements For Voluntary

Groups need the greater of two enrolled or 25 percent of eligible employee lives.

Section 125 Eligibility

Premiums qualify for pre-tax savings utilizing IRS code Section 105 or 125.

Optional Orthodontia Benefits

A minimum of two enrolled employees is required.

Takeover Credit²

Option to match previous comparable plan coverage level if loss of prior coverage was within 30 days of initial enrollment. Employees are eligible for takeover credit whereby the length of time they were covered under their prior plan will be applied to the graded benefit features of this plan. As a result, employees may enter the plan at a level comparable to your prior benefit coverage.

More Ways To Save

Bundle vision coverage with your dental plans and receive a 5 percent premium discount on your vision rates.

DENTAL BENEFIT HIGHLIGHTS | Groups 2–99

	IN-NETWORK	OUT-OF-NETWORK
Diagnostic & Preventive Services Brush Biopsy Space Maintainers (up to age 14) Exams & Cleanings— <i>two per benefit year</i> Fluoride Treatment (up to age 19)— <i>one per benefit year</i> Bitewing X-rays (set of four)— <i>one per benefit year</i>	100%	100%
Basic Services (<i>options to add additional services</i>) Fillings Emergency Palliative Treatment Sealants (up to age 16)— <i>once per tooth every 36 months</i> Other Basic Services	90%	80%
Major Services—12 month waiting period (<i>optional waiver available</i>) Full Mouth X-Rays— <i>one per 36 month</i> Endodontics (root canals) and Periodontics (gum treatment) Oral Surgery (extractions and dental surgery) Crowns and Veneers— <i>once per tooth every 5 years</i> Bridges, Implants and Dentures— <i>once per tooth every 5 years</i> Relines & Repairs to Bridges and Dentures	60%	50%
Orthodontics (<i>options available to add orthodontic coverage to your plan</i>)	0%	0%
Benefit Year Maximum Per Person (<i>options for alternate max per person</i>)	\$1,000	\$1,000
Lifetime Deductible Per Person (<i>options for Benefit Year Deductibles</i>)	\$100	\$100
Allowed Amounts (<i>options for 90th percentile UCR</i>)	PPO Fee	80 th percentile

Note: Refer to Plan Options on Your Rating Sheet (1)Renaissance Internal Data, 2016 (2)Copy of prior plan schedule of benefits, last billing statement and plan effective date required. Takeover credits apply to transfer insureds only. Major services for takeover groups must have been in benefit for a minimum of 12 months.

ZIP CODE AREA RATINGS CHART

AND DENTAL EXCLUSIONS/LIMITATIONS

ALASKA

995-996, 998-999.....	7
All Other Areas.....	8

ALABAMA

354-356, 359-369.....	1
All Other Areas.....	2

ARIZONA

850-853, 856-857.....	5
860.....	6
All Other Areas.....	4

ARKANSAS

720-721, 727-728.....	3
All Other Areas.....	2

CALIFORNIA

936-938.....	4
922-925, 932-934,	
952-953.....	5
919-921, 931, 939,	
959-960.....	6
940-941, 943-944,	
949-951.....	8
All Other Areas.....	7

COLORADO

800-804, 808-809.....	6
All Other Areas.....	5

CONNECTICUT

063-065, 067.....	6
All Other Areas.....	7

DELAWARE

197-198.....	6
All Other Areas.....	5

DISTRICT OF COLUMBIA

200-204.....	1
All Other Areas.....	5

FLORIDA

331-332.....	6
330, 333-334.....	5
326-328, 344, 347.....	3
338.....	2
All Other Areas.....	4

HAWAII

All Areas.....	4
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IDAHO

832-834.....	6
All Other Areas.....	7

ILLINOIS

600-608.....	5
610-612, 614, 620,	
622.....	3
613, 615-616, 623-626,	
628-629.....	2
All Other Areas.....	4

INDIANA

460-464.....	5
All Other Areas.....	4

IOWA

500-503, 509.....	6
511, 515, 522-524.....	2
527-528.....	5
All Other Areas.....	4

