



Cultural Alliance

Plan Name Excel MAC
Effective Date 05/01/2007

	IN-NETWORK	OUT-OF-NETWORK
Individual Annual Deductible (applies to basic and major dental services only)	\$50	\$50
Family Annual Deductible (applies to basic and major dental services only)	\$150	\$150
Policy Year Maximum (combined for both In-Network and Out-of-Network)	\$1,000	\$1,000
Policy Ortho Lifetime Maximum (combined for both In-Network and Out-of-Network)	\$1,000	\$1,000
For new enrollees, a 12-month waiting period applies to major services	No	
Orthodontic eligibility requirement	Child	

COVERED SERVICES	PLAN REIMBURSEMENT		BENEFIT GUIDELINES
	IN-NETWORK	OUT-OF-NETWORK*	
PREVENTIVE & DIAGNOSTIC DENTAL SERVICES			
Periodic Oral Evaluation	100%	100%	Up to once per six month period.
Prophylaxis	100%	100%	Up to 2 per year.
Bitewing X-Rays	100%	100%	Once per 12 months, limit 4 films.
Full Mouth X-Rays	100%	100%	Once per 60 months, except when taken for diagnosis of 3rd molars, cysts, or neoplasms.
Fluoride treatments age 14 & under	100%	100%	For Eligible Dependents age 14 and under once per 12 months.
Sealants (once each posterior tooth)	100%	100%	For Eligible Dependents age 14 and under once for 1st and 2nd permanent molar.
Space Maintainers	100%	100%	For Eligible Dependents age 14 and under once per lifetime per space
BASIC DENTAL SERVICES			
Amalgam fillings	80%	80%	One restoration allowed per surface per 36 months.
Composite fillings	80%	80%	One restoration allowed per surface per 36 months, posterior composites will be paid at the rate for amalgams.
Oral Surgery (simple extractions)	80%	80%	
General Anesthesia	80%	80%	Must be performed at an Oral Surgeon's office.
Emergency Palliative Care	80%	80%	Will be covered as a separate benefit only if no other services except an exam or x-rays were performed during a
MAJOR DENTAL SERVICES			
Root canal treatment (anterior & bicuspid)	50%	50%	Once per tooth per lifetime. Re-treatment is limited to not more than once per 24 months.
Molar root canal treatment	50%	50%	Once per tooth per lifetime. Re-treatment is limited to not more than once per 24 months.
Pulp capping	50%	50%	
Periodontal (Scaling and Root Planning)	50%	50%	Once per quadrant per 24 months. Must be submitted for Pre-authorization before treatment.
Periodontal maintenance	50%	50%	Up to 2 per year. Must follow active periodontal treatment.
Periodontal (osseous surgery)	50%	50%	Once per quadrant per 36 months.
Surgical Extractions of impacted tooth	50%	50%	
Crowns	50%	50%	Limited to once per tooth per 7 years.
Fixed Bridges	50%	50%	Limited to once per 7 years.
Dentures	50%	50%	Limited to once per 7 years.
ORTHODONTIC SERVICES			
Diagnose of correct misalignment of the teeth or bite including Phase I and Phase II.	50%	50%	Lifetime benefit pro-rated over a 24 month period.

A child is covered up to age 19; A full time student is covered up to age 23.

Benefits are subject to exclusions and limitations to policy language and for your plan.

*The out of network percentage of benefits applies to the schedule of Maximum Allowable Charges (MAC). MACs are limitations or billed charges in the geographic area in which the expenses are incurred.

For a summary of the benefits, please refer to the Certificate of Coverage for specific details and full exclusions & limitations of your plan.

DenexDental plans are underwritten by Group Dental Service of Maryland.

OUTLOOK VISION

Denex Dental is pleased to provide you with membership in the OUTLOOK Vision Discount Plan as part of your dental benefits!

THE PROVIDER NETWORK

The OUTLOOK Vision network is comprised of national and regional providers such as Pearle Vision, Sears Optical, LensCrafters, JC Penny Optical, Eyemasters, independent optometrists or opticians, small to large retail centers, "one-hour" service optical centers, and many other eye care facilities in your community. With over 11,000 eye care centers nationwide, chances are you'll grow to value the convenience of a vast network. Call 1-866-433-6391 to find out how The OUTLOOK Vision network will work for you.

DISCOUNT PLAN OVERVIEW

The vision plan is a discount program that offers substantial savings off the retail price of eye wear and eye care services. Members make direct payment to participating vision care providers for services rendered after identifying themselves as an OUTLOOK Vision member. There are no benefit maximums—members can see providers as often as they like. The vision plan is not insurance so there is virtually no paperwork.

Members receive:

- Savings 10% to 50% off the retail prices of eye wear including prescription glasses, contact lenses, and accessories.
- Savings off standard fees on vision correction (Laser/Lasik) surgery at selected locations, where approved.
- Mail order contact lens replacement program that offers a 10% to 50% discount.
- Special discounts on eye exams at selected locations, where approved.
- Free minor eye wear adjustments.

