Renaissance® DENTAL & VISION

ACTIVE LIFESTYLES DENTAL BENEFITS:
Bright, Essentials - MAC

DENTAL BENEFIT HIGHLIGHTS

Bright, Essentials - MAC

	BRIGHT, ESSENTIALS - MAC	
	IN-NETWORK	OUT-OF-NETWORK
Diagnostic & Preventive Services Diagnostic and Preventive Services—exams, cleanings, fluoride and space maintainers Brush Biopsy—to detect oral cancer Radiographs—bitewing x-rays Emergency Palliative Treatment—to temporarily relieve pain	100%	100%
Basic Services 6 month waiting period Radiographs—other x-rays Minor Restorative Services—fillings Simple Extractions— non complicated extractions	50%	50%
Major Services All Other Periodontic Services—to treat gum disease Endodontic Services—root canal All Other Oral Surgery Services—complex extractions and dental surgery Major Restorative Services—crowns Prosthodontic Services—bridges, implants and dentures	0%	0%
Orthodontics Orthodontic Services—braces	0%	0%
ADDITIONAL PLAN INFORMATION		
Allowed Amounts—fee schedule for in-network and out-of-network providers	MAC	MAC
Benefit Year Maximum—per person, per benefit year. applies to all services except Orthodontic.	$1,000	$1,000
Orthodontic Lifetime Maximum	Not covered	
Benefit Year Deductible—per person/per family per benefit year.	$0.00	

FIND AN IN-NETWORK DENTIST AT: **MYRENPROVIDERS.COM**

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Active Lifestyles

COVERAGE CATEGORIES, EXCLUSIONS AND LIMITATIONS OF ACTIVE LIFESTYLES DENTAL BENEFITS

COVERED SERVICES: We agree to provide Benefits to you and your Eligible Dependents under our policies and procedures and under the terms and conditions, as applicable ("This Plan"), including, but not limited to, the categories, exclusions and limitations listed below.

A. DIAGNOSTIC AND PREVENTIVE SERVICES:

Services and procedures to evaluate existing conditions and/or to prevent dental abnormalities or disease. These services include oral evaluations (examinations), prophylaxes (cleanings), bitewing X-rays and fluoride treatments. These services are subject to the following exclusions and limitations:

1. Topical fluoride treatments are payable twice in any Benefit Year for Children under age 14;
2. Oral examinations submitted as a consultation or evaluation are payable twice in any Benefit Year, whether provided under one or more RLHICA Plans;
3. Prophylaxes, including periodontal maintenance procedures, are payable twice in any Benefit Year;
4. Bitewing X-rays are payable once in any Benefit Year;
5. Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age 14;
6. RLHICA will not make payment for preventive control programs, including home care items, oral hygiene instructions, nutritional counseling, and tobacco counseling and all charges for the same will be your responsibility;
7. RLHICA will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology or pathology) and caries susceptibility tests and all charges for the same will be your responsibility unless otherwise indicated in the Summary of Dental Plan Benefits Section or in this Certificate.

B. BRUSH BIOPSY:

Oral brush biopsy procedure and laboratory analysis used to detect oral cancer, an important tool that uses technology to identify and analyze precancerous and cancerous cells.

BASIC SERVICES:

Emergency Palliative Treatment: Emergency treatment to temporarily relieve pain is not a Covered Service when done in conjunction with any services except X-rays, tests or examinations.
Radiographs (X-rays)/Diagnostic Imaging/Diagnostic Casts X-rays: as required for routine care or as necessary for the diagnosis of a specific condition, subject to the following exclusions and limitations:

1. Full mouth X-rays (which include bitewing X-rays) or a panoramic X-ray (with or without bitewing X-rays) are payable once in any 5 year period;
2. A serial listing of X-rays is paid as a full mouth series if the total fee equals or exceeds the fee for a complete series;
3. Any supplemental films with a full mouth series are part of the complete procedure;
4. Cephalometric films, oral/facial images or diagnostic casts are not payable except in conjunction with Orthodontic Services and all charges for the same will be your responsibility;
5. Posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable and all charges for the same will be your responsibility.

Minor Restorative Services: Minor restorative services to rebuild and repair natural tooth structure when damaged by disease or injury. These services include amalgam (silver) and composite resin (white) restorations (fillings), subject to the following exclusions and limitations:

1. Amalgam and composite resin restorations are payable once per tooth surface within a 24 month period regardless of the number or combination of restorations placed on a surface;
2. RLHICA will not make payment for dentistry for aesthetic reasons and all charges for the same will be your responsibility.

Simple Extractions: Simple extractions including local anesthesia, suturing, if needed, and routine post-operative care.
Sealants: Sealants are not a Covered Service and all charges for the same will be your responsibility.
Periodontal Maintenance Following Therapy: Periodontal maintenance following active periodontal therapy procedures are not a Covered Service and all charges for the same will be your responsibility.
Other Basic Services: After hours visits are not a Covered Service and all charges for the same will be your responsibility.

MAJOR SERVICES:

Major Services are not a Covered Service and all charges for the same will be your responsibility.