KANSAS

664-666.....	4
All Other Areas.....	3

KENTUCKY

400-405, 410-411,	
421-423.....	4
All Other Areas.....	2

MAINE

039-041.....	6
042, 044, 047.....	5
All Other Areas.....	4

MARYLAND

208-209, 217.....	4
215, 218-219.....	2
All Other Areas.....	3

MASSACHUSETTS

010-011, 013, 027.....	5
012.....	4
017-018, 024.....	7
All Other Areas.....	6

MICHIGAN

484-487, 496-499.....	6
All Other Areas.....	7

MISSOURI

634-636, 638-639,	
644-647, 650,	
653-656.....	2
630-631, 633,	
651-652.....	4
All Other Areas.....	3

NEBRASKA

680-681.....	1
All Other Areas.....	2

NEVADA

895, 897.....	6
All Other Areas.....	4

NEW HAMPSHIRE

All Areas.....	6
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NEW JERSEY

080-084.....	4
073-076.....	6
All Other Areas.....	5

NEW MEXICO

874-875.....	6
All Other Areas.....	5

NEW YORK

133-135.....	3
136-149.....	4
005, 100-119.....	7
All Other Areas.....	5

NORTH CAROLINA

270-274, 280-282,	
287-288.....	5
275-277.....	6
All Other Areas.....	4

NORTH DAKOTA

580-581, 585.....	5
All Other Areas.....	4

NEW MEXICO

874-875.....	6
All Other Areas.....	5

OHIO

440-441.....	6
430-433, 450-452,	
459.....	5
434-436, 442-447,	
453-454.....	4
All Other Areas.....	3

OKLAHOMA

730-731, 740-741.....	4
All Other Areas.....	3

OREGON

970-972.....	6
All Other Areas.....	5

PENNSYLVANIA

150-156, 160, 166, 168,	
182, 184-187.....	3
157-159, 161-165,	
167, 169, 177-179,	
183, 188.....	2
189-194.....	5
All Other Areas.....	4

RHODE ISLAND

All Areas.....	5
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SOUTH CAROLINA

All Areas.....	3
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SOUTH DAKOTA

572-576.....	3
All Other Areas.....	4

TENNESSEE

382-385.....	3
373-375, 380-381.....	4
All Other Areas.....	5

UTAH

842-844.....	4
840-841.....	6
All Other Areas.....	5

VERMONT

054.....	6
All Other Areas.....	5

VIRGINIA

226-229, 233-237,	
239-246.....	4
All Other Areas.....	5

WASHINGTON

980-982.....	8
All Other Areas.....	7

WEST VIRGINIA

254.....	5
All Other Areas.....	2

WISCONSIN

541-543.....	4
All Other Areas.....	3

WYOMING

All Areas.....	4
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**FIND A PARTICIPATING DENTIST AT
WWW.RENAISSANCEFAMILY.COM/FINDADENTIST**

DENTAL 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:

(1)Treatment, services or supplies which: (i)Are not medically necessary (ii)Are not prescribed by a dentist (iii)Are determined to be experimental/investigatory in nature by us (iv)Are received without charge or legal obligation to pay (v)Would not routinely be paid in the absence of insurance (vi)Are received from any family member (vii)Are not covered procedures (2)Self-inflicted injuries (3) War or an act of war, whether or not declared (4) A covered person's commission of a felony or an assault on another person (5)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 (6)Congenital or development malformations existing on the covered person's effective date as shown in the Certificate's Summary of Dental Plan Benefits (7)Periodontal splinting (8)Porcelain on crowns, or pontics posterior to the 2nd bicuspid (9)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 (10)Lost, stolen or missing dentures or bridges for duplicates (11)Charges payable under any medical insurance (i) 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 (ii)Use of materials, other than fluorides or sealants, to prevent tooth decay (iii)Bite registrations (iv)Bacteriologic cultures (v)Therapeutic injections administered by a dentist (vi)Replacement of 3rd molars (vii)Crowns, inlays and onlays used to restore teeth with microfractures or fracture lines, undermined cusps, or existing large restorations without overt pathology. Note: Coverage for certain services may be limited based on the age of the person receiving services or limited to a maximum number of occurrences during a specified period of time (such as two times per year or one time every three years).

