



Member Driven Value.

DENTAL SERVICES INCLUDE:

DIAGNOSTIC & PREVENTIVE

BASIC DENTAL SERVICES

MAJOR DENTAL SERVICES



Broad Coverage For Brighter Smiles.

Area for Rate	Ind	Ind+1	Family
Dental Area 1	\$41	\$81	\$147
Dental Area 2	\$46	\$91	\$164
Dental Area 3	\$52	\$102	\$184
Dental Area 4	\$58	\$113	\$205
Dental Area 5	\$64	\$125	\$226
Dental Area 6	\$71	\$140	\$252
Dental Area 7	\$80	\$157	\$284

Arizona - Area 4  
 Georgia - Area 2  
 Kansas - Area 2  
 Michigan - Area 5  
 Oklahoma - Area 3  
 Tennessee - Area 5  
 Texas - Area 2





# GET INSURED FOR DENTAL SERVICES

## GROUP DENTAL INSURANCE<sup>+</sup>

### MAXIMUM BENEFITS<sup>+</sup>

<b>Annual Deductible: Individual / Family</b> (Deductible waived for Diagnostic & Preventive Services)	<b>\$50.00 / \$150.00</b>
<b>Annual Maximum</b> Plus Maximum Carryover <sup>1</sup>	<b>\$1,000</b>

<sup>1</sup>If at least one covered service is paid in a benefit year and the total benefit paid does not exceed \$500 in that benefit year, \$250 will be added to the next benefit year carryover maximum. This amount will accumulate from one benefit year to the next, but will not exceed \$1,000.

## IN-NETWORK AND OUT-OF-NETWORK COVERAGE

**DIAGNOSTIC &  
PREVENTIVE SERVICES<sup>^</sup>**

**100%**

**BASIC DENTAL  
SERVICES<sup>^</sup>**

**70%**

**\*MAJOR DENTAL  
SERVICES<sup>^</sup>**

**50%**

**\*There is a 12 month waiting period for all members for Major Dental Services.**

<sup>^</sup>To find a list of Diagnostic & Preventive Dental Services go to pages 4-5; To find a list of Basic Dental Services go to pages 6-7; To find a list of Major Dental Services go to pages 8-9.

<sup>+</sup>The information is a limited description of the plan highlights. For more details, limitations, exclusions and definitions, please refer to the Certificate.

# SAVE ON THE CARE YOU NEED<sup>1</sup>

For example: A dentist may submit a \$950 charge for a crown. With dental insurance, the dentist accepts a reduced fee of \$744. That's an immediate savings of \$206! Furthermore, having dental insurance means the carrier pays a percentage from the reduced fee so you can see how the advantages of dental coverage can add up quickly.

For An In-Network Dentist<sup>1</sup>:

SUBMITTED FEE

\$950.00

MAX APPROVED FEE

\$744.00

X

COVERAGE LEVEL

50%

=

RENAISSANCE PAYS

\$372.00

**You Pay: \$372**

61% decrease from the dentists fee!



## Difference between In- & Out-of-Network Benefits:

### IN-NETWORK BENEFITS



Based on the negotiated contracted dentist fee schedule. Using in-network dentists, the member can save more because the significant contracted discounts will result in less out-of-pocket expenses. By saving, the member will be able to receive more services during the year than if the member sees a non-contracted dentist.

### OUT-OF-NETWORK BENEFITS



Based on the local UCR charges. By seeing an out-of-network dentist, you have the freedom to choose any dentist and still have the benefits paid at the same coinsurance percentages. However, your annual maximum could be met sooner since the out-of-network dentists don't offer the same contracted discounts.

<sup>1</sup>The payment example above is for illustrative purposes only. Fees and reimbursements can vary by location and dentist. It does not represent how the payment is determined.



## DIAGNOSTIC & PREVENTIVE DENTAL SERVICES\*

**100% Coinsurance**  
In- or Out-of-Network



*\*Diagnostic & Preventive Services also include Oral CDx BrushTest®, an oral Brush Biopsy that can detect precancerous cells and oral cancer in its earliest stages.*

### PREVENTIVE DENTAL SERVICES INCLUDE



ORAL EXAMS  
Twice / 12 Mos



CLEANINGS<sup>2</sup>  
Twice / 12 Mos



X-RAYS FULL MOUTH SERIES<sup>3</sup>  
X-rays - Bitewing<sup>4</sup>

<sup>2</sup>People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment. (see page 11 for details)

<sup>3</sup>Full Mouth X-rays are payable once in any 5 year period.

<sup>4</sup>Bitewing X-Rays are payable once per benefit period.

