



DENTAL • VISION • LIFE • DISABILITY

Renaissance Dental provides flexible, affordable benefit solutions with a wide range of providers to give you the best value.

Below is an overview of your company's Dental proposal. On behalf of all the employees at Renaissance, thank you for the opportunity to earn your business.

Dental Benefit Highlights: Coverage effective January 1, 2019

St Moritz

Category	PPO Dentist	Non-Participating Dentist
<b>Diagnostic &amp; Preventive Services</b>		
<b>Diagnostic and Preventive Services</b> – includes exams, cleanings, fluoride, and space maintainers	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%
<b>Radiographs</b> – X-rays	100%	100%
<b>Basic Services - Non TX Residents / TX Residents</b>		
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	90% / 80%	80%
<b>Periodontal Maintenance</b> – cleanings by a specialist	90% / 80%	80%
<b>Simple Extractions</b> – non complicated extractions	90% / 80%	80%
<b>Minor Restorative Services</b> – fillings	90% / 80%	80%
<b>Other Basic Services</b> – misc. services	90% / 80%	80%
<b>Major Services - Non TX Residents / TX Residents</b>		
<b>All Other Periodontic Services</b> – to treat gum disease	60% / 50%	50%
<b>Endodontic Services</b> – root canals	60% / 50%	50%
<b>All Other Oral Surgery Services</b> – complex extractions and dental surgery	60% / 50%	50%
<b>Major Restorative Services</b> – crowns and veneers	60% / 50%	50%
<b>Prosthodontic Services</b> – bridges, implants, and dentures	60% / 50%	50%
<b>Relines and Repairs</b> – to bridges and dentures	60% / 50%	50%
<b>Maximum Payment &amp; Deductible</b>		
<b>Maximum Payment Per Calendar Year Per Person Total</b> - Includes Rollover	\$1,000	\$1,000
<b>Deductible – Individual Per Calendar Year</b>	\$50	\$50
<b>Deductible – Family Per Calendar Year</b>	\$150	\$150
<b>Orthodontics</b>		
<b>Orthodontic Services</b> – braces	50%	50%
<b>Orthodontic Lifetime Benefit Limit</b>	\$1,000	\$1,000
<b>Orthodontic Age Limit</b>	19	19
<b>Allowed Amount</b>		
<b>Allowed Amount</b>	PPO Fee	90th Percentile
	<b>Monthly Dental Rates (guaranteed two years)</b>	
<b>Employee Only</b>	\$22.18	
<b>Employee &amp; Spouse</b>	\$47.87	
<b>Employee &amp; Child(ren)</b>	\$54.96	
<b>Employee, Spouse, &amp; Child(ren)</b>	\$87.68	

**Additional dental proposal information:**

**Waiting Period:** The following waiting period(s) apply to any person who was not covered under this employers immediately preceding group dental plan that had comparable benefits and any future enrollees. Endodontics, Periodontics (other than Periodontic Maintenance), and Complex Oral Surgery will not be covered until after a person is enrolled in the dental plan for 12 consecutive months. Major Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months. Orthodontics will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

**Maximum Payment:** Per person total per calendar year on Diagnostic & Preventive Services, Basic Services, and Major Services. Plan payment will not exceed the higher amount shown in any benefit period or lifetime.

**Deductible:** Per person total per calendar year limited to a maximum family deductible per calendar year. The deductible does not apply to Diagnostic & Preventive or Orthodontics.

Adding Renaissance Vision coverage to your dental plan couldn't be easier. You may purchase our vision coverage as a standalone benefit or bundle dental and vision for easy administration.

Renaissance vision coverage is administered by VSP. With over 65 million members and more than 31,000 doctors, VSP boasts the largest national network of independent doctors.<sup>1</sup> Eye care professionals across the nation partner with VSP to deliver the best patient experience. You'll be thrilled by the large selection of eyewear available to you, from classic styles to trendy frames, and you'll find hundreds of options to choose from. Frames include dozens of top brand names, so you can find one that fits your personality.

### Vision Coverage through VSP Eye Doctors

The best eye doctors provide the best care. VSP carefully chooses eye doctors based on their professional licensing, work history, education, professional liability and ethics. Vision members will receive quality care with an eye exam from a VSP doctor.

- **Certified care:** VSP optometrists are Therapeutic Pharmaceutical Agent (TPA) certified and ophthalmologists are American Board of Ophthalmology (ABO) certified.
- **Excellent standards:** The VSP credentialing process complies with the National Committee for Quality Assurance (NCQA) standards.

### All VSP Doctor Locations

Accept new patients, provide a WellVision Exam and offer a wide selection of contact lenses and frame brands.

Your Coverage with VSP Doctors and Affiliate Providers		Plan C
VSP Doctor Network: VSP Choice	Copay	Frequency
<b>WellVision Exam</b>		
<ul style="list-style-type: none"> <li>● Focuses on your eyes and overall wellness</li> </ul>	\$10	Every 12 months
<b>Prescription Glasses</b>	\$25	See frame and lenses
<b>Frame</b>		
<ul style="list-style-type: none"> <li>● \$150 allowance for a wide selection of frames</li> <li>● 20 percent savings on the amount over your allowance</li> </ul>	Included in prescription glasses	Every 12 months
<b>Lenses</b>		
<ul style="list-style-type: none"> <li>● Single vision, lined bifocal, lined trifocal and lenticular lenses</li> <li>● Polycarbonate lenses for dependent children</li> </ul>	Included in prescription glasses	Every 12 months
<b>Lens Enhancements</b>		
<ul style="list-style-type: none"> <li>● Standard progressive lenses</li> <li>● Premium progressive lenses</li> <li>● Custom progressive lenses</li> <li>● Average savings of 20–25 percent on other lens enhancements</li> </ul>	\$55 \$95-\$105 \$150-\$175	Every 12 months
<b>Contacts (instead of glasses)</b>		
<ul style="list-style-type: none"> <li>● \$150 allowance for contacts; copay does not apply</li> <li>● Contact lens exam (evaluation and fitting)</li> </ul> (Medically necessary covered in full after \$25 copay)	Up to \$60 (applies to contact evaluation and fitting)	Every 12 months

### Extra Savings

#### Glasses and Sunglasses

- 20 percent savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your WellVision Exam.

#### Contacts

- 15 percent savings on a contact lens exam (fitting and evaluation)

#### Laser Vision Correction

- Average 15 percent off the regular price or 5 percent off the promotional price; discounts only available from contracted facilities.

### Your Coverage with Other Providers<sup>2</sup>

Visit [www.vsp.com](http://www.vsp.com) for details, if you plan to see a provider other than a VSP doctor.

- Exam- Up to \$45
- Single vision lenses- Up to \$30
- Lined trifocal lenses- Up to \$65
- Contacts- Up to \$105 (\$210 necessary)
- Frame- Up to \$70
- Lined bifocal lenses- Up to \$50
- Progressive lenses- Up to \$50
- Lenticular lenses- Up to \$100

Contributory Vision Rates	Monthly Vision Rates (guaranteed for two years)
Employee Only	\$8.98
Employee & Spouse	\$14.36
Employee & Child(ren)	\$14.67
Employee, Spouse, & Child(ren)	\$23.63

(1) VSP internal data. (2) Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit [www.myrenbenefits.com](http://www.myrenbenefits.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with Renaissance, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.