Note: See alternative brochure for GA, LA, MS, MT, MN and TX.

DENALI VISION[®] MONTHLY PREMIUMS

AND VISION EXCLUSIONS/LIMITATIONS
RATES EFFECTIVE FEB 2019 THROUGH JULY 2019

GROUPS 2-99 VISION PREMIUMS | Rates Guaranteed For 4 Years From Groups Effective Date

PLAN OPTIONS		AREA 1	AREA 2	AREA 3	AREA 4	VISION RATING AREAS
Optional Annual Frames ► Multiply Rates by 1.25	Emp. Only	\$8.48	\$9.45	\$10.00	\$10.75	AREA 1: DE, FL, IL, PA
	Emp. + 1 Dep.	\$16.95	\$18.88	\$19.99	\$21.48	AREA 2: AL, AR, AZ, CO, DC, IA, IN, KS, KY, MI, MO, ND, NE, NH, NM, OH, OK, SD, TN, UT, VA, VT, WI, WV, WY
	Emp. + Family	\$27.28	\$30.40	\$32.18	\$34.59	AREA 3: HI, ID, NC, NJ, NV, NY, OR, RI, SC, WA
						AREA 4: AK, CA

VISION EXCLUSIONS/LIMITATIONS:

NOT COVERED-There are no Vision Benefits for professional services or materials connected with: (1)Orthoptics or vision training and any associated supplemental testing. (2)Plano lenses (less than a $\pm .50$ diopter power). (3)Two pair of glasses in lieu of bifocals. (4)Replacement of lenses and frames furnished under this Plan that are lost or broken, except at the normal intervals when services are otherwise available. (5)Medical or surgical treatment of the eyes. (6) Necessary Contact Lenses (7) Corrective vision treatment of an Experimental Nature.(8)Costs for services and/or materials above stated allowances. (9)Services and/or materials not indicated in the Certificate of Insurance as covered Plan Benefits. (10)Refitting of contact lenses after the initial (90-day) fitting period. (11)Contact lens insurance policies or service agreements. (12)Additional office visits associated with contact lens pathology. (13)Services associated with CRT or Orthokeratology. (14)Contact lens modification, polishing or cleaning (15)Local, state and/or federal taxes, except where Renaissance or its claims administrator is required by law to pay. (16)Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available.

Note: Plan Not Available in CT, ME, MD and MA.

DENALI DENTAL & VISION NOTICE:

This brochure provides a very brief description of some important features of the Plan. It is not the Insurance Policy. A full explanation of benefits, exclusions and limitations is contained in the Certificate of Insurance under the Policy issued by Renaissance Life & Health Insurance of America and in New York, by Renaissance Life & Health Insurance Company of New York.

All mentioned rates are for new groups only. The premium rate will vary between plans. Coverage may be terminated for reasons stated in the Policy. Coverage ceases upon termination of the Policy. Products and services referred to in this brochure may not be available in all states or jurisdictions. Area rates are determined by ZIP code. Please refer to the previous page for ZIP code area factors.

**FIND A VSP CHOICE EYE DOCTOR AT
WWW.VSP.COM AND SELECT FIND A DOCTOR**



 **Renaissance[®]**
Dental & Vision

— vision administered by —

 **vsp[®]**
Vision Care

DENTAL & VISION NETWORKS WITH DENALI

DENTAL & VISION INSURANCE OFFERED BY DIRECT BENEFITS BOASTS THE STRENGTH AND SAVINGS OF THE RENAISSANCE PPO AND VSP VISION CARE NETWORKS.

Renaissance offers customizable plans with a nationwide network, excellent customer service and state-of-the-art claims processing for a benefits experience that stands out. In 2016, Renaissance provided coverage for more than 13.1 million enrollees and paid out nearly \$3 billion for dental treatment.⁵

Easy Access To Providers, Easy To Use Benefits:

Our dental network provides access to more than 300,000 dental office locations nationwide.⁵ Find a participating dentist at www.RenaissanceFamily.com/FindADentist.