# Did You Know?

More than 1 in 5 people said that they had not visited the dentist in the last few years.<sup>5</sup>

<sup>5</sup>Stats Taken from: Health Policy Institute (ADA American Dental Association)  
<http://ada.org/en/science-research/health-policy-institute/dental-statistics/patients>



FLUORIDE TREATMENT  
To Age 19 - Twice / 12 Mos



SEALANTS<sup>6</sup>  
To Age 16 - Once / 36 Mos



SPACE MAINTAINERS  
Harmful Habit Appliances

<sup>6</sup>Sealants are payable only for the occlusal surface of the first and second permanent molars to age 16. The surface must be free from decay and restorations. Sealants are payable once per tooth per 3 year period.



## BASIC DENTAL SERVICES

**70% Coinsurance**  
In- or Out-of-Network



### BASIC DENTAL SERVICES INCLUDE



FILLINGS<sup>7</sup>



SIMPLE EXTRACTIONS<sup>8</sup>



NON-SURGICAL  
PERIODONTIC SERVICES<sup>9</sup>

<sup>7</sup>Minor Restorative Services

<sup>8</sup>Non Complicated Extractions

<sup>9</sup>To treat gum disease - We allow for two cleanings or two perio maintenance visits, or a combination of both but no more than two in a benefit year.

# Did You Know?

40.2% of adults indicated that they will forgo dental care due to cost.<sup>10</sup>

<sup>10</sup>Stats Taken from: Health Policy Institute (ADA American Dental Association)  
<http://ada.org/en/science-research/health-policy-institute/dental-statistics/patients>



EMERGENCY PALLIATIVE  
TREATMENT<sup>11</sup>



\*Plus Other Basic Services  
*miscellaneous services*

<sup>11</sup>To temporarily relieve pain



## MAJOR DENTAL SERVICES\*

**50% Coinsurance**  
In- or Out-of-Network



*\*Waiting Period on Major Services is 12 months for all Members.*

## MAJOR DENTAL SERVICES INCLUDE



SURGICAL PERIODONTIC  
PROCEDURES<sup>12</sup>



ENDODONTIC SERVICES  
(I.E. ROOT CANALS)



COMPLEX EXTRACTIONS  
& DENTAL SURGERY<sup>13</sup>

<sup>12</sup>To treat gum disease

<sup>13</sup>All Other Oral Surgery Services





TMD  
TREATMENT<sup>14</sup>



CROWNS AND  
VENEERS<sup>15</sup>



BRIDGES, IMPLANTS  
& DENTURES<sup>16</sup>



RELINES & REPAIRS OF  
BRIDGES & DENTURES



<sup>14</sup>Treatment of Temporomandibular Joint Dysfunction - Treatment is limited.

<sup>15</sup>Major Restorative Services (Crowns & Veneers are payable once per tooth per 5 year period)

<sup>16</sup>Prosthetic Services (Bridges & Dentures are payable once per tooth per 5 year period; Implants are payable once per tooth per lifetime.)



# FREEDOM OF CHOICE

Choose your dentist.

[www.RenaissanceDental.com/FindADentist](http://www.RenaissanceDental.com/FindADentist)

You can receive dental services from any licensed dentists; however your benefit dollars may stretch even further if services are obtained from a participating PPO network dentist. The Renaissance Dental PPO network combines leading national and regional networks to offer you maximum choice and value. Members can search for a participating dentist at [www.RenaissanceDental.com/FindADentist](http://www.RenaissanceDental.com/FindADentist). If you decide to contact a dental office directly, please refer to the following network partners that a dental office will likely recognize:

- Maximum Care
- Maverest
- Connection Dental

**Gap Dental Plan<sup>sm</sup> is Available in the Following States:**

**AZ, GA, KS, MI, OK, TN & TX**

The following monthly insurance rates apply to coverage underwritten by Renaissance Life & Health Insurance Company of America. Your overall total association membership dues include these insurance rates:

Area 1: AL, AR, LA, MS, WV  
Ind: \$41  
Ind+1: \$81  
Family: \$147

Area 3: IL, KY, OK, TN  
Ind: \$52  
Ind+1: \$102  
Family: \$184

Area 5: DE, MI, NC  
Ind: \$64  
Ind+1: \$125  
Family: \$226

Area 7: CA  
Ind: \$80  
Ind+1: \$157  
Family: \$284

Area 2: GA, KS, MO, NE, SC, TX, WY  
Ind: \$46  
Ind+1: \$91  
Family: \$164

Area 4: AZ, DC, FL, IA, IN, ND, NJ, NM,  
NV, OH, PA, RI, UT, VA & WI  
Ind: \$58  
Ind+1: \$113  
Family: \$205

