



UNITY DENTAL CARE

Care, Comfort and Confidence—your Ultimate Dental Cost Sharing

Unity HealthShare's individual dental cost sharing gives you exactly what you need to maintain your overall dental health, whatever your budget or lifestyle.

Unity Dental Care

Our new **Unity Dental Care** plan, brought to you by Alieria Healthcare, gives you a \$2,000 annual maximum for each person eligible for cost sharing by your plan, with a **\$30 application fee**.

PLAN DETAILS			
MSRA: Applies to Basic (Class B) and Major (Class C) Services.	\$50 MSRA per calendar year (Maximum 3 (\$150) per family)		
Consult Fee per Visit	\$20.00		
Coexpense: The plan pays the following percentages of maximum allowable charges for each class:	Class A	Preventive	100%
	Class B	Basic	70%
	Class C	Major	40%
Benefit Year Maximums: (Class A, B, and C benefits)	\$2,000		

Members further reduce out-of-pocket costs for any services through our national network of 200,000+ dental access points. Services[†] not eligible for cost sharing by your plan may still be eligible for in-network discounts from providers who offer discounts.^{‡‡}

[†] If you use an out-of-network dentist, cost sharing is available based on the network-negotiated rate, and you may be billed for any remaining amount up to the billed charge. ^{‡‡} Not an insured benefit.

This is NOT Insurance

Eligible Cost Sharing Procedures and Waiting Periods

PREVENTIVE SERVICES (Class A): No waiting period.

Routine exams and cleanings (two per 12 months)

One additional cleaning or periodontal maintenance per 12 months if member is in 2nd or 3rd trimester of pregnancy

X-rays

Bitewing x-rays (one per 12 months)

Full mouth / panoramic x-rays (one per 24 months)

Children's Services (up to age 16)

Fluoride treatment (one per 12 months)

Sealants (one per 36 months)

Space maintainers (one per 24 months)

Adjunctive pre-diagnostic oral cancer screening (for ages 40+)

BASIC SERVICES (Class B): 6-month waiting period.

Simple restorative services (Fillings)

Simple extractions

MAJOR SERVICES (Class C): 12-month waiting period.

Emergency treatment

Oral surgery (extractions and impacted teeth) & anesthesia
(subject to review, covered with complex oral surgery)

Repair of crown, denture, or bridge

Periodontics

Endodontics (root canals)

Inlays and onlays

Crowns, bridges, dentures and endosteal implants (in lieu of an approved three-unit bridge)

Plan Details, Continued

This is NOT Insurance

Monthly Rate Schedule: Unity Dental Care | Individual/Family

PLAN TYPE	DENTAL*	VISION*	COMBINED*
Ages 18 - 50			
Single	\$44.95	\$14.00	\$56.00
Member +1	\$82.00	\$22.00	\$98.80
Family (3+)	\$165.00	\$29.00	\$184.30
Ages 51 - 64			
Single	\$52.90	\$16.00	\$65.46
Member +1	\$99.00	\$25.00	\$117.80
Family (3+)	\$165.00	\$29.00	\$184.30

* \$30 Application Fee will be applied at enrollment.

Combine Unity Dental with Unity Vision and Save!

Combine your Unity Dental Care Plan with Unity Vision Care and save an additional 5% on your combined monthly rate – that’s a savings of over \$100 a year with combined Family level plans. Learn more about our vision plan and enroll today at www.alierahealthcare.com.



Summary of Services, Eligible Sharing, and Limits

Unity Dental Care Plans - Calendar Year Maximum: \$2,000.00

This plan uses the **Dentemax** network. Members may enjoy discounts by using one of the many dentists within the Dentemax network. Out-of-network benefits will be paid based on MAC fees, which is the Maximum Allowable Charge of a predetermined fee schedule used to pay out-of-network claims. You may be responsible for the difference between the MAC and the actual dental charge from a non-participating provider.

NOTE: Calendar year MSRA per member/family applies across all classes of services.



www.unityhealthshare.com | 800-847-9794



Summary of Services, Eligible Sharing, and Limits, Cont.

The cost sharing matrix below is a summary for informational purposes only. Refer to your Schedule of Eligible Cost Sharing upon enrollment as a member for a detailed description of eligible cost sharing, limitations, and exclusions.