Our vision network through VSP choice is one of the largest national networks and boasts more than 33,000 independent eye doctors.² To find an Eye Doctor visit www.vsp.com

Experience That Stands Out

Renaissance has a customer service center dedicated to helping our members, so it's easy to get the help you need.

Manage Your Benefits

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.MyRenBenefits.com.

Accessibility

While members save the most money by visiting a provider in our network, they are welcome to visit any licensed provider in the country.

Innovative plan design

The Renaissance Research and Data Institute continually reviews scientific evidence that helps us create innovative plans that benefit the whole body.

Easy-to-Use

Life is busy enough without worrying about health insurance. That's why we try to make our plans as easy to use as possible. With the Denali Plan, individuals don't have to wait for an annual enrollment period to enroll, they can pay with a credit card, and they can manage their benefits online once enrolled!

Your Most Valuable Asset: Employees With Good Health

When asked what the most important assets are to a company, most executives will say: our employees. We couldn't agree more, which is why it's important to provide them with benefits that keep them healthy. Bundling quality dental and vision products gives your employees peace-of-mind coverage while helping them live a healthy lifestyle.

PROTECT YOUR EMPLOYEES:

Dentists are disease detectives and can detect over 120 signs and symptoms of non-dental disease, such as diabetes and heart disease, through a routine examination.⁶

Our partnership with VSP provides vision coverage that helps keep employees healthy. VSP vision providers can be the first to detect signs of serious and costly chronic conditions like diabetes, hypertension, and high cholesterol.⁷

**FIND A PARTICIPATING DENTIST AT
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**FIND A VSP CHOICE EYE DOCTOR AT
WWW.VSP.COM AND SELECT FIND A DOCTOR**

(5)Renaissance Internal Data, 2017 (6)American Dental Association. "Health Topics: Diabetes." <http://www.ada.org/3069.aspx?currentTab=1>, accessed October 2013. Perio.org. "Gum Disease Links to Heart Disease and Stroke." http://www.perio.org/consumer/heart_disease, accessed October 2013 (7)Human Capital Management Services, Inc. (HCMS) study on behalf of VSP, 2013

DENALI DENTAL MONTHLY PREMIUMS

RATES EFFECTIVE FEB 2019 THROUGH JULY 2019

PLAN OPTIONS
\$50/\$150 Benefit Year Deductible ➤ Multiply Rates by 1.05
\$0/\$0 Benefit Year Deductible ➤ Multiply Rates by 1.22
Alternate Benefit Year Maximum ➤ \$1,500 Multiply Rates by 1.11 ➤ \$2,000 Multiply Rates by 1.19 ➤ \$2,500 Multiply Rates by 1.21 ➤ \$3,000 Multiply Rates by 1.23
Move Endodontics/Periodontics/Oral Surgery to Basic Services ➤ Multiply Rates by 1.15
Waive Major Services 12 Month Waiting Period (5+ enrolled) ➤ Multiply Rates by 1.07
OON UCR 90th Percentile ➤ Multiply Rates by 1.02
Two Year Rate Guarantee ➤ Multiply Rates by 1.05
When Greater than 50% of a Group is Family Related by Blood, Marriage or Adoption ➤ 10+ Enrolled Multiply Rates by 1.00 ➤ <10 Enrolled Multiply Rates by 1.20 ➤ Husband/Wife Multiply Rates by 1.40

GROUPS UNDER 10 LIVES | 75% or More Participation

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Emp. Only	\$21.74	\$24.39	\$27.66	\$30.83	\$34.53	\$38.32	\$42.79	\$50.88
Emp. + 1 Dep.	\$42.68	\$47.88	\$54.29	\$60.53	\$67.79	\$75.23	\$83.96	\$99.87
Emp. + Family	\$78.06	\$87.39	\$98.85	\$110.07	\$123.07	\$136.44	\$151.93	\$180.77

