

Renaissance Life & Health Insurance Company of America

Renaissance Group Dental Certificate Summary of Dental Plan Benefits For Group # 3605 American Better Health Organization

This Summary of Dental Plan Benefits is part of, and should be read in conjunction with, your Group Dental Certificate. Your Group Dental Certificate will provide you with additional information about your RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA (“RLHICA”) coverage, including information about exclusions and limitations.

Benefit Year – Based on Member’s Eligibility effective date

Covered Services	RLHICA Pays	You Pay
Diagnostic and Preventive Services		
Diagnostic and Preventive Services - Used to evaluate existing conditions and/or to prevent dental abnormalities or disease (includes exams, cleanings, bitewing X-rays and fluoride treatments)	100%	0%
Brush Biopsy – Used to detect oral cancer	100%	0%
Basic Services		
Emergency Palliative Treatment - Used to temporarily relieve pain	80%	20%
Radiographs/Diagnostic Imaging/Diagnostic Casts - X-rays as required for routine care or as necessary for the diagnosis of a specific condition	100%	0%
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, silver fillings and white fillings)	80%	20%
Simple Extractions – Simple extractions including local anesthesia, suturing, if needed and routine post-operative care	80%	20%
Sealants – Sealants for the occlusal surface of first and second permanent molars	100%	0%
Periodontal Maintenance – Periodontal maintenance following active periodontal therapy	80%	20%
After-Hours Visits – Services performed by a dentist during after-hours visits	80%	20%
Major Services		
Oral Surgery Services – Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine post-operative care	50%	50%
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals)	50%	50%
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth	50%	50%
Major Restorative Services – Used when teeth can't be restored with another filling material (for example, crowns)	50%	50%
Prosthodontic Services – Used to replace missing natural teeth (for example, bridges, endosteal implants, partial dentures, and complete dentures)	50%	50%
Relines and Repairs – Relines and repairs to fixed bridges, partial dentures, and complete dentures	50%	50%
Other Major Services – Limited occlusal adjustments	50%	50%
Orthodontic Services		
Orthodontic Services – Services, treatment, and procedures to correct malposed teeth (for example, braces)	0%	100%

Policyholder has not selected Orthodontic Services under this Policy.

Method of Payment –Payment for Covered Services will be based on the Allowed Amount method of payment. If the Submitted Amount is more than the Allowed Amount, you are not only responsible for paying the Dentist that percentage listed in the “You Pay” column, but are also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

Maximum Payment – \$1,000 per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively

Maximum Carryover – If at least one Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, \$250 will carry over to the next Benefit Year’s Maximum Payment. This amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000

Deductible – \$50 Deductible per person per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to Benefits payable at 100% or Orthodontic Services.

Waiting Period – All members (and their Eligible Dependents, if covered above) will be eligible for enrollment on the next available effective date.

All members (and their Eligible Dependents, if covered above) will be eligible for Major Services 12 months following the date the Certificate Holder or Eligible Dependent is enrolled under a voluntary group plan. (Eligible Dependents enrolled after your date of enrollment will have their own waiting period).

Eligibility (Certificate Holder and Eligible Dependents) - All due-paying members in good standing and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law. (“COBRA”)

Where two individuals are eligible under the same group and are legally married to each other, they will be enrolled under one application and will receive Benefits under a single Certificate without coordination of benefits under the Policy.

You pay the full cost of this coverage.

Benefits will cease on the last day of the month in which your employment is terminated, subject to all applicable laws or regulations.