ORAL SURGERY:

Oral Surgery is not a Covered Service and all charges for the same will be your responsibility.

ENDODONTIC SERVICES:

Endodontic services are not a Covered Service and all charges for the same will be your responsibility.

MAXILLOFACIAL PROSTHETICS:

RLHICA will not make payment for maxillofacial prosthetics and all charges for the same will be your responsibility.

PERIODONTIC SERVICES:

Periodontic Services are not a Covered Service and all charges for the same will be your responsibility.

MAJOR RESTORATIVE SERVICES:

Major Restorative Services are not a Covered Service and all charges for the same will be your responsibility.

PROSTHODONTIC SERVICES:
Prosthodontic Services are not a Covered Service and all charges for the same will be your responsibility.

RELINES AND REPAIRS:
Relines and repairs are not a Covered Service and all charges for the same will be your responsibility.

OTHER MAJOR SERVICES:
Oher Major Services are not a Covered Service and all charges for the same will be your responsibility.

ORTHODONTIC SERVICES:
No person will be eligible for Orthodontic Services under the Policy unless Orthodontic Services are provided for in the Summary of Dental Plan Benefits Section. Services, treatment, and procedures to correct malposed teeth (i.e: braces), are subject to the following exclusions and limitations:

1. RLHICA's payment for Orthodontic Services will be limited to the lifetime Maximum Payment specified in the Summary of Dental Plan Benefits Section;
2. Orthodontic Services are payable until the end of the calendar year of the 19th birthday of you or your Eligible Dependent unless otherwise specified in the Summary of Dental Plan Benefits Section;
3. RLHICA's payment for Orthodontic Retention Services (removal of appliances, construction and placement of retainer) is included in its payment of overall Orthodontic Services. If a Dentist bills these services separately, payment will be denied.
4. If the treatment plan is terminated before completion of the case for any reason, RLHICA's obligation will cease with payment up to the date of termination;
5. The Dentist may terminate treatment, with written notification to RLHICA and to the patient, for lack of patient cooperation and interest. In those cases, RLHICA's obligation for payment ends on the last day of the month in which the patient was last treated;
6. RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility: lost, missing, or stolen appliances of any type and replacement or repair of an orthodontic appliance.

EXCLUSIONS:
In addition to the exclusions listed above, RLHICA will not make payment for the following services, items or supplies and all charges for the same will be your responsibility, unless otherwise specified in the Summary of Dental Plan Benefits Section:

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Services that are received from any government agency, political subdivision, community agency, foundation or similar entity. (NOTE: This provision does not apply to any programs provided under Title XIX of the Social Security Act, that is, Medicaid;)
2. Services or appliances started prior to the date the person became eligible under this plan, excluding orthodontic treatment in progress (if a Covered Service);
3. Charges for failure to keep a scheduled visit with the dentist;
4. Charges for completion of forms or submission of claims;
5. Services, items or supplies for which no valid dental need can be demonstrated, as determined by RLHICA;
6. Services, items or supplies that are specialized techniques, as determined by RLHICA;
7. Services, items or supplies that are investigational in nature, including services or supplies required to treat complications from investigational procedures, as determined by RLHICA;
8. Treatment by someone other than a dentist, except for services performed by a licensed dental hygienist or other licensed provider under the scope of his or her license as permitted by applicable state law;
9. Services, items or supplies excluded by the policies and procedures of RLHICA;
10. Services, items or supplies which are not rendered in accepted standards of dental practice, as determined by RLHICA;
11. Services, items or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared;
12. Services, items or supplies that are generally covered under a hospital, surgical/medical, or prescription drug program;
13. Prescription drugs, non-prescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, nonintravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards, house/extended care facility visits, mounted occlusal analysis, complete occlusal adjustments, enamel microabrasions, odontoplasty, or bleaching.
14. Correction of congenital or developmental malformations, cosmetic surgery or dentistry for aesthetic reasons as determined by RLHICA;
15. Any appliance or surgical procedure used to: (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace tooth structure lost as a result of abrasion, attrition, abfraction or erosion; and (d) splint or stabilize teeth for periodontal reasons.
16. Local anesthesia
17. Gingivetomy as an aid to the placement of a restoration.

LIMITATIONS:
In addition to the limitations listed in the Benefits Section, the following limitations apply under this plan, unless otherwise specified in the Summary of Dental Plan Benefits Section:

1. RLHICA's obligation for payment of benefits ends on the last day of the month in which coverage is terminated under this plan;
2. When services in progress are interrupted and completed later by another dentist, RLHICA will review the claim to determine the amount of payment, if any, to each dentist;
3. Care terminated due to the death of a Certificate Holder or Eligible Dependent will be paid to the limit of RLHICA's liability for the services completed or in progress;
4. The Maximum Payment will be limited to the amount specified in the Summary of Dental Plan Benefits Section;
5. If a deductible amount is specified in the Summary of Dental Plan Benefits Section, RLHICA will not be obligated to pay, in whole or in part, for any services, items or supplies to which the deductible applies, until the deductible amount is met.

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 may be reached at PO Box 1596, Indianapolis, IN 46206. Products may not be available in all states or jurisdictions.