Area 6: ID  
Ind: \$71  
Ind+1: \$140  
Family: \$252

## EXCLUSIONS AND LIMITATIONS FOR GROUP DENTAL INSURANCE

### Renaissance does not pay benefits for:

1. Services for injuries or conditions which are compensable under Workers' Compensation or Employer's Liability laws; services which are provided to the Enrollee by any federal or state government agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision except as such exclusion may be prohibited by law.
2. Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration) of the teeth, and andontia (congenitally missing teeth), except those services provided to newborn children for congenital defect or birth abnormalities or services that may be provided under Orthodontic Benefits.
3. Services for restoring tooth structure lost from wear, erosion, or abrasion, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include, but are not limited to: equilibration, periodontal splinting, occlusal adjustment.
4. Any single procedure started prior to the date the person became covered for such services under this plan.
5. Prescribed drugs, medication or analgesia.
6. Experimental Procedures.
7. Charges for any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in such a facility.
8. Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services.
9. Extra oral grafts (grafting of tissues from outside the mouth to oral tissue).
10. Services performed by any person other than a Dentist or auxiliary personnel legally authorized to perform services under the direct supervision of a Dentist.
11. Replacement of teeth extracted prior to the member's effective date.
12. Services or appliances started prior to the covered person's effective date; Treatment by anyone other than a dentist or licensed dental hygienist; Services received from any governmental agency, political subdivision, community agency, foundation or similar entity other than Medicaid; Tests and laboratory examinations; Medications and prescription drugs; Charges related to hospitalization or general anesthesia and / or intravenous sedation; Services or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared; Cosmetic Surgery or dentistry for aesthetic reasons; Dental services that are specialized techniques or investigational in nature.
13. Limitations: Coverage for services may be limited based on the age of the person receiving services; Coverage for certain services may be limited to a maximum number of occurrences during a specified time period (such as 2 times per year, or 1 time every 3 years); Coverage for temporomandibular disorders (TMD) is limited.

The above is a summary of exclusions and limitations. For complete details, please refer to your Certificate. Not all coverage provided under the Certificate is set forth above. The Certificate term is one year. Coverage may be terminated for reasons stated in the Certificate. Coverage ceases upon termination of the Certificate.

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### Evidence-Based Dentistry

Renaissance Dental has enhanced its benefit plans to accommodate members who are at higher risk for serious illnesses. Covered cleanings will increase from two to four annually for persons with certain high-risk medical conditions, including those experiencing kidney failure or who are undergoing dialysis; diabetics with periodontal disease; pregnant women with periodontal disease; those susceptible to infective endocarditis; and those with suppressed immune systems due to chemotherapy and / or radiation treatment, HIV infection, organ transplant, and / or stem cell (bone marrow) transplant. Talk to your dentist if you have any of these conditions, and contact Renaissance to find out if you are eligible for these additional benefits. Your dentist must provide a notation on your claim to receive full reimbursement.

## IMPORTANT INFORMATION TO KNOW

Coverage is available to paid Members of the United Business Association after the effective date listed in your welcome letter following the receipt of the Membership application and the payment of the first month's dues to the United Business Association.

Insurance benefits are 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 ("Renaissance") can be reached at PO Box 1596, Indianapolis, IN 46206. This information is a brief description of the important features of this insurance plan. It is not an insurance contract. For more details, limitations, exclusions and definitions, please refer to the Certificate.

SCAN CODE BELOW TO VIEW  
GROUP DENTAL INSURANCE CLAIM FORM



or go to link: <http://www.gapplusplan.com/claimforms.html>

## FOR CLAIMS ASSISTANCE, CONTACT

**United Business Association Claims Unit**

Renaissance Life & Health Insurance Company of America

PO Box 17250, Indianapolis, IN 46217

Eligibility & Benefit Info: 888.358.9484

*Benefit payment is subject to the plan provisions, limitations, exclusions and other provisions within the Certificate. For more information and complete details of terms, conditions, limitations, and exclusions of coverage, please refer to the Certificate. Coverage may vary and may not be available in all states. Renaissance does not provide nor is affiliated with the discount programs provided as part of membership in the United Business Association.*

## DISCLAIMERS

If insurance is included in any Gap Plan, **it is not basic health insurance or major medical coverage and does not qualify as minimum essential coverage under the Affordable Care Act.** You must be a member of United Business Association to access and enroll in any Gap Plan that provides an insured benefit. Various insurance companies, as described, have issued group limited benefit insurance policies to the United Business Association as the group master policyholder. You must purchase UBA Membership in order to purchase this additional plan.



