



DENALI

DENTAL & VISION™



Individual & Family Dental Insurance

Effective Oct. 1, 2020 through Sept. 30, 2021

Denali Plans Feature:

- Four cleanings per year
- No waiting periods
- Choose your own dentist
- \$6,000 Annual Maximum Benefit
- Adult & Child Orthodontia Benefits
- Vision Plan Bundles

Valid only in the following states: CT, IL and NJ

For more information, contact:



DENALI SUMMIT 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 not 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 one-time, Lifetime \$100 In-Network Deductible or \$200 Out-of-Network Deductible has been satisfied. The plan pays the following percentages of the allowed amounts: 100% for Preventive Services, 50% for Diagnostic Services, and 50% for Basic and Major Services in the first year. In the second year, coverage for Diagnostic Services increases to 75%. In the third year, coverage for Diagnostic Services increases to 90%. In the fourth year, coverage for Basic and Major Services increase to 60%.

Preventive Service examples

- Two exams per calendar year
- Four cleanings per calendar year

Diagnostic Service examples

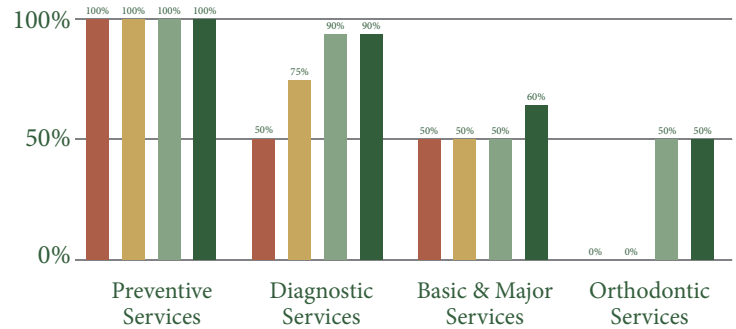
- One series of bitewing X-rays per calendar year
- Fluoride treatments limited to dependents under age 16
- Sealants limited to under age 14, one treatment per tooth for the occlusal surface of first and second permanent molars, once in any 3 year period

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, crowns
- Prosthetic services - bridges and dentures
- Veneers (restorative only)
- Endosteal implants

Benefits

- Annual Yearly Maximum
 - \$750 Year 1
 - \$1,500 Year 2
 - \$3,000 Year 3
 - \$6,000 Year 4
- Lifetime Deductible
 - \$100 for In-Network Services
 - \$200 for Out-of-Network Services



	Preventive Services	Diagnostic Services	Basic & Major Services	Orthodontic Services
Year 1	100%	50%	50%	0%
Year 2	100%	75%	50%	0%
Year 3	100%	90%	50%	50%
Year 4	100%	90%	60%	50%

Orthodontic Services

Orthodontic care for proper alignment of teeth is offered to members of all ages. After a \$100 Lifetime Orthodontic Deductible, this plan pays for covered Orthodontic Services at 50% starting in Year 3.

- Orthodontic Services Annual Maximum
 - \$500 per year
 - \$1,500 per lifetime

Allowed Amounts

The Denali Summit Plan promotes the value of maintaining good oral health practices year after year with benefits increasing over time and NO waiting periods. Individuals will likely experience the lowest out-of-pocket costs by visiting an In-Network dentist, but have the flexibility to visit any dentist they choose.

- In-Network
 - PPO Fee
- Out-of-Network
 - 80th Percentile

Association Fee | Enrollment in Communicating for America (CA) requires a \$1 per month enrollment fee for membership as well as a separate, non-refundable, one-time set up charge. For nearly 50 years, Communicating for America (CA) has been providing benefits, services and health care advocacy for individuals and families. In that time, CA has grown from an organization of the self-employed in rural communities to a nationally known and well-respected association of individuals and families, representing both main street America and metropolitan cities throughout the country.

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DENALI SUMMIT PLAN

Choose Your Own Dentist

The Denali Summit Plan promotes the value of maintaining good oral health practices year after year with the option of increasing annual maximum benefits and NO waiting periods.

