

Reward Plan dental benefit highlights:

	Plan pays		
	1 st year	2 nd year	3 rd year
Diagnostic and preventive services			
Diagnostic and preventive services—including exams, cleanings, fluoride and space maintainers	100%	100%	100%
Brush biopsy—to detect oral cancer	100%	100%	100%
Radiographs—X-rays	100%	100%	100%
Basic services			
Sealants—to prevent decay of permanent molars	80%	80%	80%
Emergency palliative treatment—to temporarily relieve pain	80%	80%	80%
Periodontic services—to treat gum disease	80%	80%	80%
Endodontic services—root canals	80%	80%	80%
Oral surgery services—extractions and dental surgery	80%	80%	80%
Minor restorative services—fillings	80%	80%	80%
Major services			
Relines and repairs—to bridges, implants, and dentures	0%	50%	50%
Major restorative services—crowns	0%	50%	50%
Prosthodontic services—bridges, implants and dentures	0%	50%	50%
Orthodontics			
Orthodontic services—braces	0%	0%	50%
Orthodontic age limit	Not covered	Not covered	19
Orthodontic maximum	Not covered	Not covered	\$1,000
Orthodontic lifetime deductible—per enrollee	Not covered	Not covered	\$50
Annual maximum			
Policy year maximum payment—applies to diagnostic and preventive, basic and major services	\$750	\$1,000	\$1,500
Annual deductible			
Policy year deductible (enrollee/family maximum)—applies to all services except diagnostic and preventive services and orthodontics	\$50/\$150	\$50/\$150	\$50/\$150
Allowed amounts			
In-network providers	PPO Fee	PPO Fee	PPO Fee
Out-of-network providers	80 th percentile	80 th percentile	80 th percentile

Dental coverage outside the state of New York is underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN. Coverage in New York state is underwritten by Renaissance Health Insurance Company of New York in New York, NY. Both companies can be reached at PO Box 1596, Indianapolis, IN 46206. Plans not available in California, Connecticut, Illinois, New Hampshire or Washington.



Reward Plan rates:

Rates—guaranteed for one year				Rating areas	
Rates per subscriber per month	Employee only	Employee + one dependent	Employee + two or more dependents	Area	States
Area 1	\$23.23	\$45.29	\$67.36	Area 1	AL, DC, KY, MS, WV
Area 2	\$25.79	\$50.27	\$74.78	Area 2	AR, KS, LA, NC, ND, NE, PA, SC, TN, VA
Area 3	\$28.61	\$55.81	\$83.00	Area 3	GA, HI, IA, IN, MD, SD, TX, WY
Area 4	\$31.77	\$61.95	\$92.13	Area 4	CO, FL, ME, MN, MO, OH, OK, RI, VT
Area 5	\$35.27	\$68.76	\$102.26	Area 5	DE, MA, MI, NY, WI
Area 6	\$39.14	\$76.33	\$113.49	Area 6	AZ, ID, NV, OR, UT
Area 7	\$43.45	\$84.71	\$126.00	Area 7	NJ

Rating assumptions

The rates are based on the census data that you provided to us. If the census data changes by more than 10 percent, these rates are not valid.

Rates do not include any applicable state claims taxes. The rates are valid only for the effective date noted below and are guaranteed for a one-year fully-insured contract.

Self-billing is not allowed and you agree to pay as invoiced each month.

Standard subscriber materials will be provided to you to distribute to your members. These include the Summary of Dental Plan Benefits, Certificate and ID cards.

Printed dentist directories are not included. You can find participating dentists on our website at www.renaissancedental.com.

Unmarried dependent children are eligible to the end of the calendar year of their 19th birthday, or to their 25th birthday if a member of the subscriber's household for federal income tax purposes.

The plan specifications are subject to the following exclusions and limitations:

- No pre-existing condition exclusions or limitations.
- Oral exams and prophylaxes are payable twice per policy year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Crowns, bridges, dentures and implants are payable once per tooth per five-year period.

Non-standard limitations:

- Bitewing X-rays are payable twice per policy year and full mouth X-rays are payable once in any three-year period.
- Fluoride treatments (to age 18) are payable once per policy year.
- Sealants are payable only for the occlusal surface of first and second permanent molars to age 18. The surface must be free from decay and restorations. Sealants are payable once per tooth per 36 months.
- Posterior composite resins are not a covered benefit.
- Periodontal prophylaxes are covered once every three months.

Rating requirements

Minimum client contributions: 0 percent for employee and 0 percent for dependent(s)

Maximum number of subclients: 10

Rates are valid for effective dates between July 1, 2015, and June 1, 2016.

Once eligible, Certificate Holders and their Eligible Dependents must enroll for coverage under this Policy within 30 days from the date upon which such Certificate Holder or Eligible Dependents become eligible for Benefits.

Rating options

Option to adjust allowed amounts for out-of-network providers to 90th percentile is a 2 percent rate increase.

Learn more at www.renaissancedental.com
or call (800) 963-4596.