SCAN CODE BELOW TO VIEW STATE SPECIFIC CERTIFICATES INCLUDING EXCLUSIONS



or go to link: [gapplusplan.com/dentalcerts.html](http://gapplusplan.com/dentalcerts.html)



## UBA REFUND / CANCELLATION POLICY

If you are not completely satisfied with your UBA Gap Plan, **please call your Personal Member Concierge at 866.438.4274.** We will be happy to issue a complete refund of membership dues within the first thirty (30) days. We want you to be 100% satisfied with your UBA Gap benefits and services.

Note: This membership is separate from any other insurance or supplemental plan you have purchased. Please contact your agent for any plans other than the UBA Gap Membership Plan. If you are canceling, please make sure to cancel using our cancellation phone number at 866.438.4274 or our cancellation form located at <http://www.gapplusplan.com/billing.html>. **Please do not cancel through your agent.** Cancel directly with UBA to make sure your cancellation request is handled promptly and correctly.

In order to purchase this additional membership plan, you must be a member of the United Business Association. Below are some highlights of your UBA Membership Benefits.+ You can view the Member Guide for UBA Membership at <http://www.gapplusplan.com/MemberGuideforEreceipt/ubamembershipguide17.pdf>.

You can also download a quick reference chart that has all the codes needed to access your membership benefits. Download it to your phone, print a copy or save it to your computer.

Download UBA Membership Reference Sheet at: <http://www.gapplusplan.com/ubamembershipreference17.pdf>.

*\*If you already had a membership purchased prior to **September 7, 2017**, your membership benefits might vary from below listed membership highlights. Please consult your Personal Member Concierge if you have questions on your specific membership benefits.*

## DON'T FORGET TO REVIEW & USE YOUR UBA MEMBERSHIP BENEFITS

### MEMBERSHIP BENEFIT & SERVICES HIGHLIGHTS

- Free Vitamins
- MailMyPrescriptions.com®
- Retail Prescription Discount Card
- MeMD™ - Telemedicine 24/7\*
- Pet RX Prescription Discount Card
- 24-Hr Nurse Helpline
- Lab Discounts
- Discount Hearing Service
- Gateway Medicaid
- Health Savings Account - HSA Bank®
- Travel Assistance Plan
- LensCrafters Vision Club
- GymAmerica.com
- 24-Hr Roadside Assistance
- TrueCar Buying Network
- Graduate Scholarship Program
- HopTheShops.com
- LegalConnect®
- TravelerBonus.com
- Child ID Card Services
- Car Rental Discounts
- ADP Payroll Processing
- 1800Flowers.com Discounts
- Office Supplies & Furniture
- Hewlett (HP) Computers & Equipment
- UPS Express Delivery Service
- UBA Savings Perks Program

### LEARN MORE ABOUT THESE IMPORTANT & USEFUL MEMBERSHIP BENEFITS:



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Wholesale Pharmacy (800) 964 - 9654

*Great for Maintenance Medications*

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Pay **ONLY WHOLESALE** Cost of Your Prescriptions  
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*Great for When You Get Sick*

Connect with a Medical Provider  
**Unlimited Free Visits For Members\***  
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Available 24/7, 365 days a year  
No More Long Waits Sitting in a Doctor's Office

*\*Visits paid by UBA*



Great to Help Keep You Healthy

**FREE One-A-Day Multi-Vitamins**

**FREE Shipping**

Same Formulas as you find on Shelves at Supermarkets

One-A-Day Formulas are Complete from A-Z



Add Even More Value to your Membership with These Additional Gap Plans



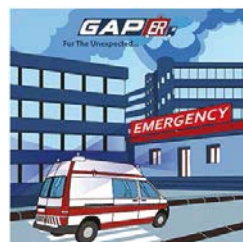
GAP DENTAL



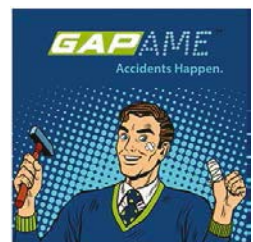
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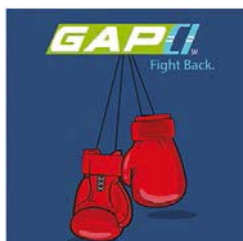
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GAP ER



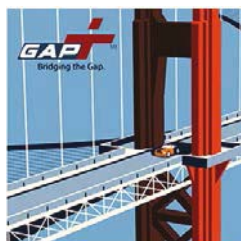
GAP A&E



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**SIGN UP**

**Contact Your Agent Today!**



Gap Dental  
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