

SERFF Tracking Number: RENA-126015467 State: Arkansas
 Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 41501
 Company Tracking Number:
 TOI: H10I Individual Health - Dental Sub-TOI: H10I.000 Health - Dental
 Product Name: Ren/Ren Invd Form Filing - AR
 Project Name/Number: /

Filing at a Glance

Company: Renaissance Life & Health Insurance Company of America
 Product Name: Ren/Ren Invd Form Filing - AR SERFF Tr Num: RENA-126015467 State: ArkansasLH
 TOI: H10I Individual Health - Dental SERFF Status: Closed State Tr Num: 41501
 Sub-TOI: H10I.000 Health - Dental Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
 Authors: Claudia Niemara, Bryan Disposition Date: 03/27/2009
 Crips, Denise Chadwell, Robert
 Bess, Errick Phillips, Veta Daniel
 Date Submitted: 02/05/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 03/27/2009 Explanation for Other Group Market Type:
 State Status Changed: 03/27/2009
 Deemer Date: Corresponding Filing Tracking Number:
 Filing Description:
 On behalf of Renaissance Life & Health Insurance Company of America, I am enclosing for filing Individual Dental Policy INVD-100A-AR v2, Individual Dental Enrollment INVD-103A v2, Outline of Coverage INVD-AR-041A v2 and Summaries of Dental Plan Benefits INVD-101A v2. These forms will replace the previous forms that was submitted under SERFF Tracking Number FRCS-125126890 and approved 03/20/2007. The Amendatory Rider INVD-AR-04A and the In

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Network Rider INVD -102A, these forms have not changed since the previous filing.
 Should you have any questions, please contact me at (517)381-4229 or bcrips@renaissancefamily.com

Sincerely,
 Bryan Joseph Crips
 Renaissance Administration

Company and Contact

Filing Contact Information

Bryan Crips, Administrative Analyst bcrips@renaissancefamily.com
 P.O. Box 30381 (517) 381-4229 [Phone]
 Okemos, MI 48909-7881 (517) 347-5433[FAX]

Filing Company Information

Renaissance Life & Health Insurance Company CoCode: 61700 State of Domicile: Delaware
 of America
 Group Code: 477 Company Type: Life & Health
 P.O. Box 30381
 Lansing, MI 48909-7881 Group Name: State ID Number:
 (800) 745-7509 ext. [Phone] FEIN Number: 47-0397286

Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 per form 6 forms = \$300.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Renaissance Life & Health Insurance Company of America	\$300.00	02/05/2009	25529031

SERFF Tracking Number: RENA-126015467 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/27/2009	03/27/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	03/23/2009	03/23/2009	Bryan Crips	03/26/2009	03/26/2009
Pending Industry Response	Rosalind Minor	03/19/2009	03/19/2009	Bryan Crips	03/23/2009	03/23/2009
Pending Industry Response	Rosalind Minor	02/12/2009	02/12/2009	Bryan Crips	02/16/2009	02/16/2009

SERFF Tracking Number: RENA-126015467 State: Arkansas

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Company Tracking Number:

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Product Name: Ren/Ren Invd Form Filing - AR

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Disposition

Disposition Date: 03/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: RENA-126015467 State: Arkansas

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Product Name: Ren/Ren Invd Form Filing - AR

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Amendatory Rider	Approved-Closed	Yes
Supporting Document	PPO Rider	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	Redlines	Approved-Closed	Yes
Form (revised)	Final of Policy	Approved-Closed	Yes
Form	Final of Policy	Replaced	Yes
Form	Application	Approved-Closed	Yes
Form	Summaries	Approved-Closed	Yes
Form	Final of Policy	Replaced	Yes

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Company Tracking Number:
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: Ren/Ren Invd Form Filing - AR
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/23/2009
Submitted Date 03/23/2009

Respond By Date

Dear Bryan Crips,

This will acknowledge receipt of the captioned filing.

Objection 1

- Final of Policy (Form)

Comment: Please refer to the Renewability and Termination provision of the policy, item B, which reads: you fail to give us proof within 60 days after the date of our request. This provision is not in compliance with our Bulletin 14-81 which states that there can be no time limit set for furnishing proof of incapacity.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/26/2009
Submitted Date 03/26/2009

Dear Rosalind Minor,

Comments:

Sorry about all of the confusion, and thank you for your time.

Response 1

Comments: In addition to the changes i put into the Amendatory Rider regarding no time limit set for furnishing proof of incapacity, I have put this change into the Policy Final like your objection suggested and I have attached that Final of Policy under the Form schedule and included a Redline under Supporting Documentation Redlines.

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TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental

Product Name: Ren/Ren Invd Form Filing - AR

Project Name/Number: /

Related Objection 1

Applies To:

- Final of Policy (Form)

Comment:

Please refer to the Renewability and Termination provision of the policy, item B, which reads: you fail to give us proof within 60 days after the date of our request. This provision is not in compliance with our Bulletin 14-81 which states that there can be no time limit set for furnishing proof of incapacity.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Final of Policy	Invd-100A-AR v2		Policy/Contract/Fraternal Certificate	Revised	Invd-100A-AR		AR Policy Final 3-09.pdf
Previous Version							
Final of Policy	Invd-100A-AR v2		Policy/Contract/Fraternal Certificate	Revised	Invd-100A-AR		AR Policy Final 6-08.pdf
Final of Policy	Invd-100A-AR v2		Policy/Contract/Fraternal Certificate	Revised	Invd-100A-AR		AR Policy Final 6-08.pdf

No Rate/Rule Schedule items changed.

If you have any questions feel free to contact me at (517)927-8607

Sincerely,

Bryan Crips, Claudia Niemara, Denise Chadwell, Errick Phillips, Robert Bess, Veta Daniel

SERFF Tracking Number: RENA-126015467 State: Arkansas
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Company Tracking Number:
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: Ren/Ren Invd Form Filing - AR
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/19/2009
Submitted Date 03/19/2009

Respond By Date

Dear Bryan Crips,

This will acknowledge receipt of the captioned filing.

Objection 1

- Final of Policy (Form)

Comment:

Thank you for your response to my objection letter.

I still have a problem with the language under Renewability and Termination of Policy with respect to handicapped dependents.

The policy states that the child will be deemed to have ceased to qualify as an Eligible Department if:

- A. we ask you for proof of his or her current status; and
- B. you fail to give us proof within 60 days after the date of our request.

Our Bulletin 14-81 states:

1 A. Concerning handicapped dependents, insurers cannot make reference to proof of dependent's incapacity. You may request the insured to submit notice of such incapacity, but you cannot establish a time limit for providing this notice.

It is requested that the corrected forms be attached under the Form Schedule replacing the originally submitted policy.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

SERFF Tracking Number: RENA-126015467 State: Arkansas
Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 41501
of America
Company Tracking Number:
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: Ren/Ren Invd Form Filing - AR
Project Name/Number: /

Response Letter Status Submitted to State
Response Letter Date 03/23/2009
Submitted Date 03/23/2009

Dear Rosalind Minor,

Comments:

Thank you for getting back to me.

Response 1

Comments: I have revised the Amendatory Rider and I have attached it under the Form Schedule for your viewing and approval. I also attached another copy of the Policy final under the Form Schedule for your viewing and approval. Then I attached Redlines in the Supporting Documentation section.

All changes to the Amendatory Rider should fulfill all of your objections.

Once again, thank you for your time

Related Objection 1

Applies To:

- Final of Policy (Form)

Comment:

Thank you for your response to my objection letter.

I still have a problem with the language under Renewability and Termination of Policy with respect to handicapped dependents.

The policy states that the child will be deemed to have ceased to qualify as an Eligible Department if:

- A. we ask you for proof of his or her current status; and
- B. you fail to give us proof within 60 days after the date of our request.

Our Bulletin 14-81 states:

1 A. Concerning handicapped dependents, insurers cannot make reference to proof of dependent's incapacity. You may request the insured to submit notice of such incapacity, but you cannot establish a time limit for providing this notice.

It is requested that the corrected forms be attached under the Form Schedule replacing the originally submitted

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 Product Name: Ren/Ren Invd Form Filing - AR
 Project Name/Number: /
 policy.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
<i>Final of Policy</i>	<i>Invd-100A-AR v2</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Revised</i>	<i>Invd-100A-AR</i>		AR Policy Final 6-08.pdf
Previous Version							
<i>Final of Policy</i>	<i>Invd-100A-AR v2</i>		<i>Policy/Contract/Fraternal Certificate</i>	<i>Revised</i>	<i>Invd-100A-AR</i>		AR Policy Final 6-08.pdf

No Rate/Rule Schedule items changed.

Please feel free to contact me if you have any questions.
 (517) 381-4229

Sincerely,
 Bryan Crips, Claudia Niemara, Denise Chadwell, Errick Phillips, Robert Bess, Veta Daniel

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of America
Company Tracking Number:
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Product Name: Ren/Ren Invd Form Filing - AR
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/12/2009
Submitted Date 02/12/2009

Respond By Date

Dear Bryan Crips,

This will acknowledge receipt of the captioned filing.

Objection 1

- Final of Policy (Form)

Comment:

Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129.

Objection 2

- Final of Policy (Form)

Comment:

Please refer to the 60-day period under ACA 23-79-137, coverage for minors for whom the insured has filed a petition to adopt.

Objection 3

- Final of Policy (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

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Company Tracking Number:
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: Ren/Ren Invd Form Filing - AR
Project Name/Number: /

Response Letter Date 02/16/2009
Submitted Date 02/16/2009

SERFF Tracking Number: RENA-126015467 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company of America State Tracking Number: 41501

Company Tracking Number:

TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental

Product Name: Ren/Ren Invd Form Filing - AR

Project Name/Number: /

Dear Rosalind Minor,

Comments:

Dear Rosalind Minor,

Thank you for your response to my filing. I have enclosed a new Redline with your objection changes for your review. Please call me if you have any questions

Response 1

Comments: Children for Whom You Have Filed a Petition of Adoption: Coverage for a Child for whom you have filed a petition for adoption begins on the date that you file the petition for adoption if you apply for coverage within 60 days after filing the petition for adoption. Coverage begins from the moment of birth if the petition for adoption is filed within 60 days of the birth of the minor. Coverage terminates upon the dismissal or denial of a petition for adoption.

Related Objection 1

Applies To:

- Final of Policy (Form)

Comment:

With respect to handicapped dependents, there can be no time limit set for furnishing proof of incapacity. Refer to ACA 23-85-131(b) and Bulletin 14-81.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments: Adding a Newborn or Adopted Child: A Child born to or adopted by the Insured will be covered from the time of its birth or placement with you for the first 90 days adoption until the 31st day after its birth or placement for adoption.

A newborn or adopted child may continue as a covered person after the first 90 days 31 days only if the following conditions are satisfied:

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Product Name: Ren/Ren Invd Form Filing - AR
Project Name/Number: /

Related Objection 1

Applies To:

- Final of Policy (Form)

Comment:

Coverage for newborn infants must be for at least 90 days. Refer to ACA 23-79-129.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments: otherwise terminate under this provision. The Child will be deemed to have ceased to qualify as an Eligible Dependent if:

- We ask you for proof of his or her current status; and
- you fail to give us such proof within 60 days after the date of our request.

Related Objection 1

Applies To:

- Final of Policy (Form)

Comment:

Please refer to the 60-day period under ACA 23-79-137, coverage for minors for whom the insured has filed a petition to adopt.

Changed Items:

No Supporting Documents changed.

SERFF Tracking Number: RENA-126015467 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 41501
of America

Company Tracking Number:

TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental

Product Name: Ren/Ren Invd Form Filing - AR

Project Name/Number: /

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Changed Policy and Redline to reflect objection changes.

Please contact me with any questions that you have.

Sincerely,

Bryan Crips, Claudia Niemara, Denise Chadwell, Errick Phillips, Robert Bess, Veta Daniel

SERFF Tracking Number: RENA-126015467 State: Arkansas
 Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 41501
 of America
 Company Tracking Number:
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: Ren/Ren Invd Form Filing - AR
 Project Name/Number: /

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	Invd-100A-AR v2	Policy/Cont ract/Fratern al Certificate	Final of Policy	Revised	Replaced Form #: Invd-100A-AR Previous Filing #: 125126890		AR Policy Final 3-09.pdf
Approved-Closed	Invd-103A v2	Application/ Enrollment Form	Application	Revised	Replaced Form #: Invd-103A Previous Filing #: 125126890		INVD-103A Individual Dental Enrollment v2 9-08.pdf
Approved-Closed	Invd-101A v2	Schedule Pages	Summaries	Revised	Replaced Form #: Invd-101A Previous Filing #: 125126890		INVD-101A v2 - SDPB-PP0 Final 6-08.pdf INVD-101A v2 - SDPB-Allowed Amount Final 6-08.pdf INVD-101A v2 - SDPB-Table of Allowances Final 6-08.pdf

**Renaissance Life & Health Insurance Company™
of America**

**P.O. Box 738
Greenwood, Indiana 46142**

In this Policy, “we,” “our” and “us” will refer to Renaissance Life & Health Insurance Company of America, a stock company. “You” or “your” will refer to the Insured named in the Summary of Dental Plan Benefits.

AGREEMENT AND CONSIDERATION

Renaissance Life & Health Insurance Company of America (RLHICA or Company) will pay benefits for covered dental benefits as set forth in this Policy. This Policy is issued in exchange for and on the basis of the statements made on your application and payment of the first premium. It takes effect on the Effective Date shown below. It will remain in force for such further periods for which it is renewed automatically upon payment of premium. All periods will begin and end at 12:01 A.M., Standard Time, where you live.

10-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY

Please read this Policy. If you are not satisfied, you may return the Policy within 10 days after you received it. Mail or deliver it to us or to your agent. Any premium paid will be refunded. This Policy will then be void from its start.

This Policy is signed for the Company as of its effective date.