SAMPLE TABLE OF DISCOUNT SAVINGS

LOCATION	ITEM	RETAIL	MEMBER PRICE	SAVINGS/PERCENT
Exact Eye Care Kearney, NE	Frame Single vision	\$129.00	\$90.30	\$38.70 (30%)
	w/Polycarbonate	\$297.00	\$207.90	\$89.10 (30%)
LensCrafters Mesa, AZ	Frame Single vision	\$149.95	\$104.96	\$44.99 (30%)
	w/Photo Flexint	\$225.00	\$157.50	\$67.50 (30%)
JC Penney Michigan	Frame Single vision w/Polycarbonate & AR	\$229.95	\$149.47	\$80.48 (35%)
	Contact Lenses	\$90.00	\$72.00	\$18.00 (20%)
Pearle Vision National City, CA	Frame Single vision	\$59.95	\$30.00	\$29.95 (50%)
	w/Scratch Coat	\$109.00	\$47.00	\$62.00 (57%)
Exact Master Henderson, NV	Frame Single vision	\$99.95	\$69.96	\$29.99 (30%)
	w/Polycarbonate	\$149.98	\$104.99	\$44.99 (30%)

Samples are not a guarantee of savings. Prices will vary by service and vision center location.

This Plan is not insurance. It is a discount program. You are responsible for the full cost of any health care services purchased. You will receive discounts for medical services at certain health care providers who have contracted with the plan. Members have the right to cancel registration within a thirty-day period. This plan does not make payments directly to health care providers. A list of all program providers within the prospective cardholder's service area which includes their name, city & state, and medical specialty is available prior to purchase, upon request. Discounts for hospital services are not available. This program is administered by Group Dental Service of Maryland, Inc. (GDS-MD), your Discount Medical Plan Organization, 111 Rockville Pike, Suite 950, Rockville, MD 20850, 1-866-433-6391, www.denexdental.com. The program and its administrators have no liability for providing or guaranteeing service or the quality of services rendered.



SEE WHY DENEX DENTAL IS DIFFERENT

HERE'S HOW OUTLOOK WORKS

Simply take your Denex Dental ID Card to any vision care center in the network. Pay the discounted amount directly to the provider at the time of purchase and walk away with discounted savings. The vision plan is not insurance, there's no fuss, no hassle, and no confusion, just the value of substantial savings.

If you have any questions or need assistance locating participating vision centers, please contact Customer Service toll-free at 1-866-433-6391 Monday through Friday from 8:00 a.m. to 5:00 p.m. EST.

GUARANTEE

The OUTLOOK Eyewear Guarantee:

- **Highest Quality**—All merchandise is covered by manufacturer's warranty for materials and workmanship.
- **Price**—Once a purchase is made, if you find the identical eyewear at a lower advertised price, the difference will be cheerfully refunded.
- **Complete Satisfaction**—If you are not completely pleased with your eyewear purchase from a participating provider, it may be returned within 30 days to the point of purchase for a complete refund.

FREQUENTLY ASKED QUESTIONS

What makes your program unique?

Members receive a 30 day complete satisfaction and money back guarantee. Members also receive access to participating providers nationwide; no limitations or restrictions; and mail order services for replacement contact lenses.

Who can receive discounts?

If you have a family plan with Denex Dental, any family member on your plan can use your membership. If you have an individual plan, only the primary card holder is eligible for discounts.

What kinds of eyewear are discounted?

Discounts of 10% to 50% are provided on frames, lenses, and optional items. The average savings is \$72.00 per pair of single vision glasses. You may see discounts of over \$100.00 on multi-focal lenses and frames.

What discount is there on eye exams?

OUTLOOK has over 11,000 optical providers. Many, but not all, provide 10% to 50% off eye examinations. These providers are in selected areas only, where approved.

Where are the Providers and how many are there?

OUTLOOK maintains a provider network of over 11,000 locations nationwide. Approximately 86% of the U.S. population lives within a 15 mile radius of an OUTLOOK provider.

How can I locate a participating provider?

Visit www.denexdental.com or call 1-866-433-6391 for assistance.

Frequently Asked Questions

Do I have to choose a dentist?

No. You may select the dentist of your choice. However, you will receive the highest level of benefits available in your group's program by choosing an in-network provider. When you visit a participating dentist, you have the opportunity to maximize your benefit plan with access to negotiated network fees, resulting in lower out-of-pocket expenses.

What is a Negotiated network fee?

A negotiated network fee refers to a discounted schedule that participating in-network providers agree to accept as payment in full for services rendered. Typical discounts range from approximately 20%-35%. Depending on the service rendered, your plan may cover all or part of the discounted fee.

How many dentists are in-network?

