

**GROUP DENTAL HMO INSURANCE†**

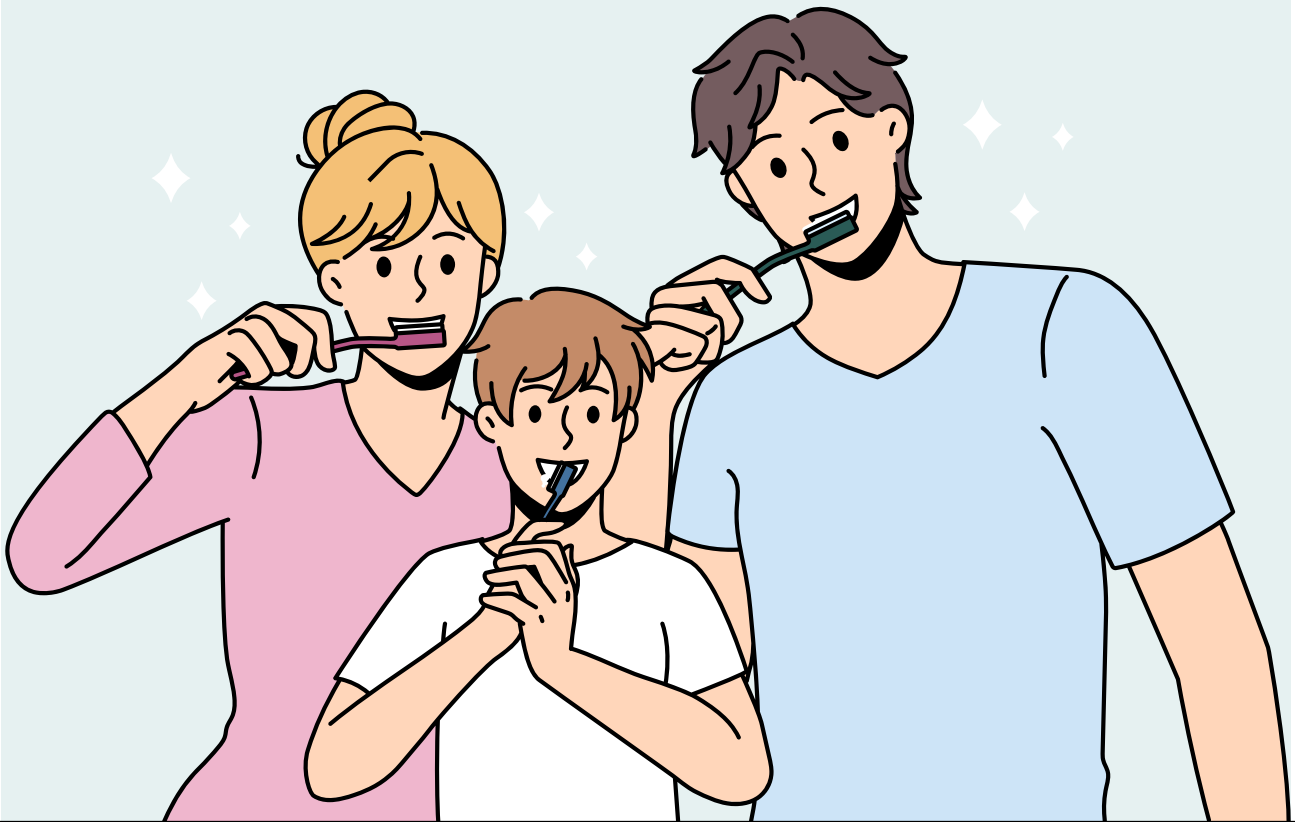
\$9 Copay per person per visit (applies to all services and procedures in the schedule of benefits)

75% Copayment\* (applies to all procedures NOT included in the CPT code listing)

Must select a Primary dentist from the OraQuest dental network at time of enrollment

No claim forms

\*Copayment is 75% of the dentist's usual and customary charge.



FCL Oraquest Dental HMO is available in TX



(†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 OraQuest DHMO Certificate	<a href="https://www.ubamembers.com/certs_fcloraquestdhmo_TX.pdf">https://www.ubamembers.com/certs_fcloraquestdhmo_TX.pdf</a>
FCL Dental Provider Look-up <b>Select OraQuest Network</b>	<a href="https://search.fcl dental.com/">https://search.fcl dental.com/</a>
UBA Membership Guide	<a href="https://www.ubamembers.com/sample_ubamembership.pdf">https://www.ubamembers.com/sample_ubamembership.pdf</a>

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

CPT CODE	PROCEDURE	AMOUNT YOU PAY <sup>^</sup>
00120	Periodic Oral Evaluation	\$0
00140	Limited Oral Evaluation	\$0
00150	Comprehensive Oral Evaluation	\$0
00210	Intraoral Complete Series (including bitewings)	\$0
00220	Intraoral Periapical - first film	\$0
00230	Intraoral Periapical - each additional film	\$0
00240	Intraoral Occlusal Film	\$0
00250	Extraoral - first film	\$0
00260	Extraoral - each additional film	\$0
00270	Bitewings - single film	\$0
00272	Bitewings - two films	\$0
00274	Bitewings - four films	\$0
00330	Panoramic	\$0
00415	Bacteriologic Studies for Determination of Pathologic Agents	\$0
00425	Caries susceptibility Tests	\$0
00460	Pulp Vitality Tests	\$0
00470	Diagnostic casts	\$0

For Full list of CPT codes, procedures and amount you pay, limitations, exclusions & terms & conditions, view the Certificate of Insurance located using the link:

[https://www.ubamembers.com/certs\\_fcloraquestdhmo\\_TX.pdf](https://www.ubamembers.com/certs_fcloraquestdhmo_TX.pdf)

<sup>^</sup>This is the amount you are responsible to pay your selected Participating General Dentist upon the CPT Code service.

## 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 - \$20 per month*	Ind+Spouse - \$35 per month*	Ind+Child(ren) - \$40 per month*	Family - \$50 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 Plan ID# UBA - DHMO - 110-011 and Group# MA2297 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 OraQuest Dental HMO plan also include these monthly insurance rates: \$11.75 (Individual), \$21.00 (Ind+Sp), \$23.75 (Ind+Child(ren)), \$34.00 (Family).

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

