

Marketed by:

PIVOT HEALTH
A HealthCare.com Company

Underwritten by:

 Renaissance.
Dental & Vision



Brilliant Dental™

With optional vision benefits

*Dental and vision products are marketed by Pivot Health and 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.

Non-insurance association benefits are included with membership in Communicating for America.

DENTALVI-031121

Dental and Vision Benefits

Dental

Affordable dental and vision benefits are within reach for children, adults and seniors looking to protect their smile. Our dental plans include:

- Eligibility for ages 18+ (child dependents eligible from birth until age 26)
- No waiting periods for benefits on select plans
- Option to start coverage the next day after enrollment
- Some benefits and annual maximums increase at the beginning of the second and third coverage periods
- Routine cleanings paid at 100%
- X-rays
- Basic services, like fillings, sealants and extractions
- Major services, like crowns, oral surgery and implants on select plans
- Orthodontia option available for children under age 19 on select plans

Vision

Individuals have the option to add vision insurance at the time of application and save on costly - but necessary - vision expenses like exams, prescription lenses, frames and more.

- One exam every benefit period
- Exams, contacts, frames covered in full if in network (subject to co-pays and maximums)
- Low vision benefits - professional services for severe visual problems

Dental Network

Through Renaissance dental network partners, Pivot Health’s Brilliant Dental™ plans offer access to over 300,000 nationally credentialed PPO network access points.* While you may save the most money by visiting a dentist in the Renaissance PPO network, you are welcome to visit any licensed dentist in the U.S. See dental providers through MyRenProviders.com.

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Dental Plan Details

Dental	Value Plan	Essential Plan			Maximum Plan		
Benefits	Six month waiting period applies to Basic Services	Year 1	Year 2	Year 3+	Year 1	Year 2	Year 3+
Preventive/ Diagnostic Services*	Insurance pays	Insurance pays			Insurance pays		
Exams	100%	100%			100%		
Prophylaxis (cleaning)	100%	100%			100%		
Bitewing X-ray	100%	100%			100%		
Fluoride to age 19	100%	100%			100%		
Benefit year deductible	\$50 per person, \$150 per family^	\$50 per person, \$150 per family^			\$50 per person, \$150 per family		
Basic Services*	Insurance pays	Insurance pays			Insurance pays		
Sealants to age 16	80%	40%	60%	80%	60%	70%	80%
Space maintainers to age 14	80%	40%	60%	80%	60%	70%	80%
Full mouth X-ray	80%	See Major Services			See Major Services		
Fillings	80%	40%	60%	80%	60%	70%	80%
Simple extractions	80%	40%	60%	80%	60%	70%	80%
Major Services*	Insurance pays	Insurance pays			Insurance pays		
Other X-rays	0%	10%	20%	30%	20%	35%	50%
Periodontics	0%	10%	20%	30%	20%	35%	50%
Endodontics	0%	10%	20%	30%	20%	35%	50%
Oral Surgery	0%	10%	20%	30%	20%	35%	50%
Crowns, bridges, dentures	0%	10%	20%	30%	20%	35%	50%
Implants	0%	10%	20%	30%	20%	35%	50%
Benefit year maximum (per person)	\$1,000	\$1,000	\$1,250	\$1,500	\$1,500	\$2,000	\$2,500
Orthodontia** (per person)	Insurance pays Not Covered	Insurance pays Not Covered			Insurance pays 10% 25% 50%		
Orthodontia annual maximum	N/A	N/A	N/A	N/A	\$500	\$500	\$500
Orthodontia lifetime maximum	N/A	N/A	N/A	N/A	\$1,000	\$1,000	\$1,000

^ Deductible also applies to preventive/diagnostic services obtained from out-of-network providers.

* Deductible applies to these services.

** Child only orthodontia for dependents under the age of 19.

Vision Plan Details

Renaissance Vision - administered by VSP® Vision Care - gives you access to the VSP Choice Network with more than 98,000 doctor access points nationwide, making it the largest national network of independent eye doctors.* Network doctors deliver personalized care and the best choices in eyewear—all at the lowest out-of-pocket costs.

Covered Service	In-Network	Out-of-Network	Frequency**
Eye Exam	\$20 copay and includes prescription eyeglasses	Up to \$45	12 months
Lenses	Covered with eye exam		12 months
Single	Covered with eye exam	Up to \$30	12 months
Bifocal	Covered with eye exam	Up to \$50	12 months
Trifocal	Covered with eye exam	Up to \$65	12 months
Lenticular	Covered with eye exam	Up to \$100	12 months
Frames	Covered with eye exam up to \$150 of allowable charges	Up to \$70	24 months
Contact Lenses***	Exam and fitting, \$60 copay up to \$150 of allowable charges	Up to \$105	12 months
Low Vision	Professional services for severe visual problems		12 months
Testing	Covered in full	Up to \$125	24 months
Supplemental Aids	75% covered up to \$1,000	75% covered up to \$1,000	24 months