Secretary

President

**THIS DENTAL POLICY IS CONDITIONALLY RENEWABLE
REFER TO RENEWABILITY AND TERMINATION PROVISION**

LIMITED BENEFIT HEALTH INSURANCE COVERAGE

**READ YOUR POLICY CAREFULLY
This Policy is a legal contract between You and Us.**

TABLE OF CONTENTS

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DEFINITIONS

Definitions

- A. Allowed Amount – means the maximum dollar amount RLHICA will base Benefit payment upon for any Covered Service. RLHICA determines the Allowed Amount based on treatment rendered and fees charged by a sample of dentists of similar training within your geographic area. (This definition is only applicable if the Allowed Amount method for Benefit payment is shown in the Summary of Dental Benefits).
- B. Benefit Year – means the calendar year beginning on January 1, unless otherwise shown on the Summary of Dental Plan Benefits.
- C. Benefits – means payment for dental services covered under the Policy.
- D. Child – means the Insured’s natural children, stepchildren, adopted children, or foster children placed in the foster home; children by virtue of legal guardianship during the waiting period for legal adoption or guardianship.
- E. Coinsurance – means the percentage of the Allowed Amount for Covered Services that the Insured must pay toward treatment.
- F. Completions Dates – Some procedures may require more than one appointment. Treatment is complete:
- for dentures and partial dentures, on the delivery date;
 - for crowns and bridgework, on the cementation date;
 - for root canals and periodontal treatment, on the date of the final procedure that completes treatment.
- G. Copayment – means the dollar amount that the Insured must pay toward treatment.
- H. Covered Services – means the unique dental services selected for benefits as described in the Summary of Dental Plan Benefits and subject to the terms and conditions of this Policy.
- I. Deductible – means the amount an individual and/or a family must pay toward Covered Services before RLHICA begins paying for services under this Policy. The Deductible amount is shown in the Summary of Dental Plan Benefits.
- J. Dentist – means a person licensed to practice dentistry in the state or country in which dental services are rendered.
- K. Eligible Dependent – means:
- a. The legal spouse of the Insured; or
 - b. An unmarried or never married Child of the Insured who has not yet reached the end of the calendar year of his or her 19th birthday; or
 - c. A unmarried or never married Child of the Insured who has not yet reached his or her 25th birthday, so long as the Child is: (1) dependent upon the Insured for support; and (2) is a full-time student; or

DEFINITIONS

- d. An unmarried or never married Child of the Insured or the Insured's legal spouse if, pursuant to a court decree, the Insured or the Insured's legal spouse is financially responsible for the medical, health, or dental care of the Child; or
- e. An unmarried or never married Child of the Insured who has reached the end of the calendar year of his or her 19th birthday and is both: (1) incapable of self-sustaining employment by reason of a mental or physical condition; and (2) chiefly dependent upon the Insured for support and maintenance. In the event that RLHICA denies a claim under this Policy for the reason that the Child has attained the Limiting Age for dependent children, the Insured has the burden of establishing that the Child continues to meet the two criteria specified above. If requested by RLHICA, the Insured shall submit medical report confirming that the Child meets the two criteria specified above.
- L. Insured – means the person named in the Summary of Dental Plan Benefits.
- M. Maximum Approved Fee – A system used by RLHICA to determine the approved fee for a given procedure for a Dentist. A fee meets Maximum Approved Fee requirements if it is the lowest of:
- The Submitted Fee
 - The lowest fee regularly charged, offered, or received by an individual Dentist for a dental service, irrespective of Dentist's contractual agreement with another dental benefits organization.
 - The maximum fee allowed for a given procedure in a given region and/or specialty, under normal circumstances.
- RLHICA may also approve a fee under unusual circumstances.
- Participating Dentists are not allowed to charge patients more than the Maximum Approved Fee for the Covered Service. In all cases, RLHICA will make the final determination about what is the Maximum Approved Fee for the Covered Service.
- N. Maximum Payment – means the maximum dollar amount RLHICA will pay in any Benefit Year or lifetime for Covered Services. The Maximum Payment is specified in the Summary of Dental Plan Benefits.
- O. Policy – means this document, issued and delivered to the Insured. It includes the attached pages, the application and any attached amendments.
- P. Predetermination (Pre-Service Claim) – An estimate of Covered Services. Dentists may submit their treatment plans to RLHICA before procedures are started. RLHICA reviews the treatment plan and advises the patient and Dentist of what services are covered by your Policy and what RLHICA's payment may be. RLHICA's payment for predetermined services depends on continued eligibility and the annual or lifetime Maximum Payment available. RLHICA does not require predetermination of Covered Services.
- Q. Submitted Amount – means the fee a Dentist bills to RLHICA for a specific treatment.
- R. Table of Allowances – means the maximum amount allowed per procedure as determined by the Policy. (This definition is only applicable if the Table of Allowances method for Benefit payment is shown in the Summary of Dental Plan Benefits).

INSURED PERSONS ELIGIBILITY

The persons insured on the Effective Date of this Policy will be the Insured and Eligible Dependent named in the application that has been approved by RLHICA. This Policy will be classified as follows:

- Individual Plan – Insured only.
- Husband-Wife Plan – Insured and legal spouse only.
- One Parent Family Plan – Insured and children only.
- All Family Plan – Insured, legal spouse and children.

No person will be eligible for orthodontic Benefits under this Policy unless Class IV Benefits are shown in the Summary of Dental Plan Benefits and, even if Class IV Benefits are selected, no person will be eligible for orthodontic Benefits after the end of the calendar year of his or her 19th birthday, unless specified in the Summary of Dental Plan Benefits.

ADDING NEW COVERED PERSONS

Adding Your Spouse: If the Policy is an Individual Plan or a One-Parent Family Plan, the Insured may add your lawful spouse. You must submit an application for RLHICA approval and pay the added premium that we require. Your spouse will not be insured until we:

- A. approve the application;
- B. give written notice to you that the Policy is changed to a Husband-Wife Plan or an All Family Plan; and
- C. receive the required premium.

The effective date of coverage will be on the written notice sent to you.

Adding a Newborn or Adopted Child: A Child born to or adopted by the Insured will be covered from the time of its birth or placement with you for adoption until the 31st day after its birth or placement for adoption. A newborn or adopted child may continue as a covered person after 31 days only if the following conditions are satisfied:

Husband-Wife or Individual Plan: If the Insured's Policy is a Husband-Wife or Individual Plan, you must ask for its change to an All Family Plan or One-Parent Family Plan and pay the increase in premium for an All Family Plan or One-Parent Family Plan. This must be done by the 91st day after the child's birth or placement for adoption. If this is not done, the newborn or adopted child will cease to be a Eligible Dependent as of the end of the 91st day period

All Family Plan: If the Policy is an All Family Plan, no change in the plan or premium need be made for the newborn or adopted child to continue as an Eligible Dependent.

However, you must notify us as soon as possible of the child's birth or adoption.

One-Parent Family Plan: If the Policy is a One-Parent Family Plan, no change in the plan or premium need be made for the newborn or adopted child to continue as a Eligible Dependent. However, you must notify us as soon as possible of the child's birth or adoption.

Adding a Child Under Guardianship: A Child for whom you or your spouse is a court-appointed guardian will be covered from the date of the filing of the application for appointment of guardianship with a court of competent jurisdiction, subject to the terms of the Policy, until the 31st day after that date, unless the guardianship is disrupted prior to the date the court appoints you or your spouse as guardian and the Child is removed from your or your spouse's physical custody. The Child may continue as an Eligible Dependent after the 31st day only if we have received both written notice of the Child's pending guardianship status and any additional premium required.

INSURED PERSONS ELIGIBILITY

Adding Other Eligible children: To add any other Child as an Eligible Dependent, the Insured must: (A) submit an application for our approval; and (B) pay any added premium that we may require. The Child will not become an Eligible Dependent until RLHICA gives notice to you of our approval, and we receive the required premium. The effective date of coverage will be in the written notice sent to you.

RENEWABILITY AND TERMINATION OF POLICY

CONDITIONALLY RENEWABLE – PREMIUM MAY CHANGE: The Insured may keep this Policy in force by timely payment of the premiums. However, we may refuse renewal due to:

- A. non-payment of premium, subject to the Grace Period provision;
- B. fraud or material misrepresentation made by or with the knowledge of the Insured or an Eligible Dependent applying for this coverage or filing a claim for benefits;
- C. the Insured engaging in intentional and abusive noncompliance with material provisions of the Policy;
- D. the company ceasing to renew all policies issued to on this form to residents of the state where you live.

We may refuse renewal for reasons (A) – (D) above as of any premium due date.

At least 30 days notice of any non-renewal an action permitted by this clause will be mailed to the Insured at your last address as shown in our records. If we fail to provide 30 days notice of our intent to terminate coverage, your coverage will remain in effect until 30 days after notice is given or until the effective date of replacement coverage, whichever occurs first. However, no benefits will be paid for expenses incurred during any period of time for which premium has not been paid.

TERMINATION: All insurance will cease on termination of the Policy. This Policy will terminate on:

- A. nonpayment of premiums when due, subject to the Grace Period clause on page [21];
- B. the date we receive a written request from you to terminate the Policy, or any later date stated in your request;
- C. the date we decline to renew the Policy as provided by the above renewal clause; or
- D. the date of your death, if this Policy is an Individual Plan.

We will refund any premium paid and not earned due to Policy termination. The refund will be based on the number of full months that remain in the premium period.

If this Policy is other than an Individual Plan, it may be continued after your death: (a) by your spouse, if an Eligible Dependent; otherwise, (b) by the youngest child who is an Eligible Dependent. The Policy will be changed to a plan appropriate, as determined by us, to the Eligible Dependents that continue to be covered under it. Your spouse, or youngest child, will replace you as the Insured. A proper adjustment will be made in the premium required for the Policy to be continued. We will also refund any premium paid and not earned due to the Insured's death. The refund will be based on the number of full months that remain to the next premium due date.

Termination of Spouse's Coverage: The Insured's spouse will cease to be an Eligible Dependent at the end of the premium period in which you become legally divorced.

Termination of a Child's Coverage: A Child will cease to be an Eligible Dependent at the end of the premium period in which he or she ceases to be an Eligible Child.

A Child may continue as an Eligible Dependent if:

- A. he or she ceases to be an Eligible Dependent solely because of reaching the limiting age of 19 (or 25 if enrolled as a full-time student at an accredited college or university); and
- B. he or she is not able to engage in self-sustaining employment due to mental retardation or physical disability.

The Child may continue as an Eligible Dependent for as long as he or she: (a) is not able to be so employed due to mental retardation or physical disability; and (b) is dependent on the Insured for financial support and maintenance. The Child will cease to be an Eligible Dependent and all coverage of the Child will end when he or she ceases to meet either of these two tests, or when coverage would

RENEWABILITY AND TERMINATION OF POLICY

otherwise terminate under this provision. The Child will be deemed to have ceased to qualify as an Eligible Dependent if:

- A. we ask you for proof of his or her current status; and
- B. you fail to give us proof of such status.

RLHICA may ask you to give us proof of the child's status as often as we deem necessary. We will not ask you to give proof more than once each year.

Benefits After Coverage Terminates: Termination of coverage will be without prejudice to any claim for expenses incurred prior to the date coverage terminates. Benefits for covered expenses incurred after an Eligible Dependent ceases to be insured are provided for certain procedures. No benefits are provided, however, if the Policy is terminated because of: (a) a request by the Insured; (b) fraud or material misrepresentation on your part; or (c) your failure to pay premiums. Certain procedures begun before the coverage terminates may be covered if the services were completed within a 30-day period measured from the date of termination. In those cases, RLHICA evaluates those services in progress to determine what portion may be paid by RLHICA. The balance of the total fee is the Insured's responsibility.

GENERAL BENEFIT PROVISIONS

A. Types of Dental Benefits

RLHICA agrees to provide Benefits to the Insured and Eligible Dependents under the terms and conditions of the Policy, including, but not limited to, the classes, exclusions, and limitations listed below.

Unless otherwise specified in the Summary of Dental Plan Benefits, Benefits may be divided into the following classes, and are subject to the exclusions and limitations listed below.

Please see the Summary of Dental Plan Benefits for the classification of Benefits, exclusions and limitations applicable under your Policy.

1. Class I Benefits

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

- (i) Topical fluoride treatments are payable twice in a Benefit Year for Children, under age 14.
- (ii) Benefits for oral evaluations rendered as a consultation or exam are payable twice in any Benefit Year, whether provided under one or more RLHICA plans.
- (iii) Benefits for prophylaxes, including periodontal maintenance procedures are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.
- (iv) Bitewing X-rays are payable once in any Benefit Year.
- (v) Benefits for space maintenance are payable once per lifetime, per area, for Children under the age of 14 years.
- (vi) 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 the responsibility of the Insured.
- (vii) RLHICA will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology, pathology) and caries susceptibility tests and all charges for the same will be the responsibility of the Insured, unless otherwise indicated in the Summary of Dental Plan Benefits.

2. Class II Benefits

a. Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain.

GENERAL BENEFIT PROVISIONS

b. Radiographs (x-rays)/Diagnostic Imaging

X-rays as required for routine care or as necessary for the diagnosis of a specific condition, subject to the following limitations:

- (i) 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 five-year period.
- (ii) 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.
- (iii) Any supplemental films with a full mouth series are part of the complete procedure.
- (iv) Benefits for a cephalometric film, oral/facial images or diagnostic casts are not payable.
- (v) Benefits for posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable.

c. 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 resin (white) fillings, subject to the following exclusions and limitations:

- (i) Amalgam and composite resin restorations are payable once per tooth surface within a 24-month period regardless of the number of combination of restorations placed on a surface.
- (ii) RLHICA will not make payment for dentistry for aesthetic reasons and all charges for the same will be the responsibility of the Insured.

d. Simple Extractions

Simple extractions including local anesthesia, suturing, if needed, and routine post-operative care.

e. Sealants.

Sealants are payable only for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are a benefit payable once in any three-year period

GENERAL BENEFIT PROVISIONS

f. Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures along with benefits for prophylaxes, including periodontal maintenance procedures are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.

Other Class II Services

- (i) After hours visits, not to exceed once per Benefit Year.