Classes of Services	Description of Services	Eligible Cost Sharing	You Pay
Diagnostic & Preventative Services Benefits begin immediately	Two routine exams of mouth and teeth per rolling 12 month period Two cleanings and polishings per rolling 12 month period	100% in-network 70% out-of-network of all covered preventative services	0% in-network 30% out-of-network coexpense after \$50 MSRA per Member or \$150 MSRA per Family* *Calendar Year MSRA
Minor Restorative Services Benefits begin after 6 months of enrollment	Extraction of teeth X-Rays Re-cementing Fillings	70% in-network 30% out-of-network of all covered minor restorative services	30% in-network 70% out-of-network coexpense after \$50 MSRA per Member or \$150 MSRA per Family* *Calendar Year MSRA
Major Dental Services (Oral Surgery, Endodontic/ Periodontal, Prosthodontic) Benefits begin after 12 months of enrollment	Oral surgery Scaling Endodontic treatment of disease Periodontal services Crown build up Denture or bridge General anesthesia and analgesic restoration services	40% in-network 10% out-of-network of all covered major dental services	60% in-network 90% out-of-network coexpense after \$50 MSRA per Member or \$150 MSRA per Family* *Calendar Year MSRA

Eligible Expenses: we will pay for eligible expenses you incur for yourself or on behalf of your dependent. Expenses must be incurred while the policy is in force and the person is covered by the policy. To be an eligible expense, the dental service or procedure must be performed by a dentist, physician or a dental hygienist.

MSRA Amounts: the member shared responsibility (MSRA) is an amount of charges you must incur for yourself or on behalf of your dependents before we start paying benefits. The MSRA will be waived on in-network preventative services.

Maximum Calendar Year Limit: the maximum limit payable for all eligible expenses in any calendar year is shown in the brochure. The maximum calendar year limit, if any, will apply to each person covered under the policy. The calendar year begins on January 1st and ends December 31st of each year.

Dentemax Dental Network: this membership is designed to use the Dentemax Dental Network. You are permitted to see any dentist you choose within their network. To find a Dentemax provider, please visit our website at www.dentemax.com.

Out-of-Network MAC Fees: while you are permitted to see any dentist you choose, out-of-network cost sharing will be paid based on MAC fees which is the Maximum Allowable Charge of a pre-determined fee schedule used to pay out-of-network claims. You may be responsible for the difference between the MAC and the actual dental charge from an out-of-network provider. Using an out-of-network provider will result in decreased savings on your dental services.

Eligibility: membership is offered to individuals plus their eligible dependents (spouse and unmarried children from birth to age 19; extended to age 26 if child is a full-time student). This may vary based on state requirements.

Summary of Services, Eligible Sharing, and Limits, Cont.

Termination of Membership: membership terminates on the earliest of the following dates:

- (A) the last day of the month in which you cease to be eligible for sharing;
- (B) the last day of the month in which your dependent is no longer a dependent as defined;
- (C) subject to the grace period, the last day of the month for which a membership has been paid by you or on your behalf;
- (D) or the date the master policy ends.

Effective Date: you and your dependents are eligible for cost sharing on the later of two dates: 1) the date we accept your enrollment and determine an effective date; or 2) the date you first acquire a dependent, if the date is after your coverage begins.

Effective dates will be the first or fifteenth of each month.

Reasonable and Customary: reasonable and customary means the usual, customary and regular charges for the area where such expenses are incurred.

No cost sharing is available under the membership for the services listed below. In addition, the services listed below will not be recognized toward the satisfaction of any MSRA.

Services not available include but are not limited to:

1. Any service started or appliance installed before the effective date or after the termination date, except in those instances noted in this certificate;
2. Any service, which may not reasonably be expected to successfully correct the patient's dental condition for a period of at least 3 years, as determined by us;
3. Any procedure we determine is not necessary, does not offer a favorable prognosis, does not have uniform professional endorsements or is experimental in nature;
4. Crowns, inlays, onlays, cast restorations, or other laboratory prepared restorations on teeth, which may be satisfactorily restored with an amalgam or composite resin filling;
5. Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
6. Appliances, services or procedures relating to:
 - i. the change or maintenance of vertical dimension;
 - ii. restoration of occlusion (unless otherwise noted in the schedule of covered procedures - only for occlusal guards);
 - iii. splinting;
 - iv. correction of attrition, abrasion, erosion or abfraction;
 - v. bite registration; or
 - vi. bite analysis;
7. Replacement of bridges;
8. Replacement of full or partial dentures;
9. Replacement of crowns, inlays, or onlays;
10. For orthodontia services;
11. Services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
12. Charges for implants of any type, and all related procedures, removal of implants, precision or semi-precision attachments, denture duplication, overdentures and any associated surgery, or other customized Services or attachments;

Summary of Services, Eligible Sharing, and Limits, Cont.

