

GROUP DENTAL INSURANCE†

Maximum Per Year Payment* - \$3000

Deductible Amount per Visit* - \$25 (for covered services other than orthodontics)

Class I Services - Preventive Services - 100%

Class II Services - Basic Services - 80%

Class III Services^ - Major Services - 50%

*Applicable to Each Insured | ^Waiting period for Class III services is 12 months



FCL Dental 3000 is available in AL, AR, AZ, DE, DC, FL, GA, IA, IN, KS, KY, LA, MO, MS, MT, ND, NE, OK, TN, TX & WV

FCLDENTAL
3000

(†See **page 2** certificates of insurance for the full benefit descriptions, schedule of benefits, terms, conditions and limitations and **page 3** for disclaimers.)

VIEW YOUR STATE CERTIFICATE OF INSURANCE FOR FULL INSURANCE DETAILS SCHEDULE OF BENEFITS, & LIMITATIONS & EXCLUSIONS

MATERIAL DESCRIPTION	LINK TO DOWNLOAD CERTIFICATE OF INSURANCE
FCL Dental 3000 Certificate	https://www.ubamembers.com/certs_fclDental3000.pdf
FCL Dental Provider Look-up Select DenteMax Plus Network	https://fclDental.dentemaxportal.com
UBA Membership Guide	https://www.ubamembers.com/sample_ubamembership.pdf

Below are examples of some of the Covered expenses by Class. For full list and Procedure codes, see the list of Covered Dental Expenses Procedures in the Certificate of Insurance.

CLASS I - Preventive Services

- Oral Evaluation (Exam) and Prophylaxis (Cleaning)
- X-Rays (Bitewing)
- and more...

CLASS II - Basic Services

- Intraoral, Extraoral, Posterior, & Panoramic radiographic images
- Basic restorations (fillings)
- Simple Extractions
- and more...

CLASS III - Major Services

- Space Maintainers
- Inlay/Onlay Restorations
- Crowns
- Endodontic Therapy
- Surgical Periodontal Services
- Non-Surgical Periodontal Services
- and more...

Class III has a 12 month waiting period

Why Use In-Network Providers

DenteMax Plus is a national, dental Preferred Provider Organization (PPO) network. DenteMax's group of quality dentists have agreed to accept a set, discounted fee schedule when they see DenteMax Plus patients. This means you can visit any of our PPO dentists and save on your dental costs.

Maximum Allowable Charge Plan (MAC)

This product is a MAC plan which is a type of PPO plan where you receive greater benefits and less out-of-pocket expense by going to an in-network provider. Services completed by an out-of-network provider will most likely incur beyond what the contracted provider would charge for the same procedure.



FOR MORE INFORMATION

AGENT NAME

AGENT PHONE #

AGENT EMAIL ADDRESS

FOR A QUOTE AND TO ENROLL: UNIQUE LINK ADDRESS HERE

Designed to supplement your comprehensive qualified medical insurance plan.



Individual - \$35 per month*	Ind+Spouse - \$70 per month*	Ind+Child(ren) - \$80 per month*	Family - \$100 per month*
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IMPORTANT DISCLAIMERS FOR THIS PLAN AND FLYER

Read the Certificate(s) of Insurance carefully. This flyer is a brief description of various group association insurance products and is not an insurance contract, nor part of the Certificate of Insurance.

Group Dental Insurance is issued as Policy# POL TX IMPL MEM21 and Group# MA2297-D+ by First Continental Life & Accident Insurance Company (FCL), Sugarland, TX. The policy is issued to the United Business Association (UBA) and includes the following: exclusions, limitations, reductions of benefits, waiting periods, and terms of renewal and termination. Subject to state availability, variability, and FCL's right to increase premium rates.

Cancellation / Termination of Benefits/Renewability: Coverage terminates when UBA terminates the policy, your membership ceases, insurance ceases for your class, for non-payment of premium by UBA, or the date of fraud or misrepresentation of a material fact. The group policy terminates for non-payment of premium, if group participation requirements are not met or on any premium due date for any of the following reasons: fraud or misrepresentation of a material fact; failure of UBA to provide required information; or at FCL's option with 30 days notice. Notice of termination provided to UBA is considered notice of termination to all members and will not be sent to you individually by FCL. The policy automatically renews each policy anniversary until cancellation/termination.

The insurance described above provides limited benefits. Limited benefit policies are insurance products with reduced benefits intended to help supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

*The following monthly insurance rates apply to coverage underwritten by First Continental Life & Accident Insurance Company. Your overall total association membership dues for the optional supplemental FCL Dental 3000 plan also include these monthly insurance rates: \$23.76 (Individual), \$47.72 (Ind+Sp), \$53.80 (Ind+Child(ren)), \$77.22 (Family).

First Continental Life & Accident Insurance Company and DenteMax do not offer and are not affiliated with the discount programs offered in connection with membership in the United Business Association (UBA). Plan cost does not include the separate \$10 UBA Membership dues. You must be a member of the United Business Association in order to purchase this plan.

If there are any discrepancies between this description and the Certificate, the Certificate will govern.

United Business Association, First Continental Life & Accident Insurance Company, Dentemax, and HealthyAmerica are separate legal entities and have sole financial responsibility for their own products.