Individuals will likely experience the lowest out-of-pocket costs by visiting an In-Network dentist, but have the flexibility to visit any dentist they choose.

Dental Benefit Highlights

	Plan pays*			
	1st Year	2nd Year	3rd Year	4th Year
Preventive	100%	100%	100%	100%
Diagnostic	50%	75%	90%	90%
Basic & Major	50%	50%	50%	60%
Annual Max	\$750	\$1,500	\$3,000	\$6,000
Lifetime Deductible	\$100 In-Network / \$200 Out-of-Network			
Orthodontic	0%	0%	50%	50%
Lifetime Deductible	\$100 per member			
Orthodontic Max	\$500 Yearly / \$1,500 Lifetime			

Allowed Amounts	
In-Network	PPO Fee
Out-of-Network	80th Percentile

*This plan pays for your covered dental expenses for In-Network services. For services rendered by an Out-of-Network dentist, dental coverage is based upon a percentage of the Reasonable & Customary (R&C) fees for those covered expenses after the \$100 In-Network/\$200 Out-of-Network Lifetime Deductible has been satisfied. Rates are guaranteed for 12 months from effective date. Monthly rates do not include the association fee.

Note: There is a one-time, non-refundable enrollment fee of \$25 that will be charged with the first month's premium.

Effective Oct. 1, 2020 through Sept. 30, 2021

Denali Summit Plan Rates*					
Area		Member	Member + 1 Dependent	Member + Family	Member (Child Only)
1	Dental Only	\$52.11	\$101.11	\$174.14	\$37.72
	Dental + Vision	\$64.42	\$125.71	\$213.75	\$50.03
2	Dental Only	\$58.59	\$113.69	\$195.77	\$42.43
	Dental + Vision	\$70.90	\$138.29	\$235.38	\$54.74
3	Dental Only	\$64.73	\$125.57	\$216.23	\$46.85
	Dental + Vision	\$77.04	\$150.17	\$255.84	\$59.16
4	Dental Only	\$71.65	\$139.00	\$239.36	\$51.86
	Dental + Vision	\$83.96	\$163.60	\$278.97	\$64.17
5	Dental Only	\$78.53	\$152.37	\$262.39	\$56.85
	Dental + Vision	\$90.84	\$176.97	\$302.00	\$69.16
6	Dental Only	\$89.10	\$172.86	\$297.69	\$64.51
	Dental + Vision	\$101.41	\$197.46	\$337.30	\$76.82
7	Dental Only	\$95.25	\$184.80	\$318.23	\$68.96
	Dental + Vision	\$107.56	\$209.40	\$357.84	\$81.27
8	Dental Only	\$106.83	\$207.28	\$356.94	\$77.34
	Dental + Vision	\$119.14	\$231.88	\$396.55	\$89.65

*Rates do not include \$1 association fees

SEE PAGE 6 FOR VISION PLAN OVERVIEW

SEE PAGE 8 FOR ZIP CODE AREA FACTORS



DENALI RIDGE 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 choose your own dentist and is affordable for you and your family. Choose this PPO Plan and save on out-of-pocket costs when visiting an In-Network dentist.

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 not 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 reimbursement schedule of the PPO Network fees after the one-time, Lifetime Deductible of \$100 for In-Network, or \$200 for Out-of-Network, has been satisfied. The plan pays the following percentages of the allowed amounts: 100% for Preventive Services, 50% for Diagnostic Services, and 50% for Basic and Major Services in the first year. In the third year, coverage for Diagnostic Services increases to 70% and in the fourth year increases to 90%.

