

The MAX Choice Plus dental plan promotes the value of maintaining good oral health practices year after year with our most generous annual maximum and *NO waiting periods*. Individuals will save the most money by visiting a dentist who participates in our nationwide PPO network. MAX Choice Plus gives you more value if you visit an out-of-network dentist by paying claims at a higher level of reimbursement than our MAX Choice (PPO MAC) plan option.

|   | Plan Pays <sup>1</sup>              |          |          |
|---|-------------------------------------|----------|----------|
|   | 1st Year                            | 2nd Year | 3rd Year |
| <b>Diagnostic and Preventive Services</b>   |                                     |          |          |
| Diagnostic and Preventive Services—includes exams and cleanings   | 100%                                | 100%     | 100%     |
| Brush Biopsy—to detect oral cancer  | 100%                                | 100%     | 100%     |
| <b>Basic Services</b>   |                                     |          |          |
| Fluoride Treatment—topical application of fluoride  | 40%                                 | 60%      | 80%      |
| Bitewing Radiographs—bitewing X-rays  | 40%                                 | 60%      | 80%      |
| Sealants—to prevent decay of permanent molars   | 40%                                 | 60%      | 80%      |
| Emergency Palliative Treatment—to temporarily relieve pain  | 40%                                 | 60%      | 80%      |
| Space Maintainers—to maintain space   | 40%                                 | 60%      | 80%      |
| <b>Major Services</b>   |                                     |          |          |
| All Other Radiographs—other X-rays  | 20%                                 | 40%      | 50%      |
| Minor Restorative Services—fillings   | 20%                                 | 40%      | 50%      |
| Periodontic Services—to treat gum disease   | 20%                                 | 40%      | 50%      |
| Endodontics Services—root canals  | 20%                                 | 40%      | 50%      |
| Relines and Repairs—to bridges, implants and dentures   | 20%                                 | 40%      | 50%      |
| Oral Surgery Services—extractions and dental surgery  | 20%                                 | 40%      | 50%      |
| Major Restorative Services—crowns   | 20%                                 | 40%      | 50%      |
| Prosthodontic Services—bridges, implants and dentures   | 20%                                 | 40%      | 50%      |
| <b>Orthodontics</b>   |                                     |          |          |
| Orthodontic Services—braces <sup>2</sup>  | 10%                                 | 25%      | 50%      |
| <b>Maximums</b>   |                                     |          |          |
| Policy Year Maximum Payment—applies to diagnostic & preventive, basic, and major services   | \$1,000                             | \$2,000  | \$3,000  |
| Orthodontic Lifetime Maximum  | \$1,200                             | \$1,200  | \$1,200  |
| <b>Annual Deductible</b>  |                                     |          |          |
| Individual Policy Year Deductible—per enrollee applies to all services except in-network diagnostic and preventive services and orthodontics                      | \$50                                | \$50     | \$50     |
| Family Policy Year Deductible—maximum deductible charged per family applies to all services except in-network diagnostic and preventive services and orthodontics | \$150                               | \$150    | \$150    |
| <b>Allowed Amounts</b>  |                                     |          |          |
| Allowed Amounts—in-network/out-of-network   | PPO Fee/80 <sup>th</sup> Percentile |          |          |

(1) When visiting a PPO dentist, out-of-network fees are paid based on PPO Fee Schedule. (2) Up to age 19.

There is a one-time, non-refundable, \$35 set up fee charged with the first month's premium. Rates also include a \$1.00 per month fee for membership in World Travelers of America, Inc. (WTA), and a \$4.00 monthly billing fee. Membership in WTA is required to enroll in this plan. Should an individual decide to enroll in this dental plan, he or she will be prompted during the enrollment process to confirm acceptance of both the membership in WTA and the non-refundable set up charge. Plans not available in Connecticut, Illinois, New Hampshire or Washington. Billing and eligibility administration provided by Morgan White Group.

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.

The MAX Choice dental plan provides the same great coverage as MAX Choice Plus with a traditional annual maximum at an even more affordable price with *NO waiting periods*. MAX Choice is the least expensive option because the plan encourages individuals to visit a PPO participating dentist.

| Dental Benefit Highlights:  | Plan Pays <sup>1</sup> |          |          |
|---|------------------------|----------|----------|
|   | 1st Year               | 2nd Year | 3rd Year |
| <b>Diagnostic And Preventive Services</b>   |                        |          |          |
| Diagnostic and Preventive Services—includes exams and cleanings   | 100%                   | 100%     | 100%     |
| Brush Biopsy—to detect oral cancer  | 100%                   | 100%     | 100%     |
| <b>Basic Services</b>   |                        |          |          |
| Fluoride Treatment—topical application of fluoride  | 40%                    | 60%      | 80%      |
| Bitewing Radiographs—bitewing X-rays  | 40%                    | 60%      | 80%      |
| Sealants—to prevent decay of permanent molars   | 40%                    | 60%      | 80%      |
| Emergency Palliative Treatment—to temporarily relieve pain  | 40%                    | 60%      | 80%      |
| Space Maintainers—to maintain space   | 40%                    | 60%      | 80%      |
| <b>Major Services</b>   |                        |          |          |
| All Other Radiographs—other X-rays  | 20%                    | 40%      | 50%      |
| Minor Restorative Services—fillings   | 20%                    | 40%      | 50%      |
| Periodontic Services—to treat gum disease   | 20%                    | 40%      | 50%      |
| Endodontics Services—root canals  | 20%                    | 40%      | 50%      |
| Relines and Repairs—to bridges, implants and dentures   | 20%                    | 40%      | 50%      |
| Oral Surgery Services—extractions and dental surgery  | 20%                    | 40%      | 50%      |
| Major Restorative Services—crowns   | 20%                    | 40%      | 50%      |
| Prosthodontic Services—bridges, implants and dentures   | 20%                    | 40%      | 50%      |
| <b>Orthodontics</b>   |                        |          |          |
| Orthodontic Services—braces <sup>2</sup>  | 10%                    | 25%      | 50%      |
| <b>Maximums</b>   |                        |          |          |
| Policy Year Maximum Payment—applies to diagnostic & preventive, basic, and major services   | \$1,200                | \$1,200  | \$1,200  |
| Orthodontic Lifetime Maximum  | \$1,200                | \$1,200  | \$1,200  |
| <b>Annual Deductible</b>  |                        |          |          |
| Individual Policy Year Deductible—per enrollee applies to all services except in-network diagnostic and preventive services and orthodontics                      | \$50                   | \$50     | \$50     |
| Family Policy Year Deductible—maximum deductible charged per family applies to all services except in-network diagnostic and preventive services and orthodontics | \$150                  | \$150    | \$150    |
| <b>Allowed Amounts</b>  |                        |          |          |
| Allowed Amount—in- and out-of network   | PPO Fee                |          |          |

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