* VSP Internal Data

** Maximum benefit from the first date of service

*** Contacts are in lieu of glasses



Dental Exclusions and Limitations

Preventive and Diagnostic Services

For preventive and diagnostic services, benefits are limited to the following schedule:

Exams - 2 per year

Prophylaxis (cleaning) - 2 per year for Value Plan, 3 per year for the Essential and Maximum Plans

Bitewing X-ray - 1 set per year

Fluoride to age 19- 1 per year

If the submitted amount for an Out-of-Network Dentist is more than the allowed amount, the insured is responsible for paying the Dentist the difference between the submitted amount and the allowed amount in addition to any coinsurance amount due. Under the Maximum Plan, eligible dental charges by providers not participating in the designated PPO network are reimbursed based on Renaissance Life & Health Insurance Company of America's determination of a maximum allowed amount that is representative of the 80th percentile. Please see the summary of dental benefits in the certificate for details.

In addition to the exclusions listed above in the Dental Plan Details, RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA (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 Dental Plan Details:

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;

Services or appliances started prior to the date the person became eligible under This Plan, excluding orthodontic treatment in progress (if a Covered Service);

Charges for failure to keep a scheduled visit with the Dentist;

Charges for completion of forms or submission of claims;

Services, items or supplies for which no valid dental need can be demonstrated, as determined by RLHICA;

Services, items or supplies that are specialized techniques, as determined by RLHICA;

Services, items or supplies that are investigational in nature, including services, items or supplies required to treat complications from investigational procedures, as determined by RLHICA;

Treatment by 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 or other licensed provider;

Services, items or supplies excluded by the policies and procedures of RLHICA;

Services, items or supplies which are not rendered in accordance with accepted standards of dental practice, as determined by RLHICA;

Services, items or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of RLHICA coverage;

Services, items or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared;

Services, items or supplies that are generally covered under a hospital, surgical/medical or prescription drug program;

Services, items or supplies that are not within the categories of Benefits that have been selected by your organization and are not covered in This Plan;

Prescription drugs, non-prescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous 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.

Correction of congenital or developmental malformations, cosmetic surgery or dentistry for aesthetic reasons as determined by RLHICA;

Any appliance or surgical procedure used to: (a) change vertical dimension; (b) restore or maintain occlusion; (c) replace tooth structure lost as a result of abrasion, attrition, abfraction or erosion; or (d) splint or stabilize teeth for periodontal reasons.

In addition to the limitations listed above in the Dental Plan Details, the following limitations apply under these plans, unless otherwise specified in the Dental Plan Details:

RLHICA's obligation for payment of Benefits ends on the last day of the month in which coverage is terminated under these plans;

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;

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;

The benefit year Maximum Payment will be limited to the amount specified in the Dental Plan Details;

If a Deductible amount is specified in the Dental Plan Details, 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.

Vision Exclusions and Limitations

Some brands of spectacle frames may be unavailable for purchase as Benefits, or may be subject to additional limitations. Covered Persons may obtain details regarding frame brand availability from their In-Network Provider or by calling the Member Services Department at 1-800-877-7195.

Patient Options

This Plan is designed to cover visual needs rather than cosmetic materials. When the Covered Person selects any of the following extras, the Plan will pay the basic cost of the allowed lenses or frames, and the Covered Person will pay the additional costs for the options.

Optional cosmetic processes; Anti-reflective coating; Color coating; Mirror coating; Scratch coating; Blended lenses; Cosmetic lenses; Laminated lenses; Oversize lenses; Polycarbonate lenses; Photochromic lenses, tinted lenses except Pink #1 and Pink #2; Progressive multifocal lenses; UV (ultraviolet) protected lenses; Certain limitations on low vision care.

Not Covered

- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (less than a $\pm .50$ diopter power).
- Two pairs of glasses in lieu of bifocals.
- Replacement of lenses and frames furnished under this Plan that are lost or broken, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Corrective vision treatment of an Experimental Nature.
- Costs for services and/or materials above stated allowances.
- Services and/or materials not indicated on this Schedule as covered Plan Benefits.
- Contact lens modification, polishing or cleaning.
- Local, state and/or federal taxes, except where RLHICA or its claims administrator is required by law to pay.
- Replacement of lost or damaged contact lenses, except at the normal intervals when services are otherwise available.

About Renaissance

Renaissance underwrites the Brilliant Dental™ and vision plans and is part of the Renaissance Health Service Corporation, which has more than 60 years of experience and collectively provides dental coverage for more than 13.1 million people paying out nearly \$3 billion for dental care annually.*

*Renaissance Internal Data, 2020

About Communicating for America

Individuals who purchase a Renaissance dental and/or vision insurance policy in specific states become members of Communicating for America, Inc. (CA), a nonprofit association that promotes the betterment of general health and welfare for all Americans, particularly those who are rural self-employed or own a small business. Non-insurance benefits included with membership are administered by CA.