Preventive Service examples

- Two exams per calendar year
- Four cleanings per calendar year

Diagnostic Service examples

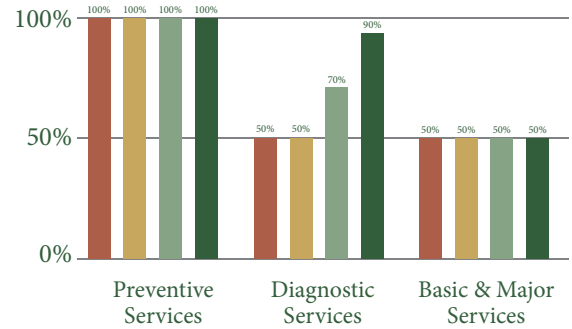
- One series of bitewing X-rays per calendar year
- Fluoride treatments limited to dependents under age 16
- Sealants limited to under age 14, one treatment per tooth for the occlusal surface of first and second permanent molars, once in any 3 year period

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, crowns
- Prosthetic services - bridges and dentures
- Veneers (restorative only)
- Endosteal implants

Benefits

- Annual Yearly Maximum
 - \$500 Year 1
 - \$1,000 Year 2
 - \$1,500 Year 3
 - \$2,000 Year 4
- Lifetime Deductible
 - \$100 for In-Network Services
 - \$200 for Out-of-Network Services



Year 1	100%	50%	50%
Year 2	100%	50%	50%
Year 3	100%	70%	50%
Year 4	100%	90%	50%

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 over the MAC allowed amount.

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.

Association Fee | Enrollment in Communicating for America (CA) requires a \$1 per month enrollment fee for membership as well as a separate, non-refundable, one-time set up charge. For nearly 50 years, Communicating for America (CA) has been providing benefits, services and health care advocacy for individuals and families. In that time, CA has grown from an organization of the self-employed in rural communities to a nationally known and well-respected association of individuals and families, representing both main street America and metropolitan cities throughout the country.

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DENALI RIDGE PLAN

Choose Your Own Dentist

The Denali Ridge Plan provides great coverage, benefits increase over time, and there are NO waiting periods at an affordable price.

Denali Ridge is an attractive option that encourages individuals to visit a PPO participating dentist for the best out-of-pocket savings.

Dental Benefit Highlights

	Plan pays*			
	1st Year	2nd Year	3rd Year	4th Year
Preventive	100%	100%	100%	100%
Diagnostic	50%	50%	70%	80%
Basic & Major	50%	50%	50%	50%
Annual Max	\$500	\$1,000	\$1,500	\$2,000
Lifetime Deductible	\$100 In-Network / \$200 Out-of-Network			

*This plan pays for your covered dental expenses for In-Network services. For services rendered by an Out-of-Network dentist, dental coverage is based upon a percentage of the Reasonable & Customary (R&C) fees for those covered expenses after the \$100 In-Network/\$200 Out-of-Network Lifetime Deductible has been satisfied. Rates are guaranteed for 12 months from effective date. Monthly rates do not include the association fee.

Note: There is a one-time, non-refundable enrollment fee of \$25 that will be charged with the first month's premium.

Denali Ridge Plan Rates*					
Area		Member	Member + 1 Dependent	Member + Family	Member (Child Only)
1	Dental Only	\$36.45	\$70.28	\$117.32	\$24.20
	Dental + Vision	\$48.76	\$94.88	\$156.93	\$36.51
2	Dental Only	\$40.98	\$79.01	\$131.90	\$27.20
	Dental + Vision	\$53.29	\$103.61	\$171.51	\$39.51
3	Dental Only	\$45.26	\$87.28	\$145.69	\$30.04
	Dental + Vision	\$57.57	\$111.88	\$185.30	\$42.35
4	Dental Only	\$50.11	\$96.61	\$161.27	\$33.26
	Dental + Vision	\$62.42	\$121.21	\$200.88	\$45.57
5	Dental Only	\$54.93	\$105.89	\$176.78	\$36.46
	Dental + Vision	\$67.24	\$130.49	\$216.39	\$48.77
6	Dental Only	\$62.32	\$120.15	\$200.56	\$41.35
	Dental + Vision	\$74.63	\$144.75	\$240.17	\$53.66
7	Dental Only	\$66.61	\$128.43	\$214.40	\$44.21
	Dental + Vision	\$78.92	\$153.03	\$254.01	\$56.52
8	Dental Only	\$74.72	\$144.05	\$240.49	\$49.60
	Dental + Vision	\$87.03	\$168.65	\$280.10	\$61.91

*Rates do not include \$1 association fees

SEE PAGE 6 FOR VISION PLAN OVERVIEW

SEE PAGE 8 FOR ZIP CODE AREA FACTORS



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(R) Vision Care. With over 98,000 doctor access points nationwide, VSP boasts the largest national network of independent eye doctors. Eye care professionals across the nation partner with VSP to deliver a great 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% 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

(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.