3. Class III Benefits

a. Oral Surgery Services

Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine postoperative care subject to the following exclusions and limitations:

- (i) RLHICA will not make payment for the following services, and all charges for the same will be the responsibility of the Insured: correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
- (ii) RLHICA will not make payment for the following benefits, and all charges for the same will be the responsibility of the Insured: 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, or behavior management.
- (iii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: 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 or erosion; and, (d) splint or stabilize teeth for periodontal reasons.
- (iv) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured unless otherwise specified in the Summary of Dental Plan Benefits: appliances, restorations, x-rays or services for the diagnosis or treatment of temporomandibular disorders (TMD).
- (v) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

GENERAL BENEFIT PROVISIONS

b. **Endodontic Services**

The treatment of teeth with diseased or damaged nerves (for example, root canals), subject to the following exclusions and limitations:

- (i) Benefits for endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in 24 months.
- (ii) Benefits for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
- (iii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: pulp caps, maxillofacial prosthetics or myofunctional therapy.

c. **Periodontic Services**

The treatment of diseases of the gums and supporting structures of the teeth. These services are subject to the following exclusions and limitations:

- (i) Benefits for prophylaxes, including periodontal prophylaxes are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.
- (ii) Benefits for root planning and scaling are payable once per area in any two-year period.
- (iii) Periodontal surgery is payable once per area in any three-year period.
- (iv) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: 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 abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

d. **Major Restorative**

Major restorative services, such as crowns, used when teeth cannot be restored with another filling material. These services are subject to the following exclusions and limitations:

- (i) Cast restorations (including crowns, onlays, veneers) and associated procedures such as cores and post substructures on the same tooth are payable once in any seven-year period.
- (ii) Porcelain, porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children less than 12 years of age.
- (iii) Benefits for core buildups, cast posts and cores, and prefabricated posts are limited to once per tooth.

GENERAL BENEFIT PROVISIONS

- (iv) Optional treatment: If the Insured or Eligible Dependent selects a more expensive service than is customarily provided or for which RLHICA does not determine that a valid dental need is shown, RLHICA may make an allowance based on the fee for the customarily provided service.
- (v) Inlays, regardless of the material used: RLHICA will pay only the applicable amount that it would have paid for a resin-based composite restoration. The Insured will be responsible for any additional charges.
- (vi) RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: 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 abrasions, attrition or erosions; and, (d) splint or stabilize teeth for periodontal reasons.

e. Prosthodontic Services

Services and appliances that replace missing natural teeth (such as bridges, partial dentures, and complete dentures): RLHICA will make payment for procedures to replace a missing tooth or teeth that were lost before the effective date of this Policy, subject to the following exclusions and limitations:

- (i) One complete upper and one complete lower denture are Benefits once in any seven-year period.
- (ii) A partial denture, fixed bridge, or removable bridge and any associated services are payable once in any seven-year period.
- (iii) Fixed bridges and removable cast partials are not payable for Children less than 16 years of age.
- (iv) Benefits for tissue conditioning are payable twice per denture unit in any three-year period.
- (v) Endosteal implants are allowed once per tooth, per lifetime. RLHICA will not make payment if implant is placed within seven years following prosthodontic or major restorative services involving that tooth.
- (vi) RLHICA will not make payment for specialized implant surgical techniques, removal of implant, implant maintenance procedures, or implant repairs, and all charges for the same will be the responsibility of the Insured unless otherwise specified in the Summary of Dental Plan Benefits.
- (vii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments or myofunctional therapy.
- (viii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace

GENERAL BENEFIT PROVISIONS

tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

f. Relines and Repairs

Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures. A reline or a complete replacement of denture base material is limited to once in any three-year period per appliance.

g. Other Class III Services

- (i) Benefits for an occlusal guard are payable only once in a lifetime.
- (ii) Benefits for limited occlusal adjustments are payable once in a five-year period.
- (iii) Office visits during regularly scheduled hours are payable once per Benefit Year.
- (iv) RLHICA will not make payment for the following services, and all charges for the same will be the responsibility of the Insured: repair, relines, or adjustments of occlusal guards.
- (v) RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: 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 visit, mounted occlusal analysis, complete occlusal adjustment, enamel microabrasions, odontoplasty or bleaching.

3. Class IV Benefits

Orthodontic Services

Services, treatment, and procedures to correct malposed teeth, subject to the following exclusions and limitations:

- a. RLHICA's payment for orthodontic services (Class IV Benefits) will be limited to the lifetime maximum shown in the Summary of Dental Plan Benefits.
- b. Orthodontic Benefits are payable until the end of the calendar year of the 19th birthday of an Insured or Eligible Dependent unless otherwise specified in the Summary of Dental Plan Benefits.
- c. 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.
- d. The Dentist may terminate treatment, with written notification to RLHICA and to the patient, for lack of patient interest and cooperation. In those cases, RLHICA's obligation

GENERAL BENEFIT PROVISIONS

for payment of Benefits ends on the last day of the month in which the patient was last treated.

- e. RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: lost, missing, or stolen appliances of any type and replacement or repair of an orthodontic appliance.

EXCLUSIONS AND LIMITATIONS

A. Exclusions:

In addition to the exclusions listed in the General Benefit Provisions section, RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured, unless otherwise specified in the Summary of Dental Plan Benefits.

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Benefits or services that are received from any government agency, political subdivision, community agency, foundation, or similar entity.

NOTE: This exclusion does not apply to any programs provided under Title XIX Social Security Act, that is, Medicaid.

2. Services or appliances started prior to the date the person became covered under this Policy excluding orthodontic treatment.
3. Charges for failure to keep a scheduled visit with the Dentist.
4. Charges for completion of forms or submission of claims.
5. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
6. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
7. Services 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.
8. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
9. Services that are generally covered under a hospital, surgical/medical, or prescription drug program.
10. Services that are not within the classes of Benefits that have been selected and shown on the Summary of Dental Plan Benefits.

B. Limitations:

In addition to the limitations listed above in the General Benefit Provision, the following limitations apply under this Policy, unless otherwise specified in the Summary of Dental Plan Benefits:

1. RLHICA's obligation for payment of Benefits ends on the date that this Policy terminates.
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 an Insured or Eligible Dependent will be paid to the limit of RLHICA's liability for the services completed or in progress.

EXCLUSIONS AND LIMITATIONS

4. The maximum Benefit payable in any one Benefit Year will be limited to the amount specified in the Summary of Dental Plan Benefits.
5. If a plan Deductible amount is specified in the Summary of Dental Plan Benefits, RLHICA will not be obligated to pay for, in whole or in part, any services until the Deductible amount is met.

CLAIM PROVISIONS

Agreement

RLHICA agrees to make payments in the following manner for Covered Services provided to the Insured and Eligible Dependents: RLHICA will base payment on the lesser of the Submitted Amount, and either the Allowed Amount or an amount based on a Table of Allowances, whichever is shown in the Summary of Dental Plan Benefits. RLHICA will either send payment to the Insured who is responsible for paying the Dentist whatever he or she charges, or directly to the Dentist if the Insured or Eligible Dependent has assigned Benefit payments to the Dentist who rendered Covered Services under this Policy.

Predetermination (Pre-Service Claim)

RLHICA recommends Predetermination before any services are rendered where the total charges will exceed \$200. You and your Dentist should review your Predetermination Notice before your Dentist proceeds with treatment. Once treatment is complete, the dates of service will be entered on the Predetermination Notice and the Predetermination Notice may be submitted to RLHICA for payments.

A. Notice of Claim

Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to RLHICA at its home office or to RLHICA's agent. Notice should include the name of the Insured and the Policy number.

B. Claim Forms

RLHICA, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

C. Proof of Loss

Written proof of loss must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, RLHICA shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

D. Time of Payment of Claims

RLHICA will pay immediately, or within 30 days following receipt of due written proof of loss, all benefits due under this Policy.

E. Payment of Claims

Except as set forth in this clause, all benefits are payable to the Insured. Benefits unpaid at your death will be paid to your spouse. If you have no spouse, they will be paid to your estate.

Unless you ask us not to, we may pay all or part of a benefit for dental services to its provider. It is not required that the care or service be by any certain provider. To ask us not to pay benefits in this way, you must do so in writing before you have assigned the benefits to another. You may make your request in

CLAIM PROVISIONS

the application for this Policy or at a later date. Your request must be made not later than the time the proof of loss is filed. Payment made in good faith under this clause will discharge our obligations under the Policy to the extent of the payment.

F. Assignment:

With RLHICA approval, Benefits for dental services may be assigned to the provider providing treatment. We reserve the right to refuse to approve an assignment to a provider providing treatment and pay benefits directly to the Insured.

G. Physical Examination:

RLHICA shall have the right and opportunity to examine you or an Eligible Dependent while a claim is pending or while a dispute over the claim is pending. These examinations are made at our expense and as often as we may reasonably require.

H. Right of Recovery

If RLHICA pays a claim for which another person or company is liable, RLHICA has the right to recover its payment from the other person or company.

I. Claim Denials

RLHICA will establish a procedure for resolving all questions raised by a Dentist, an Insured or an Eligible Dependent in regard to claims for dental Benefits allowed or rejected under the terms of this Policy. This procedure will be used both for the initial determination of those questions and for the resolution of appeals made on the basis of those initial determinations. All determinations made according to this procedure will be final and binding on the Dentist, the Insured and the Eligible Dependent.

GENERAL PROVISIONS

THE CONTRACT

- A. **Entire Contract; Changes:** This Policy with the application is the entire contract between the Insured and RLHICA. No change in this Policy will be effective until approved by one of our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.
- B. **Time Limit on Certain Defenses:** A material misstatement by the Insured in any application for this Policy may be used to void this Policy or to deny a claim. This action may be taken in the first two years of a person's coverage. After the two-year period, this action may be taken only for a fraudulent misstatement and non-payment of premium.
- C. **Legal Actions:** No legal action may be brought to recover on this Policy within 60 days after written proof of loss has been given as required by this Policy, unless prohibited by applicable state law. No such action may be brought after the expiration of the applicable statute of limitations (3 years in most states, 5 years in Kansas and 6 years in South Carolina) from the time written proof of loss is required to be given.
- D. **Change of Beneficiary:** Unless the Insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to any change of beneficiary or beneficiaries, or to any other changes in this Policy.
- E. **Conformity With State Laws:** Any part of the Policy in conflict with the laws of the state where you live on the Policy's effective date is changed to conform to the minimum requirements of that state's laws.

PREMIUMS

- A. **Premium Payment:** Each premium is to be paid on or before its due date. Premium may be paid for a 12 month time period or monthly if paid by credit card or direct debit from your checking account.

From time to time, RLHICA may change the rate tables used for this Policy form. Each premium will be based on the rate table in effect on that premium's due date. The Policy plan, age and sex of Insureds, time the Policy has been in force, and place of residence on the premium due date are factors used in determining premium rates. RLHICA will make no change in your premium solely because of claims made under this Policy. At least 30 days notice of any plan to change rates as permitted by this clause will be mailed to the Insured at your last address as shown in our records.

- B. **Grace Period:** This Policy has a 31-day grace period. This means that if a premium, other than the initial premium, is not paid by the date it is due, it may be paid during the following 31 days. Your Policy will remain in force during this grace period. The grace period will not apply if, at least 30 days before the due date, we have delivered or mailed to your last known address written notice of our intent not to renew this Policy.

- C. **Reinstatement:** If you do not pay the premium by the end of the grace period, your Policy will lapse. This Policy may be reinstated. We may require an application. You must pay the premium to us.

If an application is not required, your Policy will be reinstated when the premium is accepted. If an application is required, and a conditional receipt is issued, your Policy will be reinstated when the application is approved by us. If the application is disapproved, your Policy will not be reinstated. If the application is received by us, but is neither disapproved in writing nor approved, your Policy will be reinstated 45 days after the date of the conditional receipt.

GENERAL PROVISIONS

Premium accepted for reinstatement may be applied to a period for which premium had not been paid. The period for which back premium may be required will not begin more than 60 days before the date of reinstatement.

The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date.

A change may be made in your Policy in connection with the reinstatement. These changes will be sent to you for you to attach to your Policy. In all other respects, you and we will have the same rights as before your Policy lapsed.

- D. **Misstatement of Age or Sex:** If an Insured's or Eligible Dependent's age or sex has been misstated, the benefits may be adjusted, based on the relationship of the premium paid to the premium that should have been paid based on the correct age or sex.

Fraud Warning Notices: (If the proposed insured or owner lives in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)

Arkansas/Louisiana/New/Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.

DC: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky/Ohio: I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto omits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee/Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Required California Notice: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

_____(Owner's Initials)

Renaissance Life & Health Insurance Company of America

Preferred Provider Summary of Dental Plan Benefits

This Summary of Dental Plan Benefits should be read in conjunction with your Preferred Provider Dental Care Policy. Your Preferred Provider Dental Care Policy will provide you with additional information about your Renaissance Dental Plan, including information about plan exclusions and limitations.

Insured: [John Doe]

Plan Type [Husband/Wife]

Policy Number: [DEN 1234]

Effective Date: [January 1, 2007]

Benefit Year – [January 1, ____ through December 31, ____]*

[*For your convenience, this benefit year automatically renews upon payment of premium.]