VOLUNTARY GROUPS UNDER 10 LIVES | 25% Minimum Participation

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Emp. Only	\$22.82	\$25.61	\$29.04	\$32.37	\$36.26	\$40.24	\$44.93	\$53.42
Emp. + 1 Dep.	\$44.81	\$50.27	\$57.01	\$63.55	\$71.18	\$78.99	\$88.16	\$104.88
Emp. + Family	\$81.96	\$91.76	\$103.79	\$115.57	\$129.22	\$143.27	\$159.53	\$189.81

GROUPS 10-24 LIVES | 75% or More Participation

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Emp. Only	\$20.06	\$22.51	\$25.53	\$28.46	\$31.88	\$35.38	\$39.49	\$46.96
Emp. + 1 Dep.	\$39.39	\$44.19	\$50.11	\$55.86	\$62.58	\$69.44	\$77.50	\$92.20
Emp. + Family	\$72.05	\$80.67	\$91.24	\$101.60	\$113.60	\$125.95	\$140.25	\$166.86

VOLUNTARY GROUPS 10-24 LIVES | 25% Minimum Participation

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Emp. Only	\$21.07	\$23.63	\$26.81	\$29.88	\$33.47	\$37.14	\$41.47	\$49.31
Emp. + 1 Dep.	\$41.36	\$46.40	\$52.62	\$58.66	\$65.70	\$72.92	\$81.38	\$96.80
Emp. + Family	\$75.65	\$84.70	\$95.81	\$106.69	\$119.28	\$132.25	\$147.26	\$175.21

GROUPS 25-99 LIVES | 75% or More Participation

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Emp. Only	\$18.45	\$20.70	\$23.47	\$26.16	\$29.31	\$32.53	\$36.32	\$43.18
Emp. + 1 Dep.	\$36.22	\$40.64	\$46.08	\$51.37	\$57.54	\$63.85	\$71.26	\$84.77
Emp. + Family	\$66.25	\$74.17	\$83.90	\$93.42	\$104.45	\$115.80	\$128.95	\$153.42

VOLUNTARY GROUPS 25-99 LIVES | 25% Minimum Participation

	AREA 1	AREA 2	AREA 3	AREA 4	AREA 5	AREA 6	AREA 7	AREA 8
Emp. Only	\$19.37	\$21.74	\$24.65	\$27.48	\$30.78	\$34.16	\$38.13	\$45.34
Emp. + 1 Dep.	\$38.03	\$42.67	\$48.38	\$53.94	\$60.41	\$67.04	\$74.83	\$89.01
Emp. + Family	\$69.56	\$77.88	\$88.09	\$98.09	\$109.67	\$121.60	\$135.41	\$161.10

Orthodontics For Adults + Dependent Children 12 Month Waiting Period Applies
Orthodontia can be added for adults and dependent children to groups with a minimum of two enrolled employees. Orthodontia can be added to any plan by adding these rates to your area rating. Orthodontia is covered at 50%, with options for \$1,000 or \$1,500 lifetime max.
50% + \$1,000 Lifetime Maximum ➤ Emp. Only Add \$0.65 ➤ Emp. + 1 Dep Add \$2.06 ➤ Emp. + Family Add \$10.33 Voluntary Groups: ➤ Emp. Only Add \$0.68 ➤ Emp. + 1 Dep Add \$2.16 ➤ Emp. + Family Add \$10.85
50% + \$1,500 Lifetime Maximum ➤ Emp. Only Add \$0.96 ➤ Emp. + 1 Dep Add \$3.01 ➤ Emp. + Family Add \$15.12 Voluntary Groups: ➤ Emp. Only Add \$1.01 ➤ Emp. + 1 Dep Add \$3.16 ➤ Emp. + Family Add \$15.88

SAVE BY ADDING VISION COVERAGE

SAVE MORE WHEN YOU BUNDLE AND TAKE ADVANTAGE OF OUR 5 PERCENT BUNDLE DISCOUNT ON YOUR VISION RATES!

For easy and seamless administration add vision coverage to your group Denali dental plan.

Renaissance Vision Administered By VSP® Vision Care

Benefit from our VSP Choice network, one of the largest national networks that boasts more than 33,000 independent eye doctors.³

Coverage For Glasses and Contacts

Employees will be thrilled with the \$130 allowance given for their frames or contacts.