13. Athletic mouth guards; myofunctional therapy; treatment for malignancies, cysts and neoplasms; failure to keep scheduled appointment; charges for completion of claim forms, infection control; precision or semi-precision attachments; denture duplication; oral hygiene instruction; separate charges for acid etch; charges for travel time; transportation costs; professional advice; treatment of jaw fractures; orthognathic surgery; exams required by a third party other than us, personal supplies (e.g., water pik, toothbrush, floss holder, etc.); or replacement of lost or stolen appliances;
14. Prescription drugs, premedication, pharmaceuticals, or analgesia;
15. Dental disease, defect or injury caused by a declared or undeclared war or any act of war or terrorism or taking part in an insurrection or riot; the commission or attempted commission of a crime; an intentionally self-inflicted injury or attempted suicide while sane or insane;
16. Dental treatment not approved by the American Dental Association or which is clearly experimental in nature;
17. Any charge for a service for which benefits are available under Worker's Compensation or an occupational disease act or law, even if you did not purchase the coverage that is available to you (unless you are not required to be covered under Worker's Compensation);
18. Any charge for a service performed outside of the United States other than for emergency treatment. Benefits for emergency treatment performed outside of the United States are limited to a maximum of \$100 per plan;
19. The initial placement of a removable full denture or a removable partial denture unless it includes the replacement of a natural tooth extracted while the person is insured under the policy;
20. The initial placement of a fixed partial denture including a Maryland bridge, unless it includes the replacement of a natural tooth extracted while the person is insured under the policy, provided that tooth was not an abutment to an existing partial denture;
21. The replacement of teeth beyond the normal complement of 32;
22. The replacement of an existing removable partial denture with a fixed partial denture unless upgrading to a fixed partial denture is essential to the correction of the covered person's dental condition;
23. Local anesthetic, including light anesthetic, as a separate fee;
24. Any treatment plan which involves full-mouth reconstruction by the removal and reestablishment of occlusal contacts of 10 or more teeth with restorations, crowns, onlays, inlays, fixed partial dentures, dentures, or any combination of these services;
25. Services with respect to congenital (hereditary) or developmental (before birth) malformations, except during the 31 day period immediately following the birth of your child, including but not limited to; cleft palate, maxillary and mandibular (upper and lower) malformations, enamel hypoplasia (lack of development), fluorosis, and anodontia;
26. Dental care paid for, required, or provided by or under the laws of a national, state, local or provincial government, or treatment furnished within a hospital or other facility owned or operated by a national or state government unless the insured person has a legal obligation to pay;
27. Dental services performed in a hospital and related hospital fees; Services covered under an existing medical plan;
28. The portion of an expense which is in excess of the reasonable charge; Fees associated with a cancelled or missed appointment;
29. General anesthesia and I.V. sedation, unless deemed medically necessary as determined by a professional consultant.

Missing teeth limitation: we will not pay benefits for replacement of teeth missing on an enrolled member's effective date of cost sharing under this certificate for the purpose of the initial placement of a full denture, partial denture or fixed bridge.

LEGAL NOTICES

The following legal notices are the result of discussions by Unity HealthShareSM or other healthcare sharing ministries with several state regulators and are part of an effort to ensure that Sharing Members understand that Unity HealthShareSM is not an insurance company and that it does not guarantee payment of medical costs. Our role is to enable self-pay patients to help fellow Americans through voluntary financial gifts.

GENERAL LEGAL NOTICE

This program is not an insurance company nor is it offered through an insurance company. This program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills.

STATE SPECIFIC NOTICES

Alabama Code Title 22-6A-2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Arizona Statute 20-122

Notice: the organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Arkansas Code 23-60-104.2

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Florida Statute 624.1265

Unity HealthShare is not an insurance company, and membership is not offered through an insurance company. Unity HealthShare is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code.

Georgia Statute 33-1-20

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Idaho Statute 41-121

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Illinois Statute 215-5/4-Class 1-b

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Indiana Code 27-1-2.1

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Kentucky Revised Statute 304.1-120 (7)

Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any participant shall be compelled by law to contribute toward your medical bills. Whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

Louisiana Revised Statute Title 22-318,319

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine Revised Statute Title 24-A, §704, sub-§3

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Maryland Article 48, Section 1-202(4)

Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

Mississippi Title 83-77-1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Missouri Section 376.1750

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Nebraska Revised Statute Chapter 44-311

IMPORTANT NOTICE. This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

New Hampshire Section 126-V:1

IMPORTANT NOTICE This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

North Carolina Statute 58-49-12

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Pennsylvania 40 Penn. Statute Section 23(b)

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South Dakota Statute Title 58-1-3.3

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Texas Code Title 8, K, 1681.001

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

Virginia Code 38.2-6300-6301

Notice: This publication is not insurance, and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Wisconsin Statute 600.01 (1) (b) (9)

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This is NOT Insurance.

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