Covered Services -	In-Network		Out-of-Network	
	RLHICA Pays	You Pay	RLHICA Pays	You Pay
Class I Benefits				
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)	[50-100%]	[0-100%]	[50-100%]	[0-100%]
Class II Benefits				
Emergency Palliative Treatment - Used to temporarily relieve pain	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Radiographs/Diagnostic Imaging - X-rays as required for routine care or as necessary for the diagnosis of a specific condition	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, silver fillings and white fillings)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Simple Extractions – Simple extractions including local anesthesia, suturing, if needed and routine post-operative care	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Sealants – Sealants for the occlusal surface of first and second permanent molars	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Periodontal Maintenance – Periodontal maintenance following active periodontal therapy	[0-100%]	[0-100%]	[0-100%]	[0-100%]
After Hour Visits – Services performed during after hours visits by a dentist	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Class III Benefits				
Oral Surgery Services – Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine post-operative care [services for the diagnosis and treatment of temporomandibular disorders]	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Major Restorative Services – Used when teeth can't be restored with another filling material (for example, crowns)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Prosthetic Services – Used to replace missing natural teeth (for example, bridges and dentures, and certain implant services)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Relines and Repairs – Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Occlusal Guards – Benefits for occlusal guards, and limited occlusal adjustments	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Office Visits – Office visits during regularly scheduled hours	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Class IV Benefits				
Orthodontic Services – Services, treatment, and procedures to correct malposed teeth [including Orthodontic Services for Children to the age of 19] [including Orthodontic Services for adults]	[0-100%]	[0-100%]	[0-100%]	[0-100%]

Method of Benefit Payment – For services rendered by In-Network Dentist, the Allowed Amount are pre-negotiated fees that the provider has agreed to accept as payment in full. Benefit payment will be based on the Allowed Amount method of payment. [For INVD-101A v2 - 1 - [PPO 06/08]

Out-of-Network Dentists, RLHICA determines the Allowed Amount based upon treatment rendered and [the periodically determined [60-90] percentile of fees charged by a sample of Dentists of similar training within your geographic area.] [the pre-negotiated fees agreed to by In-Network Dentists in your geographic area.] RLHICA will base Benefit payments on the lesser of the Submitted Amount and the Allowed Amount. If the Submitted Amount for an Out-of-Network Dentist is more than the Allowed Amount, the Insured is not only responsible for paying the Dentist that percentage of the Allowed Amount listed in the "You Pay" column, but is also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

Maximum Payment – \$[300-3000] per person total per benefit year on Class I, Class II and Class III Benefits collectively.

[\$ 300-4000 per person total per Lifetime on Class IV Benefits.]

Deductible - \$[25-500] deductible per person total per benefit year limited to a maximum deductible of \$[75-1500] per family per benefit year on [Class I, Class II and Class III] Benefits. [The deductible does not apply to Class I or Class IV Benefits.]

[Deductible Carry Over-Any expenses incurred by an Insured, or an Eligible Dependent, for Covered Services during the last three months of a Benefit Year, and applied to the deductible for that Benefit Year, will also be applied to the deductible for the following Benefit Year.]

[Deductible Carry Forward-That portion of the deductible paid under a previous carrier's plan for the period January 1, 200X through {of the deductible February - December} 31, 200X will be applied to the 200X Benefit Year deductible with RLHICA. It is the Insured's responsibility to provide RLHICA with adequate documentation paid under the previous carrier's plan.]

Waiting Period – The Insured, and Eligible Dependents if covered, will be eligible for coverage for Class [I-IV] Benefits [6-12] months following their effective date of insurance.

Renaissance Life & Health Insurance Company of America

Summary of Dental Plan Benefits

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Policy. Your Dental Care Policy will provide you with additional information about your Renaissance Dental Plan, including information about plan exclusions and limitations.

Insured: [John Doe] **Plan Type:** [Husband/Wife]
Policy Number: [DEN 1234] **Effective Date:** [January 1, 2007]
Benefit Year – [January 1 through December 31]*
 [*For your convenience, this benefit year automatically renews upon payment of premium.]

Covered Services -	RLHICA Pays	You Pay
Class I Benefits		
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)	xxx%	xxx%
Class II Benefits		
Emergency Palliative Treatment - Used to temporarily relieve pain	xxx%	xxx%
Radiographs/Diagnostic Imaging - X-rays as required for routine care or as necessary for the diagnosis of a specific condition	xxx%	xxx%
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, silver fillings and white fillings)	xxx%	xxx%
Simple Extractions – Simple extractions including local anesthesia, suturing, if needed and routine post-operative care	xxx%	xxx%
Sealants – Sealants for the occlusal surface of first and second permanent molars	xxx%	xxx%
Periodontal Maintenance – Periodontal maintenance following active periodontal therapy	xxx%	xxx%
After Hour Visits – Services performed during after hours visits by a dentist	xxx%	xxx%
Class III Benefits		
Oral Surgery Services – Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine post-operative care [services for the diagnosis and treatment of temporomandibular disorders]	xxx%	xxx%
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals)	xxx%	xxx%
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth	xxx%	xxx%
Major Restorative Services – Used when teeth can't be restored with another filling material (for example, crowns)	xxx%	xxx%
Prosthetic Services – Used to replace missing natural teeth (for example, bridges, dentures, and implant services)	xxx%	xxx%
Relines and Repairs – Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures	xxx%	xxx%
Occlusal Guards – Benefits for occlusal guards, and limited occlusal adjustments	xxx%	xxx%
Office Visits – Office visits during regularly scheduled hours	xxx%	xxx%
Class IV Benefits		
[Orthodontic Services – Services, treatment, and procedures to correct malposed teeth {including Orthodontic Services for Children to the age of 19} {including Orthodontic Services for adults}]	xxx%	xxx%

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

Maximum Payment – \$[_____] per person total per Benefit Year on Class I, Class II and Class III Benefits collectively.

[\$ _____ per person total per Lifetime on Class IV Benefits.]

Deductible - \$[____] deductible per person total per Benefit Year limited to a maximum deductible of \$[____] per family per Benefit Year on Class II and Class III Benefits. [The deductible does not apply to Class I Benefits.]

[Deductible Carry Over-Any expenses incurred by an Insured, or an Eligible Dependent, for Covered Services during the last three months of a Benefit Year, and applied to the deductible for that Benefit Year, will also be applied to the deductible for the following Benefit Year.]

[Deductible Carry Forward-That portion of the deductible paid under a previous carrier's plan for the period January 1, 200X through {____} 31, 200X will be applied to the 200X Benefit Year deductible with RLHICA. It is the Insured's responsibility to provide RLHICA with adequate documentation of the deductible paid under the previous carrier's plan.]

Waiting Period – The Insured, and Eligible Dependents if covered, will be eligible for coverage for Class [I-IV] Benefits [6-12] months following their effective date of insurance.

Method of Benefit Payment – Benefit payment will be based on the Table of Allowances method of payment.

Maximum Payment – \$[_____] per person total per Benefit Year on Class I, Class II and Class III Benefits collectively.

[\$ _____ per person total per Lifetime on Class IV Benefits.]

Deductible - \$[_____] deductible per person total per Benefit Year limited to a maximum deductible of \$[_____] per family per Benefit Year on Class II and Class III Benefits. [The deductible does not apply to Class I Benefits.]

[Deductible Carry Over-Any expenses incurred by an Insured, or an Eligible Dependent, for Covered Services during the last three months of a Benefit Year, and applied to the deductible for that Benefit Year, will also be applied to the deductible for the following Benefit Year.]

[Deductible Carry Forward-That portion of the deductible paid under a previous carrier's plan for the period January 1, 200X through {_____] 31, 200X will be applied to the 200X Benefit Year deductible with RLHICA. It is the Insured's responsibility to provide RLHIC with adequate documentation of the deductible paid under the previous carrier's plan.]

Waiting Period – The Insured, and Eligible Dependents if covered, will be eligible for coverage for Class [I-IV] Benefits [6-12] months following their effective date of insurance.

SERFF Tracking Number: RENA-126015467 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 41501
of America

Company Tracking Number:

TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental

Product Name: Ren/Ren Invd Form Filing - AR

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: RENA-126015467 State: Arkansas
 Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 41501
 of America
 Company Tracking Number:
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: Ren/Ren Invd Form Filing - AR
 Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 03/27/2009
Comments:
Attachment:
 Readability Certification.pdf

Satisfied -Name: Application **Review Status:** Approved-Closed 03/27/2009
Comments:
Attachment:
 INVD-103A Individual Dental Enrollment v2 9-08.pdf

Bypassed -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 03/27/2009
Bypass Reason: NA
Comments:

Satisfied -Name: Outline of Coverage **Review Status:** Approved-Closed 03/27/2009
Comments:
Attachment:
 AR Outline of Coverage Final 6-08.pdf

Satisfied -Name: Amendatory Rider **Review Status:** Approved-Closed 03/27/2009
Comments:
Attachment:
 AR Amendatory Rider Final 6-08.pdf

Satisfied -Name: PPO Rider **Review Status:** Approved-Closed 03/27/2009

SERFF Tracking Number: RENA-126015467 State: Arkansas

Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 41501
of America

Company Tracking Number:

TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental

Product Name: Ren/Ren Invd Form Filing - AR

Project Name/Number: /

Comments:

Attachment:

INVD-102A - PPO Rider.pdf

SERFF Tracking Number: RENA-126015467 State: Arkansas
Filing Company: Renaissance Life & Health Insurance Company State Tracking Number: 41501
of America
Company Tracking Number:
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: Ren/Ren Invd Form Filing - AR
Project Name/Number: /

Satisfied -Name: Cover Letter **Review Status:** Approved-Closed 03/27/2009
Comments:
Attachment:
Cover Letter.pdf

Satisfied -Name: Redlines **Review Status:** Approved-Closed 03/27/2009
Comments:
Attachments:
AR Policy redline 6-08.pdf
INVD-101A v2 - SDPB-PP0 redline 6-08.pdf
INVD-101A v2 - SDPB-Allowed Amount redline 6-08.pdf
INVD-101A v2 - SDPB-Table of Allowances redline 6-08.pdf
INVD-103A Individual Dental Enrollment v2 redline.pdf

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Renaissance Life & Health Insurance Company of America

This is to certify that the forms referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the

FORM NUMBER	SCORE
Invd-100A-AR v2	41.8
Invd-101A v2	42.2
Invd-103A v2	45.0
Invd-AR-041A v2	48.9

Life and Disability Insurance Policy Language Simplification Act.



John-Michael Hyden, Esq.
Legal Counsel and Director of Administration

February 4, 2009

Individual Dental Enrollment/Update

Please fill out this form if you are enrolling for individual dental coverage for the first time or if you are changing information from an earlier enrollment. If you have any questions about filling out this form, please contact our Customer Service department at (888) 791-5995.

- New Enrollment—Check for first-time enrollment for yourself or your spouse.
- Change/Correction to Information—Check if any changes are being submitted on this form.
- Termination of Benefits—Check only if you are terminating coverage for yourself or your spouse.

Will this policy replace or change any existing policy of health insurance? Yes No
 If yes, please describe: _____
 Company Name _____ Policy Number _____

(This section must be completed for us to process your enrollment or update your records. Please print clearly or type.)

Example A B C D E F 1 2 3 4 5 6		
Enrollee Name (First)	(M.I.)	(Last)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date	Sex	Enrollee Social Security Number
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>
Street Address		<input type="checkbox"/> Check here if this is a new address
<input type="text"/>		
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address (Optional)	Telephone Number	
<input type="text"/>	<input type="text"/>	
Coverage Effective Date		
<input type="text"/> - <input type="text"/> - <input type="text"/> [(Access Code: Internal Use Only)]		
(date coverage takes effect for you and/or your spouse)		

Spouse Information *(Please complete this section if you are enrolling your spouse for the first time or if you have checked Change/Correction above and are changing information about your spouse that was previously submitted. You must include your spouse's first and last names.)*

Spouse Name (First)	(M.I.)	(Last)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date	Sex	Social Security Number
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>

Dependent Name	Sex Male/Female	Birth Date	Social Security Number

Payment Information (The amount payable for coverage varies based on the coverage option selected, the number of people enrolled, and the payment frequency. You may choose only one option, regardless of the number of people enrolling):

	Rates:		
	Single	Two Person	[Family Rate]
<input type="checkbox"/> Option I – [PPO], [Indemnity] – [High Option] [Option A – [PPO] – [High Option]]	Monthly/Annual [\$xx.xx/\$xxx.xx]	Monthly/Annual [\$xx.xx/\$xxx.xx]	Monthly/Annual \$xxx.xx/\$x,xxx.xx
<input type="checkbox"/> Option II – [Indemnity] – [Low Option] [Option B – [PPO] – [Low Option]]	Monthly/Annual [\$xx.xx/\$xxx.xx]	Monthly/Annual [\$xx.xx/\$xxx.xx]	Monthly/Annual \$xxx.xx/\$x,xxx.xx

Payment Frequency:

- Annual (If you are paying by check, you **must** choose this option and pay the amount due in full)
- Monthly (If you are paying by credit card or automatic withdrawal, you may choose this option)

Fraud Warning Notices: (If the proposed insured or owner lives in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)

Arkansas/Louisiana/New/Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.

DC: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky/Ohio: I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto omits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee/Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Required California Notice: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

_____(Owner's Initials)

**Renaissance Life & Health Insurance Company™
of America**

P.O. Box 738
Greenwood, Indiana 46142

**OUTLINE OF COVERAGE
LIMITED HEALTH BENEFIT COVERAGE
INDIVIDUAL DENTAL INSURANCE
Policy Form INVD-100A-AR**

Read your Policy carefully — This outline provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual Policy provision will control. The Policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

COVERAGE

Unless otherwise specified in the Summary of Dental Plan Benefits, Benefits may be divided into the following classes.

Please see the Summary of Dental Plan Benefits for the classification of Benefits, exclusions and limitations applicable under your Policy.

1. **Class I Benefits**
 - a. Diagnostic and Preventive Services
2. **Class II Benefits**
 - a. Emergency Palliative Treatment.
 - b. Radiographs (x-rays)/Diagnostic Imaging.
 - c. X-rays as required for routine care or as necessary for the diagnosis of a specific condition.
 - d. Minor Restorative Services.
 - e. Simple Extractions.
 - f. Sealants.
 - g. Periodontal Maintenance Following Therapy.
3. **Other Class II Services**
 - a. After hours visits, not to exceed once per Benefit Year.
4. **Class III Benefits**

- a. Oral Surgery Services.
 - b. Endodontic Services
 - c. Periodontic Services.
 - d. Major Restorative.
 - e. Prosthodontic Services.
 - f. Relines and Repairs.
5. **Other Class III Services**
- a. Benefits for an occlusal guard are payable only once in a lifetime.
 - b. Benefits for limited occlusal adjustments are payable once in a five-year period.
 - c. Office visits during regularly scheduled hours are payable once per Benefit Year.
6. **Class IV Benefits**
- a. Orthodontic Services.