Great Care with VSP Eye Doctors

VSP carefully chooses eye doctors based on their professional licensing, work history, education, professional liability and ethics.

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.

New Patients Welcome

All VSP doctor locations accept new patients and it is easy to set up the appointment for an annual WellVision Exam (with a low copay of \$10).

VISION BENEFIT HIGHLIGHTS | Groups 2–99

VISION BENEFIT HIGHLIGHTS Groups 2-99	IN-NETWORK COVERAGE	
	COPAY	FREQUENCY
WellVision Exam — <i>focuses on eyes and overall wellness</i>	\$10.00	Annual
Prescription Glasses	\$20.00	See Frames & Lenses
Frames <i>(optional annual frequency available)</i> \$130 Allowance— <i>for a wide selection of frames</i> 20 Percent Savings— <i>on the amount over the applicable allowance</i>	Included in prescription glasses copay	Every 24 Months
Lenses Single Vision, Lined Bifocal and Trifocal and Lenticular Lenses Polycarbonate Lenses— <i>for dependent children only</i>		Annual
Lens Enhancements Progressive Lenses (Standard/Premium/Custom) Average Savings of 20-25 Percent— <i>on other lens enhancements</i>		
Contacts <i>(instead of glasses)</i> \$130 Allowance— <i>copay does not apply</i> Contact Lens Exam— <i>evaluation & fitting (medically necessary covered in full after \$20 copay)</i>		
EXTRA SAVINGS Glasses/Sunglasses— <i>20% savings on additional glasses/sunglasses, including lens enhancements, from any VSP doctor within 12 months of your WellVision Exam</i> Contacts— <i>15% savings on a contact lens exam (evaluation & fitting)</i> Laser Vision Correction— <i>Average 15% off the regular price or 5 percent off the promotional price; discounts only available from contracted facilities.</i>		
OUT-OF-NETWORK COVERAGE⁴ visit www.vsp.com for details, if planning to see a provider other than a VSP doctor Exams— <i>Up to \$45.00</i> Single Vision Lenses— <i>Up to \$30.00</i> Bifocal and Progressive Lenses— <i>Up to \$50.00</i> Trifocal Lenses— <i>Up to \$65.00</i> Contacts— <i>Up to \$105.00 (\$210.00 medically necessary)</i> Frames— <i>Up to \$70.00</i> Lenticular Lenses— <i>Up to \$100.00</i>		

(3)VSP internal data. (4)Coverage with a retail chain affiliate may be different. Once benefits are effective, visit www.myrenbenefits.com for details. Coverage information is subject to change. In the event of a conflict between this information and the organization's contract with Renaissance, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.



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 15,000 agents in all 50 states.⁸ 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 150,000 Americans for their dental benefit needs.⁸

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

(8)Direct Benefits Internal Data, 2016

LEARN MORE BY VISITING WWW.DIRECTBENEFITS.COM

NEW BUSINESS CHECKLIST: Please Confirm That The Following Is Submitted With All New Cases

- ☐ Completed Employer Application
- ☐ Completed Employee Enrollments
- ☐ Complete Plan Options Application
- ☐ First Month Premium
(payable to Renaissance Life & Health Insurance Company of America)
- ☐ Producer Licensing Forms
(if not previously contracted)

Takeover Benefit Coverage:

- ☐ Please Confirm That All Of The Following Documentation Is Provided Prior To Coverage On Takeover Cases.
- ☐ Copy Of Prior Carrier's Certificate, Booklet **OR** Schedule Of Benefits (*orthodontic takeover—orthodontic start dates required*)
- ☐ Copy Of Prior Carrier's Most Recent Billing Statement

Submission Date:

New group information should be postmarked no later than the end of the month to be effective by the first of the following month.

After All Of The Information Listed Above Is Completed And Signed, Send All Original Forms To:

Direct Benefits, Inc. | 55 E. 5th St. Suite 500 | St. Paul, MN 55101
651-649-3503 | 800-620-5010 | Fax 651-649-3502
Email: Info@Directbenefits.com



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