There are over 65,000 participating in-network dentists nationwide, including over 15,000 specialists. So, you should have no problem finding a participating provider in your area, while traveling, if emergency care is needed, or for your eligible dependents away at college. All in-network dentists meet strict credentialing standards and have agreed to accept negotiated discounts as payment-in-full (**no balance billing**) for covered services rendered.

How do I locate in-network dentists?

You can conduct online provider searches on our website at www.denexdental.com, or call our customer service department at 1-866-4Denex1.

The dentist I want to visit does not participate in-network. Is there anything I can do to encourage my dentist to participate?

Yes. Our dental network is continually expanding and new providers may be added, if they meet our credentialing standards. Either you or your dentist can fill out a "nominate a provider form" available on the Denex Dental website at www.denexdental.com. Please note, that there may be instances where the dentist chooses not to participate in our network, or we choose not to accept the application due to our stringent credentialing process.

Do my Dependents have to visit the same dentist that I visit?

No, you and your dependents have the freedom to choose any dentist, and can switch as many times as you would like during the policy year.

How do I get reimbursed if I visit a dentist out-of-network?

If you visit a dentist out-of-network, you may be responsible for paying the entire fee at the time of service. You must then submit a claim form to Denex Dental to receive your benefit within approximately 7 business days.

How and when do I file a claim?

In-network providers have contractually agreed to file claims for you. If your dentist does not participate in the network (out-of-network), you may have to file the claim yourself. A claim form is included in your welcome kit; it is also available from your benefits administrator, or it can be printed from the Denex Dental website at: www.denexdental.com. Remember to bring a claim form with you to your appointment so your dentist can help you fill it out. For each claim submission, Denex Dental will mail you, within approximately 5-7 business days of receipt, a concise explanation of benefits and reimbursement according to your plan guidelines. For questions regarding claims or benefits, please call: 1-866-4Denex1.

Denex Dental Claims Address:

P.O. Box 926049

Houston, Texas 77292-6049

Can I find out how much services will cost me out-of-pocket and obtain an estimate of what will be covered prior to treatment?

Yes, Denex Dental suggests that you have your dentist submit a request for a pre-authorization for services in excess of \$300. This often applies to major services such as crowns, bridges, dentures, periodontics and oral surgery, **and is required for Periodontal Scaling and Root Planning, a costly procedure that is not necessary for everyone.** If your provider recommends this course of treatment, have him or her submit, a pre-authorization form, along with the necessary periodontal charting, and necessary records for Denex Dental to approve.

Denex Dental will review all requests to ensure a high standard of care, and determine whether the member or eligible dependent does, in fact, require the procedure.

A detailed estimate of what services are covered, and at what payment level, will be sent to both you and your dentist within 48 hours of receipt. If the service is denied, you will be responsible for payment in full.

What happens after I fill out my enrollment form? How do I know I can start using my coverage?

Upon receipt of your group's enrollment materials, you will be issued a group number and will be eligible for coverage. We will also send individual welcome packets, including all contact and service information, and customized ID cards to your group's benefits administrator.

Do I need an ID to receive services?

No, you do not need to present your ID card to your dentist to receive treatment. Notify your dentist that you are enrolled in Denex Dental, and that you are using the Dentemax network. Your dentist can easily call the Denex Dental customer service department to verify eligibility.



Enrollment

PLEASE PRINT CLEARLY WHEN FILLING OUT THIS FORM

EMPLOYER INFORMATION

(To be entered by company representative)

Company Name: Cultural Alliance

Date of Hire: _____

Address: _____

Employee Status: Hourly
 Salaried
 Retired

City: Washington State: DC Zip Code: 20005

EMPLOYEE INFORMATION

(To be entered by employee)

Employee Name: _____

Date of Birth: _____

Address: _____

Social Security Number: _____

City: _____ State: _____ Zip Code: _____

Marital Status: Single
 Married

WAIVER OF ENROLLMENT: I elect *not* to participate in the plan at the present time.

Signature: _____

Date: _____

PLAN OPTIONS

Select Plan Options (please circle one):

DenexPlus Excel MAC

Requested Level of Coverage:

- Employee Only
- Employee & Spouse
- Employee & Child(ren)
- Family

PERSON(S) COVERED:

Last Name	First Name	MI	Sex	DOB	SSN	Relation	Student*
Employee							
Dependents							

*If a dependent is over age 19, you must submit proof of full-time enrollment at an accredited school or university.

The applicant represents that he/she has read each question and that the answers are complete and true to the best of his/her knowledge or belief.

The proposed rates shall take effect as of the requested effective date if this application is accepted. In the event that the application is not accepted, any premium advances shall be refunded.

Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Enrollee Signature: _____

Date: _____

Plans underwritten by Group Dental Service of Maryland, Inc; 111 Rockville Pike, Suite 950; Rockville, MD 20850