EXCLUSIONS AND LIMITATIONS

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Benefits or services that are received from any government agency, political subdivision, community agency, foundation, or similar entity.
NOTE: This exclusion does not apply to any programs provided under Title XIX Social Security Act, that is, Medicaid.
2. Services or appliances started prior to the date the person became covered under the Policy excluding orthodontic treatment.
3. Charges for failure to keep a scheduled visit with the Dentist.
4. Charges for completion of forms or submission of claims.
5. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
6. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
7. Services 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.
8. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.

9. Services that are generally covered under a hospital, surgical/medical, or prescription drug program.
10. Services that are not within the classes of Benefits that have been selected and shown on the Summary of Dental Plan Benefits.

Limitations:

1. RLHICA's obligation for payment of Benefits ends on the date that the Policy terminates.
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 an Insured or Eligible Dependent will be paid to the limit of RLHICA's liability for the services completed or in progress.
4. The maximum Benefit payable in any one Benefit Year will be limited to the amount specified in the Summary of Dental Plan Benefits.
5. If a plan Deductible amount is specified in the Summary of Dental Plan Benefits, RLHICA will not be obligated to pay for, in whole or in part, any services until the Deductible amount is met.

RENEWABILITY

Conditionally Renewable-Premium May Change: The Insured may keep the Policy in force by timely payment of the premiums. However, we may refuse renewal due to:

- A. non-payment of premium, subject to the Grace Period provision;
- B. fraud or material misrepresentation made by or with the knowledge of the Insured or an Eligible Dependent applying for this coverage or filing a claim for benefits;
- C. the Insured engaging in intentional and abusive noncompliance with material provisions of the Policy;
- D. the company ceasing to renew all policies issued to on this form to residents of the state where you live.

We may refuse renewal for reasons (A) – (D) above as of any premium due date.

At least 30 days notice of any non-renewal action permitted by this clause will be mailed to the Insured at your last address as shown in our records. If we fail to provide 30 days notice of our intent to terminate coverage, your coverage will remain in effect until 30 days after notice is given or until the effective date of replacement coverage, whichever occurs first. However, no benefits will be paid for expenses incurred during any period of time for which premium has not been paid.

PREMIUM PAYMENT

Each premium is to be paid on or before its due date. Premium may be paid for a 12 month time period or monthly if paid by credit card or direct debit from your checking account.

From time to time, RLHICA may change the rate tables used for this policy form. Each premium will be based on the rate table in effect on that premium's due date. The policy plan, age and sex of Insureds, time the policy has been in force, and place of residence on the premium due date are

factors used in determining premium rates. RLHICA will make no change in your premium solely because of claims made under this Policy. At least 60 days notice of any plan to change rates as permitted by this clause will be mailed to the Insured at your last address as shown in our records.

**Renaissance Life & Health Insurance Company™
of America**

**P.O. Box 738
Greenwood, Indiana 46142**

ARKANSAS AMENDATORY RIDER

By attachment of this rider, the Policy is amended as follows:

1. The following notice is added:

CONSUMER NOTICE

If you have any questions or concerns about this coverage, you should contact us, or our designated administrator, at the address or phone number shown in your Policy. If we are not able to provide a satisfactory resolution to the inquiry, you may contact the:

**Arkansas Department of Insurance
Consumer Services
1200 W. Third Street
Little Rock, AR 72201-1904
800-852-5494
501-371-2640**

2. The Adding a Newborn or Adopted Child provision, found in Insured Persons Eligibility, is deleted and replaced with the following:

Adding a Newborn or Adopted Child: A dependent Child born while this coverage is in force for an Insured is covered from the moment of birth for dental expenses, including conditions due to congenital malformation. A notice of birth together with the additional premium must be submitted to us. This must be done within 90 days after the date of birth in order to continue coverage beyond the 90-day period.

A Child adopted on or after the Insured's effective date will be covered from the date of the filing of a petition for adoption if the Insured applies for coverage within 60 days after the filing of the petition for adoption. However, the coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the Child. Coverage for an adopted Child shall terminate upon the dismissal or denial of a petition for adoption.

3. The Premium Payment provision, found in General Provisions, is amended to provide that at least 60 days notice of any plan to change rates will be sent to the Insured.

This rider does not change, waive or extend any part of the Policy other than as set forth above.

This rider is effective at the same time as the Policy, unless a later date is shown below.

**Renaissance Life & Health Insurance Company of
America**

President

IN-NETWORK DENTIST BENEFIT RIDER

By attachment of this rider, the Policy is amended as follows:

This policy is amended to provide benefits that are based on whether an Insured, or an Eligible Dependent, receives dental services from an In-Network Dentist or an Out-of-Network Dentist.

If an Insured, or an Eligible Dependent, receives Covered Services from an In-Network Dentist, RLHICA will pay the applicable Copayment in excess of the applicable Deductible for Covered Services.

If an Insured, or an Eligible Dependent, receives Covered Services from an Out-of-Network Dentist, benefits will be less than the amount that would have otherwise been payable with an In-Network Dentist. However, if an Insured, or and Eligible Dependent, requires emergency treatment and incurs Covered Services at an Out-of-Network Dentist, Covered Services for the emergency care rendered during the course of the emergency will be treated as if they had been incurred at an In-Network Dentist. Also, if an Insured, or Eligible Dependent, incurs Covered Services that are not of the type provided by any In-Network Dentist, these Covered Services will be treated as if they had been incurred at an In-Network Dentist.

The benefits for both In-Network and Out-of-Network Dentists are shown in the Summary of Dental Plan Benefits.

Payment of Dental Bills When You See an In-Network Dentist.

If an Insured, or an Eligible Dependent, receives Covered Services from an In-Network Dentist, the fee for services has already been agreed to between the dentist and RLHICA. In-Network Dentists accept these pre-negotiated fees as payment in full for the dental care provided. The Insured will be responsible for paying the Dentist that percentage of the Allowed Amount listed in the "You Pay" column of the Summary of Dental Plan Benefits for In-Network Dentists for the class of services rendered.

The Insured is also responsible for any charges for optional treatment or specific exclusions/limitations of the Policy.

Payment of Dental Bills When You See an Out-of-Network Dentist.

If an Insured, or an Eligible Dependent, receives Covered Services from an Out-of-Network Dentist, payment will be based upon the Allowed Amount that is set forth in the Summary of Dental Plan Benefits. The Insured will be responsible for paying the Dentist that percentage of the Allowed Amount listed in the "You Pay" column of the Summary of Dental Plan Benefits for Out-of-Network Dentists for the class of services rendered. In addition, if the Submitted Amount for an Out-of-Network Dentist is more than the Allowed Amount, the Insured will also be responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

The Insured is also responsible for any charges for optional treatment or specific exclusions/limitations of the Policy.

Termination of In-Network Dentist's Participation under the Policy.

In the event an In-Network Dentist terminates its participation under the Policy, RLHICA will provide reasonable advance notice of the impending termination, with a notice of the availability of a current listing of In-Network Dentists.

[Unavailability of In-Network Dentists.

In-Network Dentists may not be available in all areas. If the Insured moves to an area where In-Network Dentists are not available, the Insured may remove this In-Network Dentist Benefit Rider from the Insured's Policy by giving written notice to RLHICA.

Termination of the rider will be effective on the later of:

- (A) the date the written notice is received by RLHICA; or
- (B) the requested termination date.

If the In-Network Dentist Benefit Rider is removed, all Covered Services will be treated as if they had been incurred at an In-Network Dentist. This change will result in an increase in premium rates.]

Definitions.

As used in this rider:

IN-NETWORK DENTIST BENEFIT RIDER

Allowed Amount –Is revised to mean the maximum dollar amount RLHICA will base Benefit payment upon for any Covered Service. For services rendered by In-Network Dentists, the Allowed Amount are pre-negotiated fees that the provider has agreed to accept as payment in full. For services rendered by Out-of-Network Dentists, the Allowed Amount will be set forth in the Summary of Dental Plan Benefits.

Copayment – The dollar amount for Covered Services that the Insured will have to pay toward treatment.

In-Network Dentist – Means a Dentist that has entered into a contract to provide Covered Services for pre-negotiated fees that the Dentist has agreed to accept as payment in full. A current list of In-Network Dentists will be provided to each Insured.

Out-of-Network Dentist – Means a Dentist that has not entered into a contract to provide Covered Services for pre-negotiated fees.

This rider does not change, waive or extend any part of the Policy other than as set forth above.

This rider is effective at the same time as the Policy, unless a later date is shown below.

Renaissance Life & Health Insurance Company of America


President



RenaissanceSM
Life & Health Insurance Company of America

February 3, 2009

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904
Phone-501-371-2600

RE: Renaissance Life & Health Insurance Company of America, NAIC# 61700

On behalf of Renaissance Life & Health Insurance Company of America, I am enclosing for filing Individual Dental Policy INVD-100A-AR v2, Individual Dental Enrollment INVD-103A v2, and Summaries of Dental Plan Benefits INVD-101A v2. These forms will replace the previous forms that was submitted under SERFF Tracking Number FRCS-125058056 and approved 06/06/2007. The Amendatory Rider INVD-AR-04A and the In Network Rider INVD-102A, these forms have not changed since the previous filing.

Should you have any questions, please contact me at (517)381-4229 or bcrips@renaissancefamily.com

Sincerely,

Bryan Joseph Crips
Renaissance Administration

**Renaissance Life & Health Insurance Company™
of America**

P.O. Box 738
Greenwood, Indiana 46142

In this Policy, “we,” “our” and “us” will refer to Renaissance Life & Health Insurance Company of America, a stock company. “You” or “your” will refer to the Insured named in the Summary of Dental Plan Benefits.

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Hendersonville, Tennessee 37075

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AGREEMENT AND CONSIDERATION

Renaissance Life & Health Insurance Company of America (RLHICA or Company) will pay benefits for covered dental benefits as set forth in this Policy. This Policy is issued in exchange for and on the basis of the statements made on your application and payment of the first premium. It takes effect on the Effective Date shown below. It will remain in force for such further periods for which it is renewed automatically upon payment of premium. All periods will begin and end at 12:01 A.M., Standard Time, where you live.

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10-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY

Please read this Policy. If you are not satisfied, you may return the Policy within 10 days after you received it. Mail or deliver it to us or to your agent. Any premium paid will be refunded. This Policy will then be void from its start.

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This Policy is signed for the Company as of its effective date.

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Secretary

President

**THIS DENTAL POLICY IS CONDITIONALLY RENEWABLE
REFER TO RENEWABILITY AND TERMINATION PROVISION**

LIMITED BENEFIT HEALTH INSURANCE COVERAGE

READ YOUR POLICY CAREFULLY

This Policy is a legal contract between You and Us.

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DEFINITIONS

Definitions

- A. Allowed Amount – means the maximum dollar amount RLHICA will base Benefit payment upon for any Covered Service. RLHICA determines the Allowed Amount based on treatment rendered and fees charged by a sample of dentists of similar training within your geographic area. (This definition is only applicable if the Allowed Amount method for Benefit payment is shown in the Summary of Dental Benefits).
- B. Benefit Year – means the calendar year beginning on January 1, unless otherwise shown on the Summary of Dental Plan Benefits.
- C. Benefits – means payment for dental services covered under the Policy.
- D. Child – means the Insured’s natural children, stepchildren, adopted children, or foster children placed in the foster home; children by virtue of legal guardianship during the waiting period for legal adoption or guardianship.
- E. Coinsurance – means the percentage of the Allowed Amount for Covered Services that the Insured must pay toward treatment.
- F. Completions Dates – Some procedures may require more than one appointment. Treatment is complete:
- for dentures and partial dentures, on the delivery date;
 - for crowns and bridgework, on the cementation date;
 - for root canals and periodontal treatment, on the date of the final procedure that completes treatment.
- G. Copayment – means the dollar amount that the Insured must pay toward treatment.
- H. Covered Services – means the unique dental services selected for benefits as described in the Summary of Dental Plan Benefits and subject to the terms and conditions of this Policy.
- I. Deductible – means the amount an individual and/or a family must pay toward Covered Services before RLHICA begins paying for services under this Policy. The Deductible amount is shown in the Summary of Dental Plan Benefits.
- J. Dentist – means a person licensed to practice dentistry in the state or country in which dental services are rendered.
- K. Eligible Dependent – means:
- a. The legal spouse of the Insured; or
 - b. An unmarried or never married Child of the Insured who has not yet reached the end of the calendar year of his or her 19th birthday; or
 - c. A unmarried or never married Child of the Insured who has not yet reached his or her 25th birthday, so long as the Child is: (1) dependent upon the Insured for support; and (2) is a full-time student; or

DEFINITIONS

- d. An unmarried or never married Child of the Insured or the Insured's legal spouse if, pursuant to a court decree, the Insured or the Insured's legal spouse is financially responsible for the medical, health, or dental care of the Child; or
- e. An unmarried or never married Child of the Insured who has reached the end of the calendar year of his or her 19th birthday and is both: (1) incapable of self-sustaining employment by reason of a mental or physical condition; and (2) chiefly dependent upon the Insured for support and maintenance. In the event that RLHICA denies a claim under this Policy for the reason that the Child has attained the Limiting Age for dependent children, the Insured has the burden of establishing that the Child continues to meet the two criteria specified above. If requested by RLHICA, the Insured shall submit medical report confirming that the Child meets the two criteria specified above.

- L. Insured – means the person named in the Summary of Dental Plan Benefits.
- M. Maximum Approved Fee – A system used by RLHICA to determine the approved fee for a given procedure for a Dentist. A fee meets Maximum Approved Fee requirements if it is the lowest of:
 - The Submitted Fee
 - The lowest fee regularly charged, offered, or received by an individual Dentist for a dental service, irrespective of Dentist's contractual agreement with another dental benefits organization.
 - The maximum fee allowed for a given procedure in a given region and/or specialty, under normal circumstances.

RLHICA may also approve a fee under unusual circumstances.

