

## Dental Benefit Highlights

<div>Reward Plan</div> <div>Dental Benefit Highlights</div>	PLAN PAYS		
	1ST YEAR	2ND YEAR	3RD YEAR
<div>DIAGNOSTIC &amp; PREVENTIVE SERVICES</div> <div>Diagnostic and Preventive Services—exams, cleanings, fluoride and space maintainers</div> <div>Brush Biopsy—to detect oral cancer</div> <div>Radiographs—X-rays</div>	100%	100%	100%
<div>BASIC SERVICES</div> <div>Sealants—to prevent decay of permanent molars</div> <div>Emergency Palliative Treatment—to temporarily relieve pain</div> <div>Periodontic Services—to treat gum disease</div> <div>Endodontic Services—root canals</div> <div>Oral Surgery Services—extractions and dental surgery</div> <div>Minor Restorative Services—fillings</div>	80%	80%	80%
<div>MAJOR SERVICES</div> <div>Major Restorative Services—crowns</div> <div>Prosthodontic Services—bridges, implants and dentures</div> <div>Relines and Repairs—to bridges, implants and dentures</div>	0%	50%	50%
<div>ORTHODONTICS</div> <div>Orthodontic Services—braces (until 19 years of age)</div> <div>Orthodontic Lifetime Maximum</div> <div>Orthodontic Lifetime Deductible—per enrollee</div>	0%	0%	50%
	Not Covered		\$1000
	Not Covered		\$50
ALLOWED AMOUNTS / MAXIMUMS / DEDUCTIBLES			
Allowed Amounts—fee schedule for in-network and out-of-network providers	PPO Fee/ 80 <sup>th</sup> Percentile		
Policy Year Maximum—applies to Diagnostic & Preventive, Basic and Major Services	\$750	\$1,000	\$1,500
Policy Year Deductible—per enrollee/per family per policy year. Applies to all services except Diagnostic & Preventive Services and Orthodontics.	\$50/\$150	\$50/\$150	\$50/\$150

Find an in-network dentist at:  
***MyRenProviders.com***

Note: The above schedule of benefits is meant to be a summary of coverage. Please see the insured certificate for a legal interpretation of benefits. EXCLUSIONS: Cosmetic surgery or dentistry for aesthetic reasons (except reconstructive surgery for children because of congenital disease or anomaly); general anesthesia and/or intravenous sedation; treatment by anyone other than a licensed dentist or dental hygienist; veneers; services related to temporomandibular disorders ("TMD"); prefabricated crowns as final restoration on permanent teeth and paste-type root canal fillings on permanent teeth; appliances, procedures and restorations for increasing vertical dimension, occlusion, tooth structure loss due to attrition, abrasion or erosion, or for periodontal splinting; lost, missing or stolen appliances; services not in the Certificate of Coverage and/or Summary of Dental Plan Benefits. LIMITATIONS: Coverage for services may be limited based on the age of the person receiving the services; coverage for certain services may be limited to a maximum number of occurrences during a specified time period (such as two times per year or one time every three years). The premium rate will vary between plans. The Certificate of Coverage has a term of one year and will automatically renew (upon payment of required premium) unless terminated in accordance with its provisions. Coverage may be terminated for reasons stated in the Certificate of Coverage. Coverage ceases upon termination. Products and services referred to herein may not be available in all states or jurisdictions.

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN, and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY. Both companies can be reached at PO Box 1596, Indianapolis, IN 46206. Products not available in all states and jurisdictions.