Monthly Premiums

- Member only: \$12.31
- Member (child only): \$12.31
- Member + 1 Dependent: \$24.60
- Member + Family: \$39.61



**ENROLL ONLINE TODAY AT
WWW.DENTALIDENTAL.COM**

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. Renaissance is part of the Renaissance Health Service Corporation that collectively provides dental coverage for more than 13.1 million people nationwide paying out nearly \$3 billion for dental care annually.¹ Innovative plans and exceptional customer service provide the quality, savings, and convenience expected from superior dental coverage.

Renaissance makes it easy for members to access and manage information. They 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 access points nationwide,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 MyRenProviders.com.

» Experience

With more than 60 years of experience in dental plan administration, the Renaissance Health Service Corporation 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

You have 24/7 access to benefits and claim information, plus the ability to print ID cards. Members can log in and register at MyRenBenefits.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

Better oral health may lead 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 certain 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, 2019.

² Little, James W., Falace, Donald A., Miller, Craig S., & Rhodus, Nelson L. (2013). Dental Management of the Medically Compromised Patient (8th ed.). St. Louis, MO: Mosby Elsevier.

FIND A PARTICPATING DENTIST AT
MYRENPROVIDERS.COM



 Renaissance[®]
Dental & Vision

ZIP Code Area Factors

Connecticut	
063	6
All Other Areas	7

Illinois	
600-608	5
609, 617-619	4
All Other Areas	3

New Jersey	
080-084	5
073-076	7
All Other Areas	6

Plan Information

» Group association:

For nearly 50 years, Communicating for America (CA) has been providing benefits, services and health care advocacy for individuals and families. In that time, CA has grown from an organization of the self-employed in rural communities to a nationally known and well-respected association of individuals and families, representing both main street America and metropolitan cities throughout the country.

» Eligibility:

Denali Dental is available to individuals, their spouse and dependent children under the age of 26. The applicant must be a member of Communicating for America 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 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.

» 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

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:
 - Are not medically necessary
 - Are not prescribed by a dentist
 - Are determined to be experimental/investigatory 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 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 Communicating for America (CA).

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



8 REASONS

for Dental Insurance

1. Protect your smile. Dental insurance exists just like any other insurance. It helps you protect your assets and manage your risks. If something were to happen, insurance is there to help control the costs.

2. Dental health is linked to overall health. That's kind of a big deal! Many systemic diseases such as diabetes, leukemia, cancer, heart disease, and kidney disease have oral characteristics that can be detected by the dentist with just an oral exam.

3. People are more likely to go to the dentist when they have insurance. This alone may help motivate you to take control of you and your family's dental health!

4. It helps you keep your teeth! Gum disease and tooth decay lead to tooth loss. These issues are most effectively treated by a dental professional.

5. Enjoy a little peace of mind. Let's say you or your child has a dental emergency like a chipped tooth, tooth pain or a lost tooth. You may be less worried about the financial burden of fixing the problem knowing you have dental insurance.

6. Minimize your dental out-of-pocket expenses. Bridges, crowns, implants, root canals, and other major issues are spendy. Finding a plan that will help minimize the costs can be very beneficial to your wallet!

7. A boost of confidence! A healthier, whiter smile and better breath may help you and your loved ones feel a little more confident.

8. YOU AND YOUR FAMILY ARE WORTH IT!





DENALI

DENTAL & VISION™



DirectBenefits
AN ALERA GROUP COMPANY

Distributed by:

55 E 5th Street, Suite 500 Saint Paul, MN 55101
info@directbenefits.com 800.620.5010
www.directbenefits.com