Participating Dentists are not allowed to charge patients more than the Maximum Approved Fee for the Covered Service. In all cases, RLHICA will make the final determination about what is the Maximum Approved Fee for the Covered Service.

- N. Maximum Payment – means the maximum dollar amount RLHICA will pay in any Benefit Year or lifetime for Covered Services. The Maximum Payment is specified in the Summary of Dental Plan Benefits.
- O. Policy – means this document, issued and delivered to the Insured. It includes the attached pages, the application and any attached amendments.
- P. Predetermination (Pre-Service Claim) – An estimate of Covered Services. Dentists may submit their treatment plans to RLHICA before procedures are started. RLHICA reviews the treatment plan and advises the patient and Dentist of what services are covered by your Policy and what RLHICA's payment may be. RLHICA's payment for predetermined services depends on continued eligibility and the annual or lifetime Maximum Payment available. RLHICA does not require predetermination of Covered Services.
- Q. Submitted Amount – means the fee a Dentist bills to RLHICA for a specific treatment.
- R. Table of Allowances – means the maximum amount allowed per procedure as determined by the Policy. (This definition is only applicable if the Table of Allowances method for Benefit payment is shown in the Summary of Dental Plan Benefits).

INSURED PERSONS ELIGIBILITY

The persons insured on the Effective Date of this Policy will be the Insured and Eligible Dependent named in the application that has been approved by RLHICA. This Policy will be classified as follows:

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- Individual Plan – Insured only.
- Husband-Wife Plan – Insured and legal spouse only.
- One Parent Family Plan – Insured and children only.
- All Family Plan – Insured, legal spouse and children.

No person will be eligible for orthodontic Benefits under this Policy unless Class IV Benefits are shown in the Summary of Dental Plan Benefits and, even if Class IV Benefits are selected, no person will be eligible for orthodontic Benefits after the end of the calendar year of his or her 19th birthday, unless specified in the Summary of Dental Plan Benefits.

ADDING NEW COVERED PERSONS

Adding Your Spouse: If the Policy is an Individual Plan or a One-Parent Family Plan, the Insured may add your lawful spouse. You must submit an application for RLHICA approval and pay the added premium that we require. Your spouse will not be insured until we:

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- A. approve the application;
- B. give written notice to you that the Policy is changed to a Husband-Wife Plan or an All Family Plan; and
- C. receive the required premium.

The effective date of coverage will be on the written notice sent to you.

Adding a Newborn or Adopted Child: A Child born to or adopted by the Insured will be covered from the time of its birth or placement with you for adoption until the 31st day after its birth or placement for adoption. A newborn or adopted child may continue as a covered person after 31 days only if the following conditions are satisfied:

Husband-Wife or Individual Plan: If the Insured's Policy is a Husband-Wife or Individual Plan, you must ask for its change to an All Family Plan or One-Parent Family Plan and pay the increase in premium for an All Family Plan or One-Parent Family Plan. This must be done by the 31st day after the child's birth or placement for adoption. If this is not done, the newborn or adopted child will cease to be a Eligible Dependent as of the end of the 31st day period

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All Family Plan: If the Policy is an All Family Plan, no change in the plan or premium need be made for the newborn or adopted child to continue as an Eligible Dependent.

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However, you must notify us as soon as possible of the child's birth or adoption.

One-Parent Family Plan: If the Policy is a One-Parent Family Plan, no change in the plan or premium need be made for the newborn or adopted child to continue as a Eligible Dependent. However, you must notify us as soon as possible of the child's birth or adoption.

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Adding a Child Under Guardianship: A Child for whom you or your spouse is a court-appointed guardian will be covered from the date of the filing of the application for appointment of guardianship with a court of competent jurisdiction, subject to the terms of the Policy, until the 31st day after that date, unless the guardianship is disrupted prior to the date the court appoints you or your spouse as guardian and the Child is removed from your or your spouse's physical custody. The Child may continue as an Eligible Dependent after the 31st day only if we have received both written notice of the Child's pending guardianship status and any additional premium required.

INSURED PERSONS ELIGIBILITY

Adding Other Eligible children: To add any other Child as an Eligible Dependent, the Insured must: (A) submit an application for our approval; and (B) pay any added premium that we may require. The Child will not become an Eligible Dependent until RLHICA gives notice to you of our approval, and we receive the required premium. The effective date of coverage will be in the written notice sent to you.

RENEWABILITY AND TERMINATION OF POLICY

CONDITIONALLY RENEWABLE – PREMIUM MAY CHANGE: The Insured may keep this Policy in force by timely payment of the premiums. However, we may refuse renewal due to:

- A. non-payment of premium, subject to the Grace Period provision;
- B. fraud or material misrepresentation made by or with the knowledge of the Insured or an Eligible Dependent applying for this coverage or filing a claim for benefits;
- C. the Insured engaging in intentional and abusive noncompliance with material provisions of the Policy;
- D. the company ceasing to renew all policies issued to on this form to residents of the state where you live.

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We may refuse renewal for reasons (A) – (D) above as of any premium due date.

At least 30 days notice of any non-renewal action permitted by this clause will be mailed to the Insured at your last address as shown in our records. If we fail to provide 30 days notice of our intent to terminate coverage, your coverage will remain in effect until 30 days after notice is given or until the effective date of replacement coverage, whichever occurs first. However, no benefits will be paid for expenses incurred during any period of time for which premium has not been paid.

TERMINATION: All insurance will cease on termination of the Policy. This Policy will terminate on:

- A. nonpayment of premiums when due, subject to the Grace Period clause on page [21];
- B. the date we receive a written request from you to terminate the Policy, or any later date stated in your request;
- C. the date we decline to renew the Policy as provided by the above renewal clause; or
- D. the date of your death, if this Policy is an Individual Plan.

We will refund any premium paid and not earned due to Policy termination. The refund will be based on the number of full months that remain in the premium period.

If this Policy is other than an Individual Plan, it may be continued after your death: (a) by your spouse, if an Eligible Dependent; otherwise, (b) by the youngest child who is an Eligible Dependent. The Policy will be changed to a plan appropriate, as determined by us, to the Eligible Dependents that continue to be covered under it. Your spouse, or youngest child, will replace you as the Insured. A proper adjustment will be made in the premium required for the Policy to be continued. We will also refund any premium paid and not earned due to the Insured's death. The refund will be based on the number of full months that remain to the next premium due date.

Termination of Spouse's Coverage: The Insured's spouse will cease to be an Eligible Dependent at the end of the premium period in which you become legally divorced.

Termination of a Child's Coverage: A Child will cease to be an Eligible Dependent at the end of the premium period in which he or she ceases to be an Eligible Child.

A Child may continue as an Eligible Dependent if:

- A. he or she ceases to be an Eligible Dependent solely because of reaching the limiting age of 19 (or 25 if enrolled as a full-time student at an accredited college or university); and
- B. he or she is not able to engage in self-sustaining employment due to mental retardation or physical disability.

The Child may continue as an Eligible Dependent for as long as he or she: (a) is not able to be so employed due to mental retardation or physical disability; and (b) is dependent on the Insured for financial support and maintenance. The Child will cease to be an Eligible Dependent and all coverage of the Child will end when he or she ceases to meet either of these two tests, or when coverage would

RENEWABILITY AND TERMINATION OF POLICY

otherwise terminate under this provision. The Child will be deemed to have ceased to qualify as an Eligible Dependent if:

- A. we ask you for proof of his or her current status; and
- B. you fail to give us proof within 60 days after the date of our request.

RLHICA may ask you to give us proof of the child's status as often as we deem necessary. We will not ask you to give proof more than once each year.

Benefits After Coverage Terminates: Termination of coverage will be without prejudice to any claim for expenses incurred prior to the date coverage terminates. Benefits for covered expenses incurred after an Eligible Dependent ceases to be insured are provided for certain procedures. No benefits are provided, however, if the Policy is terminated because of: (a) a request by the Insured; (b) fraud or material misrepresentation on your part; or (c) your failure to pay premiums. Certain procedures begun before the coverage terminates may be covered if the services were completed within a 30-day period measured from the date of termination. In those cases, RLHICA evaluates those services in progress to determine what portion may be paid by RLHICA. The balance of the total fee is the Insured's responsibility.

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GENERAL BENEFIT PROVISIONS

A. Types of Dental Benefits

RLHICA agrees to provide Benefits to the Insured and Eligible Dependents under the terms and conditions of the Policy, including, but not limited to, the classes, exclusions, and limitations listed below.

Unless otherwise specified in the Summary of Dental Plan Benefits, Benefits may be divided into the following classes, and are subject to the exclusions and limitations listed below.

Please see the Summary of Dental Plan Benefits for the classification of Benefits, exclusions and limitations applicable under your Policy.

1. Class I Benefits

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

- (i) Topical fluoride treatments are payable twice in a Benefit Year for Children, under age 14.
- (ii) Benefits for oral evaluations rendered as a consultation or exam are payable twice in any Benefit Year, whether provided under one or more RLHICA plans.
- (iii) Benefits for prophylaxes, including periodontal maintenance procedures, are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.
- (iv) Bitewing X-rays are payable once in any Benefit Year.
- (v) Benefits for space maintenance are payable once per lifetime, per area, for Children under the age of 14 years.
- (vi) 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 the responsibility of the Insured.
- (vii) RLHICA will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology, pathology) and caries susceptibility tests and all charges for the same will be the responsibility of the Insured, unless otherwise indicated in the Summary of Dental Plan Benefits.

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2. Class II Benefits

a. Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain.

GENERAL BENEFIT PROVISIONS

b. Radiographs (x-rays)/Diagnostic Imaging

X-rays as required for routine care or as necessary for the diagnosis of a specific condition, subject to the following limitations:

- (i) 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 five-year period.
- (ii) 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.
- (iii) Any supplemental films with a full mouth series are part of the complete procedure.
- (iv) Benefits for a cephalometric film, oral/facial images or diagnostic casts are not payable.
- (v) Benefits for posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable.

c. 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 resin (white) fillings, subject to the following exclusions and limitations:

- (i) Amalgam and composite resin restorations are payable once per tooth surface within a 24-month period regardless of the number of combination of restorations placed on a surface. Formatted: Bullets and Numbering
- (ii) RLHICA will not make payment for dentistry for aesthetic reasons and all charges for the same will be the responsibility of the Insured.

d. Simple Extractions

Simple extractions including local anesthesia, suturing, if needed, and routine post-operative care.

e. Sealants.

Sealants are payable only for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are a benefit payable once in any three-year period

GENERAL BENEFIT PROVISIONS

f. Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures along with benefits for prophylaxes, including periodontal maintenance procedures are payable twice in any Benefit Year. ~~Full mouth debridement will be payable once in the Insured's lifetime.~~

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Other Class II Services

- (i) After hours visits, not to exceed once per Benefit Year.

3. Class III Benefits

Deleted: (ii) Benefits for consultations (includes evaluation) by a dentist other than the practitioner providing treatment are payable once per Benefit Year.¶

a. Oral Surgery Services

Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine postoperative care subject to the following exclusions and limitations:

- (i) RLHICA will not make payment for the following services, and all charges for the same will be the responsibility of the Insured: correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
- (ii) RLHICA will not make payment for the following benefits, and all charges for the same will be the responsibility of the Insured: 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, or behavior management.~~
- (iii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: 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 or erosion; and, (d) splint or stabilize teeth for periodontal reasons.
- (iv) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured unless otherwise specified in the [Summary of Dental Plan Benefits](#); appliances, restorations, x-rays or services for the diagnosis or treatment of temporomandibular disorders (TMD).
- (v) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

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GENERAL BENEFIT PROVISIONS

b. Endodontic Services

The treatment of teeth with diseased or damaged nerves (for example, root canals), subject to the following exclusions and limitations:

- (i) Benefits for endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in 24 months.
- (ii) Benefits for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
- (iii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: pulp caps, maxillofacial prosthetics or myofunctional therapy.

c. Periodontic Services

The treatment of diseases of the gums and supporting structures of the teeth. These services are subject to the following exclusions and limitations:

- (i) Benefits for prophylaxes, including periodontal prophylaxes are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.
- (ii) Benefits for root planning and scaling are payable once per area in any two-year period.
- (iii) Periodontal surgery is payable once per area in any three-year period.
- (iv) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: 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 abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

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d. Major Restorative

Major restorative services, such as crowns, used when teeth cannot be restored with another filling material. These services are subject to the following exclusions and limitations:

- (i) Cast restorations (including crowns, onlays, veneers) and associated procedures such as cores and post substructures on the same tooth are payable once in any seven-year period.
- (ii) Porcelain, porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children less than 12 years of age.
- (iii) Benefits for core buildups, cast posts and cores, and prefabricated posts are limited to once per tooth.

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GENERAL BENEFIT PROVISIONS

- (iv) Optional treatment: If the Insured or Eligible Dependent selects a more expensive service than is customarily provided or for which RLHICA does not determine that a valid dental need is shown, RLHICA may make an allowance based on the fee for the customarily provided service.
- (v) Inlays, regardless of the material used: RLHICA will pay only the applicable amount that it would have paid for a resin-based composite restoration. The Insured will be responsible for any additional charges.
- (vi) RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: 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 abrasions, attrition or erosions; and, (d) splint or stabilize teeth for periodontal reasons.

Deleted: RLHICA will not make payment for inlays (cast, porcelain, composite resin, or ceramic) and all charges for the same will be the responsibility of the Insured.

e. Prosthodontic Services

Services and appliances that replace missing natural teeth (such as bridges, partial dentures, and complete dentures); RLHICA will make payment for procedures to replace a missing tooth or teeth that were lost before the effective date of this Policy, subject to the following exclusions and limitations:

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- (i) One complete upper and one complete lower denture are Benefits once in any seven-year period.
- (ii) A partial denture, fixed bridge, or removable bridge and any associated services are payable once in any seven-year period.
- (iii) Fixed bridges and removable cast partials are not payable for Children less than 16 years of age.
- (iv) Benefits for tissue conditioning are payable twice per denture unit in any three-year period.
- (v) Endosteal implants are allowed once per tooth, per lifetime. RLHICA will not make payment if implant is placed within seven years following prosthodontic or major restorative services involving that tooth.
- (vi) RLHICA will not make payment for specialized implant surgical techniques, removal of implant, implant maintenance procedures, or implant repairs, and all charges for the same will be the responsibility of the Insured unless otherwise specified in the Summary of Dental Plan Benefits.
- (vii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments or myofunctional therapy.
- (viii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace

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f

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GENERAL BENEFIT PROVISIONS

tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

f. Relines and Repairs

Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures. A reline or a complete replacement of denture base material is limited to once in any three-year period per appliance.

g. Other Class III Services

- (i) Benefits for an occlusal guard are payable only once in a lifetime.
- (ii) Benefits for limited occlusal adjustments are payable once in a five-year period.
- (iii) Office visits during regularly scheduled hours are payable once per Benefit Year.
- (iv) RLHICA will not make payment for the following services, and all charges for the same will be the responsibility of the Insured: repair, relines, or adjustments of occlusal guards.
- (v) RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: 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 visit, mounted occlusal analysis, complete occlusal adjustment, enamel microabrasions, odontoplasty or bleaching.

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3. Class IV Benefits

Orthodontic Services

Services, treatment, and procedures to correct malposed teeth, subject to the following exclusions and limitations:

- a. RLHICA's payment for orthodontic services (Class IV Benefits) will be limited to the lifetime maximum shown in the Summary of Dental Plan Benefits.
- b. Orthodontic Benefits are payable until the end of the calendar year of the 19th birthday of an Insured or Eligible Dependent unless otherwise specified in the Summary of Dental Plan Benefits.
- c. 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.
- d. The Dentist may terminate treatment, with written notification to RLHICA and to the patient, for lack of patient interest and cooperation. In those cases, RLHICA's obligation

GENERAL BENEFIT PROVISIONS

for payment of Benefits ends on the last day of the month in which the patient was last treated.

- e. RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: lost, missing, or stolen appliances of any type and replacement or repair of an orthodontic appliance.

EXCLUSIONS AND LIMITATIONS

A. Exclusions:

In addition to the exclusions listed in the General Benefit Provisions section, RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured, unless otherwise specified in the Summary of Dental Plan Benefits.

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Benefits or services that are received from any government agency, political subdivision, community agency, foundation, or similar entity.

NOTE: This exclusion does not apply to any programs provided under Title XIX Social Security Act, that is, Medicaid.

2. Services or appliances started prior to the date the person became covered under this Policy excluding orthodontic treatment.
3. Charges for failure to keep a scheduled visit with the Dentist.
4. Charges for completion of forms or submission of claims.
5. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
6. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
7. Services 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.
8. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
9. Services that are generally covered under a hospital, surgical/medical, or prescription drug program.
10. Services that are not within the classes of Benefits that have been selected and shown on the Summary of Dental Plan Benefits.

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B. Limitations:

In addition to the limitations listed above in the General Benefit Provision, the following limitations apply under this Policy, unless otherwise specified in the Summary of Dental Plan Benefits:

1. RLHICA's obligation for payment of Benefits ends on the date that this Policy terminates.
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 an Insured or Eligible Dependent will be paid to the limit of RLHICA's liability for the services completed or in progress.

EXCLUSIONS AND LIMITATIONS

4. The maximum Benefit payable in any one Benefit Year will be limited to the amount specified in the Summary of Dental Plan Benefits.
5. If a plan Deductible amount is specified in the Summary of Dental Plan Benefits, RLHICA will not be obligated to pay for, in whole or in part, any services until the Deductible amount is met.

CLAIM PROVISIONS

Agreement

RLHICA agrees to make payments in the following manner for Covered Services provided to the Insured and Eligible Dependents: RLHICA will base payment on the lesser of the Submitted Amount, and either the Allowed Amount or an amount based on a Table of Allowances, whichever is shown in the Summary of Dental Plan Benefits. RLHICA will either send payment to the Insured who is responsible for paying the Dentist whatever he or she charges, or directly to the Dentist if the Insured or Eligible Dependent has assigned Benefit payments to the Dentist who rendered Covered Services under this Policy.

Predetermination (Pre-Service Claim)

RLHICA recommends Predetermination before any services are rendered where the total charges will exceed \$200. You and your Dentist should review your Predetermination Notice before your Dentist proceeds with treatment. Once treatment is complete, the dates of service will be entered on the Predetermination Notice and the Predetermination Notice may be submitted to RLHICA for payments.

A. Notice of Claim

Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to RLHICA at its home office or to RLHICA's agent. Notice should include the name of the Insured and the Policy number.

B. Claim Forms

RLHICA, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

C. Proof of Loss

Written proof of loss must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, RLHICA shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

D. Time of Payment of Claims

RLHICA will pay immediately, or within 30 days following receipt of due written proof of loss, all benefits due under this Policy.

E. Payment of Claims

Except as set forth in this clause, all benefits are payable to the Insured. Benefits unpaid at your death will be paid to your spouse. If you have no spouse, they will be paid to your estate.

Unless you ask us not to, we may pay all or part of a benefit for dental services to its provider. It is not required that the care or service be by any certain provider. To ask us not to pay benefits in this way, you must do so in writing before you have assigned the benefits to another. You may make your request in

CLAIM PROVISIONS

the application for this Policy or at a later date. Your request must be made not later than the time the proof of loss is filed. Payment made in good faith under this clause will discharge our obligations under the Policy to the extent of the payment.

F. Assignment:

With RLHICA approval, Benefits for dental services may be assigned to the provider providing treatment. We reserve the right to refuse to approve an assignment to a provider providing treatment and pay benefits directly to the Insured.

G. Physical Examination:

RLHICA shall have the right and opportunity to examine you or an Eligible Dependent while a claim is pending or while a dispute over the claim is pending. These examinations are made at our expense and as often as we may reasonably require.

H. Right of Recovery

If RLHICA pays a claim for which another person or company is liable, RLHICA has the right to recover its payment from the other person or company.

I. Claim Denials

RLHICA will establish a procedure for resolving all questions raised by a Dentist, an Insured or an Eligible Dependent in regard to claims for dental Benefits allowed or rejected under the terms of this Policy. This procedure will be used both for the initial determination of those questions and for the resolution of appeals made on the basis of those initial determinations. All determinations made according to this procedure will be final and binding on the Dentist, the Insured and the Eligible Dependent.

GENERAL PROVISIONS

THE CONTRACT

- A. **Entire Contract; Changes:** This Policy with the application is the entire contract between the Insured and RLHICA. No change in this Policy will be effective until approved by one of our officers. This approval must be noted on or attached to this Policy. No agent may change this ~~Policy or waive any of its provisions.~~
- B. **Time Limit on Certain Defenses:** A material misstatement by the Insured in any application for this Policy may be used to void this Policy or to deny a claim. This action may be taken in the first two years of a person's coverage. After the two-year period, this action may be taken only for a fraudulent misstatement and non-payment of premium.
- C. **Legal Actions:** No legal action may be brought to recover on this Policy within 60 days after written proof of loss has been given as required by this Policy, unless prohibited by applicable state law. No such action may be brought after the expiration of the applicable statute of limitations (3 years in most states, 5 years in Kansas and 6 years in South Carolina) from the time written proof of loss is required to be given.
- D. **Change of Beneficiary:** Unless the Insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to any change of beneficiary or beneficiaries, or to any other changes in this Policy.
- E. **Conformity With State Laws:** Any part of the Policy in conflict with ~~the laws of the state~~ where you live on the Policy's effective date is changed to conform to the minimum requirements of that state's laws.

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PREMIUMS

- A. **Premium Payment:** Each premium is to be paid on or before its due date. Premium may be paid for a 12 month time period or monthly if paid by credit card or direct debit from your checking account.

From time to time, RLHICA may change the rate tables used for this ~~Policy form.~~ Each premium will be based on the rate table in effect on that premium's due date. ~~The Policy plan, age and sex of Insureds, time the Policy has been in force, and place of residence on the premium due date are factors used in determining premium rates.~~ RLHICA will make no change in your premium solely because of claims made under this Policy. At least 30 days notice of any plan to change rates as permitted by this clause will be mailed to the Insured at your last address as shown in our records.

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- B. **Grace Period:** This Policy has a 31-day grace period. This means that if a premium, other than the initial premium, is not paid by the date it is due, it may be paid during the following 31 days. Your Policy will remain in force during this grace period. The grace period will not apply if, at least 30 days before the due date, we have delivered or mailed to your last known address written notice of our intent not to renew this Policy.

- C. **Reinstatement:** If you do not pay the premium by the end of the grace period, your ~~Policy will lapse.~~ This ~~Policy may be reinstated.~~ We may require an application. You must pay the premium to us.

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If an application is not required, your Policy will be reinstated when the premium is accepted. If an application is required, and a conditional receipt is issued, your Policy will be reinstated when the application is approved by us. If the application is disapproved, your Policy will not be reinstated. If the application is received by us, but is neither disapproved in writing nor approved, your Policy will be reinstated 45 days after the date of the conditional receipt.

GENERAL PROVISIONS

Premium accepted for reinstatement may be applied to a period for which premium had not been paid. The period for which back premium may be required will not begin more than 60 days before the date of reinstatement.

The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date.

A change may be made in your Policy in connection with the reinstatement. These changes will be sent to you for you to attach to your Policy. In all other respects, you and we will have the same rights as before your Policy lapsed.

- D. **Misstatement of Age or Sex:** If an Insured's or Eligible Dependent's age or sex has been misstated, the benefits may be adjusted, based on the relationship of the premium paid to the premium that should have been paid based on the correct age or sex.

Renaissance Life & Health Insurance Company of America

Preferred Provider Summary of Dental Plan Benefits

This Summary of Dental Plan Benefits should be read in conjunction with your Preferred Provider Dental Care Policy. Your Preferred Provider Dental Care Policy will provide you with additional information about your Renaissance Dental Plan, including information about plan exclusions and limitations.

Insured: [John Doe] **Plan Type** [Husband/Wife]
Policy Number: [DEN 1234] **Effective Date:** [January 1, 2007]

Benefit Year – [January 1, ____ through December 31, ____]*
 [*For your convenience, this benefit year automatically renews upon payment of premium.]

Covered Services -

	In-Network		Out-of-Network	
	RLHICA Pays	You Pay	RLHICA Pays	You Pay
Class I Benefits				
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)	[50-100%]	[0-100%]	[50-100%]	[0-100%]
Class II Benefits				
Emergency Palliative Treatment - Used to temporarily relieve pain	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Radiographs/Diagnostic Imaging - X-rays as required for routine care or as necessary for the diagnosis of a specific condition	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, silver fillings and white fillings)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Simple Extractions – Simple extractions including local anesthesia, suturing, if needed and routine post-operative care	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Sealants – Sealants for the occlusal surface of first and second permanent molars	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Periodontal Maintenance – Periodontal maintenance following active periodontal therapy	[0-100%]	[0-100%]	[0-100%]	[0-100%]
After Hour Visits – Services performed during after hours visits by a dentist	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Consultations – Benefits for consultations by a dentist other than the practitioner providing treatment	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Class III Benefits				
Oral Surgery Services – Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine post-operative care [services for the diagnosis and treatment of temporomandibular disorders]	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Major Restorative Services – Used when teeth can't be restored with another filling material (for example, crowns)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Prosthodontic Services – Used to replace missing natural teeth (for example, bridges and dentures, and certain implant services)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Relines and Repairs – Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Occlusal Guards – Benefits for occlusal guards, and limited occlusal adjustments	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Office Visits – Office visits during regularly scheduled hours	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Class IV Benefits				
Orthodontic Services – Services, treatment, and procedures to correct malposed teeth [including Orthodontic Services for Children to the age of 19] [including Orthodontic Services for adults]	[0-100%]	[0-100%]	[0-100%]	[0-100%]

Method of Benefit Payment – For services rendered by In-Network Dentist, the Allowed Amount are pre-negotiated fees that the provider has agreed to accept as payment in full. Benefit payment will be based on the Allowed Amount method of payment. [For Out-of-Network Dentists, RLHICA determines the Allowed Amount based upon treatment rendered and [the periodically determined [60-90] percentile of fees charged by a sample of Dentists of similar training within your geographic area.] [the pre-negotiated fees agreed to by In-Network Dentists in your geographic area.] RLHICA will base Benefit payments on the lesser of the Submitted Amount and the Allowed Amount. If the Submitted Amount for an Out-of-Network Dentist is more than the Allowed Amount, the Insured is not only responsible for paying the Dentist that percentage of the Allowed Amount listed in the “You Pay” column, but is also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

Maximum Payment – \$[300-3000] per person total per benefit year on Class I, Class II and Class III Benefits collectively.

[\$ 300-4000 per person total per Lifetime on Class IV Benefits.]

Deductible - \$[25-500] deductible per person total per benefit year limited to a maximum deductible of \$[75-1500] per family per benefit year on [Class I, Class II and Class III] Benefits. [The deductible does not apply to Class I or Class IV Benefits.]

[Deductible Carry Over-Any expenses incurred by an Insured, or an Eligible Dependent, for Covered Services during the last three months of a Benefit Year, and applied to the deductible for that Benefit Year, will also be applied to the deductible for the following Benefit Year.]

[Deductible Carry Forward-That portion of the deductible paid under a previous carrier's plan for the period January 1, 200X through {of the deductible February - December} 31, 200X will be applied to the 200X Benefit Year deductible with RLHICA. It is the Insured's responsibility to provide RLHICA with adequate documentation paid under the previous carrier's plan.]

Waiting Period – The Insured, and Eligible Dependents if covered, will be eligible for coverage for Class [I-IV] Benefits [6-12] months following their effective date of insurance.

Renaissance Life & Health Insurance Company of America

Summary of Dental Plan Benefits

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Policy. Your Dental Care Policy will provide you with additional information about your Renaissance Dental Plan, including information about plan exclusions and limitations.

Insured: [John Doe] **Plan Type:** [Husband/Wife]
Policy Number: [DEN 1234] **Effective Date:** [January 1, 2007]
Benefit Year – [January 1 through December 31]*
 [*For your convenience, this benefit year automatically renews upon payment of premium.]

Covered Services -	RLHICA Pays	You Pay
Class I Benefits		
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)	xxx%	xxx%
Class II Benefits		
Emergency Palliative Treatment - Used to temporarily relieve pain	xxx%	xxx%
Radiographs/Diagnostic Imaging - X-rays as required for routine care or as necessary for the diagnosis of a specific condition	xxx%	xxx%
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, silver fillings and white fillings)	xxx%	xxx%
Simple Extractions – Simple extractions including local anesthesia, suturing, if needed and routine post-operative care	xxx%	xxx%
Sealants – Sealants for the occlusal surface of first and second permanent molars	xxx%	xxx%
Periodontal Maintenance – Periodontal maintenance following active periodontal therapy	xxx%	xxx%
After Hour Visits – Services performed during after hours visits by a dentist	xxx%	xxx%
Consultations – Benefits for consultations by a dentist other than the practitioner providing treatment	xxx%	xxx%
Class III Benefits		
Oral Surgery Services – Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine post-operative care [services for the diagnosis and treatment of temporomandibular disorders]	xxx%	xxx%
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals)	xxx%	xxx%
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth	xxx%	xxx%
Major Restorative Services – Used when teeth can't be restored with another filling material (for example, crowns)	xxx%	xxx%
Prosthetic Services – Used to replace missing natural teeth (for example, bridges, dentures, and implant services)	xxx%	xxx%
Relines and Repairs – Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures	xxx%	xxx%
Occlusal Guards – Benefits for occlusal guards, and limited occlusal adjustments	xxx%	xxx%
Office Visits – Office visits during regularly scheduled hours	xxx%	xxx%
Class IV Benefits		
[Orthodontic Services – Services, treatment, and procedures to correct malposed teeth {including Orthodontic Services for Children to the age of 19} {including Orthodontic Services for adults}]	xxx%	xxx%

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

Maximum Payment – \$[_____] per person total per Benefit Year on Class I, Class II and Class III Benefits collectively.

[\$ _____ per person total per Lifetime on Class IV Benefits.]

Deductible - \$[____] deductible per person total per Benefit Year limited to a maximum deductible of \$[____] per family per Benefit Year on Class II and Class III Benefits. [The deductible does not apply to Class I Benefits.]

[Deductible Carry Over-Any expenses incurred by an Insured, or an Eligible Dependent, for Covered Services during the last three months of a Benefit Year, and applied to the deductible for that Benefit Year, will also be applied to the deductible for the following Benefit Year.]

[Deductible Carry Forward-That portion of the deductible paid under a previous carrier's plan for the period January 1, 200X through {____} 31, 200X will be applied to the 200X Benefit Year deductible with RLHICA. It is the Insured's responsibility to provide RLHICA with adequate documentation of the deductible paid under the previous carrier's plan.]

Waiting Period – The Insured, and Eligible Dependents if covered, will be eligible for coverage for Class [I-IV] Benefits [6-12] months following their effective date of insurance.

for adults}}		
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Method of Benefit Payment – Benefit payment will be based on the Table of Allowances method of payment.

Maximum Payment – \$[_____] per person total per Benefit Year on Class I, Class II and Class III Benefits collectively.

[\$ _____ per person total per Lifetime on Class IV Benefits.]

Deductible - \$[____] deductible per person total per Benefit Year limited to a maximum deductible of \$[____] per family per Benefit Year on Class II and Class III Benefits. [The deductible does not apply to Class I Benefits.]

[Deductible Carry Over-Any expenses incurred by an Insured, or an Eligible Dependent, for Covered Services during the last three months of a Benefit Year, and applied to the deductible for that Benefit Year, will also be applied to the deductible for the following Benefit Year.]

[Deductible Carry Forward-That portion of the deductible paid under a previous carrier's plan for the period January 1, 200X through {____} 31, 200X will be applied to the 200X Benefit Year deductible with RLHICA. It is the Insured's responsibility to provide RLHIC with adequate documentation of the deductible paid under the previous carrier's plan.]

Waiting Period – The Insured, and Eligible Dependents if covered, will be eligible for coverage for Class [I-IV] Benefits [6-12] months following their effective date of insurance.

Individual Dental Enrollment/Update

Please fill out this form if you are enrolling for individual dental coverage for the first time or if you are changing information from an earlier enrollment. If you have any questions about filling out this form, please contact our Customer Service department at (888) 791-5995.

- New Enrollment—Check for first-time enrollment for yourself or your spouse.
- Change/Correction to Information—Check if any changes are being submitted on this form.
- Termination of Benefits—Check only if you are terminating coverage for yourself or your spouse.

Will this policy replace or change any existing policy of health insurance? Yes No
If yes, please describe: _____

(This section must be completed for us to process your enrollment or update your records. Please print clearly or type.)

Example

A	B	C	D	E	F	1	2	3	4	5	6
---	---	---	---	---	---	---	---	---	---	---	---

Enrollee Name (First) _____ (M.I.) (Last) _____

Birth Date Sex Male Female Enrollee Social Security Number - -

Street Address _____ Check here if this is a new address

City _____ State ZIP Code -

E-mail Address (Optional) _____ Telephone Number - -

Coverage Effective Date - - [(Access Code: Internal Use Only)]

(date coverage takes effect for you and/or your spouse)

Spouse Information *(Please complete this section if you are enrolling your spouse for the first time or if you have checked Change/Correction above and are changing information about your spouse that was previously submitted. You must include your spouse's first and last names.)*

Spouse Name (First) _____ (M.I.) (Last) _____

Birth Date Sex Male Female Social Security Number - -

Payment Information *(The amount payable for coverage varies based on the coverage option selected, the number of people enrolled, and the payment frequency. You may choose only one option, regardless of the number of people enrolling):*

Rates: Single Two Person [Family Rate]

- Option I – [PPO] (Point-of-Service) [Indemnity] – [High Option] Monthly/Annual Monthly/Annual Monthly/Annual
[\$xx.xx/\$xxx.xx] [\$xx.xx/\$xxx.xx] [\$xxx.xx/\$x,xxx.xx]
- Option A# – [PPO] (Standard) – [High Option]
- Option III – [Indemnity] – [Low Option] Monthly/Annual Monthly/Annual Monthly/Annual
[Option B – [PPO] – [Low Option]] [\$xx.xx/\$xxx.xx] [\$xx.xx/\$xxx.xx] [\$xxx.xx/\$x,xxx.xx]

Payment Frequency

- Annual (If you are paying by check, you **must** choose this option and pay the amount due in full)
- Monthly (If you are paying by credit card or automatic withdrawal, you may chose this option)

Fraud Warning Notices: (If the proposed insured or owner lives in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)

Arkansas/Louisiana/New/Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.

DC: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky/Ohio: I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto omits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee/Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Required California Notice: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

_____ (Owner's Initials)

SERFF Tracking Number: *RENA-126015467* State: *Arkansas*
 Filing Company: *Renaissance Life & Health Insurance Company of America* State Tracking Number: *41501*
 Company Tracking Number:
 TOI: *H101 Individual Health - Dental* Sub-TOI: *H101.000 Health - Dental*
 Product Name: *Ren/Ren Invd Form Filing - AR*
 Project Name/Number: */*

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Final of Policy	03/20/2009	AR Policy Final 6-08.pdf
No original date	Form	Final of Policy	02/02/2009	AR Policy Final 6-08.pdf

**Renaissance Life & Health Insurance Company™
of America**

**P.O. Box 738
Greenwood, Indiana 46142**

In this Policy, “we,” “our” and “us” will refer to Renaissance Life & Health Insurance Company of America, a stock company. “You” or “your” will refer to the Insured named in the Summary of Dental Plan Benefits.

AGREEMENT AND CONSIDERATION

Renaissance Life & Health Insurance Company of America (RLHICA or Company) will pay benefits for covered dental benefits as set forth in this Policy. This Policy is issued in exchange for and on the basis of the statements made on your application and payment of the first premium. It takes effect on the Effective Date shown below. It will remain in force for such further periods for which it is renewed automatically upon payment of premium. All periods will begin and end at 12:01 A.M., Standard Time, where you live.

10-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY

Please read this Policy. If you are not satisfied, you may return the Policy within 10 days after you received it. Mail or deliver it to us or to your agent. Any premium paid will be refunded. This Policy will then be void from its start.

This Policy is signed for the Company as of its effective date.

Secretary

President

**THIS DENTAL POLICY IS CONDITIONALLY RENEWABLE
REFER TO RENEWABILITY AND TERMINATION PROVISION**

LIMITED BENEFIT HEALTH INSURANCE COVERAGE

**READ YOUR POLICY CAREFULLY
This Policy is a legal contract between You and Us.**

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DEFINITIONS

Definitions

- A. Allowed Amount – means the maximum dollar amount RLHICA will base Benefit payment upon for any Covered Service. RLHICA determines the Allowed Amount based on treatment rendered and fees charged by a sample of dentists of similar training within your geographic area. (This definition is only applicable if the Allowed Amount method for Benefit payment is shown in the Summary of Dental Benefits).
- B. Benefit Year – means the calendar year beginning on January 1, unless otherwise shown on the Summary of Dental Plan Benefits.
- C. Benefits – means payment for dental services covered under the Policy.
- D. Child – means the Insured’s natural children, stepchildren, adopted children, or foster children placed in the foster home; children by virtue of legal guardianship during the waiting period for legal adoption or guardianship.
- E. Coinsurance – means the percentage of the Allowed Amount for Covered Services that the Insured must pay toward treatment.
- F. Completions Dates – Some procedures may require more than one appointment. Treatment is complete:
- for dentures and partial dentures, on the delivery date;
 - for crowns and bridgework, on the cementation date;
 - for root canals and periodontal treatment, on the date of the final procedure that completes treatment.
- G. Copayment – means the dollar amount that the Insured must pay toward treatment.
- H. Covered Services – means the unique dental services selected for benefits as described in the Summary of Dental Plan Benefits and subject to the terms and conditions of this Policy.
- I. Deductible – means the amount an individual and/or a family must pay toward Covered Services before RLHICA begins paying for services under this Policy. The Deductible amount is shown in the Summary of Dental Plan Benefits.
- J. Dentist – means a person licensed to practice dentistry in the state or country in which dental services are rendered.
- K. Eligible Dependent – means:
- a. The legal spouse of the Insured; or
 - b. An unmarried or never married Child of the Insured who has not yet reached the end of the calendar year of his or her 19th birthday; or
 - c. A unmarried or never married Child of the Insured who has not yet reached his or her 25th birthday, so long as the Child is: (1) dependent upon the Insured for support; and (2) is a full-time student; or

DEFINITIONS

- d. An unmarried or never married Child of the Insured or the Insured's legal spouse if, pursuant to a court decree, the Insured or the Insured's legal spouse is financially responsible for the medical, health, or dental care of the Child; or
- e. An unmarried or never married Child of the Insured who has reached the end of the calendar year of his or her 19th birthday and is both: (1) incapable of self-sustaining employment by reason of a mental or physical condition; and (2) chiefly dependent upon the Insured for support and maintenance. In the event that RLHICA denies a claim under this Policy for the reason that the Child has attained the Limiting Age for dependent children, the Insured has the burden of establishing that the Child continues to meet the two criteria specified above. If requested by RLHICA, the Insured shall submit medical report confirming that the Child meets the two criteria specified above.
- L. Insured – means the person named in the Summary of Dental Plan Benefits.
- M. Maximum Approved Fee – A system used by RLHICA to determine the approved fee for a given procedure for a Dentist. A fee meets Maximum Approved Fee requirements if it is the lowest of:
- The Submitted Fee
 - The lowest fee regularly charged, offered, or received by an individual Dentist for a dental service, irrespective of Dentist's contractual agreement with another dental benefits organization.
 - The maximum fee allowed for a given procedure in a given region and/or specialty, under normal circumstances.
- RLHICA may also approve a fee under unusual circumstances.
- Participating Dentists are not allowed to charge patients more than the Maximum Approved Fee for the Covered Service. In all cases, RLHICA will make the final determination about what is the Maximum Approved Fee for the Covered Service.
- N. Maximum Payment – means the maximum dollar amount RLHICA will pay in any Benefit Year or lifetime for Covered Services. The Maximum Payment is specified in the Summary of Dental Plan Benefits.
- O. Policy – means this document, issued and delivered to the Insured. It includes the attached pages, the application and any attached amendments.
- P. Predetermination (Pre-Service Claim) – An estimate of Covered Services. Dentists may submit their treatment plans to RLHICA before procedures are started. RLHICA reviews the treatment plan and advises the patient and Dentist of what services are covered by your Policy and what RLHICA's payment may be. RLHICA's payment for predetermined services depends on continued eligibility and the annual or lifetime Maximum Payment available. RLHICA does not require predetermination of Covered Services.
- Q. Submitted Amount – means the fee a Dentist bills to RLHICA for a specific treatment.
- R. Table of Allowances – means the maximum amount allowed per procedure as determined by the Policy. (This definition is only applicable if the Table of Allowances method for Benefit payment is shown in the Summary of Dental Plan Benefits).

INSURED PERSONS ELIGIBILITY

The persons insured on the Effective Date of this Policy will be the Insured and Eligible Dependent named in the application that has been approved by RLHICA. This Policy will be classified as follows:

- Individual Plan – Insured only.
- Husband-Wife Plan – Insured and legal spouse only.
- One Parent Family Plan – Insured and children only.
- All Family Plan – Insured, legal spouse and children.

No person will be eligible for orthodontic Benefits under this Policy unless Class IV Benefits are shown in the Summary of Dental Plan Benefits and, even if Class IV Benefits are selected, no person will be eligible for orthodontic Benefits after the end of the calendar year of his or her 19th birthday, unless specified in the Summary of Dental Plan Benefits.

ADDING NEW COVERED PERSONS

Adding Your Spouse: If the Policy is an Individual Plan or a One-Parent Family Plan, the Insured may add your lawful spouse. You must submit an application for RLHICA approval and pay the added premium that we require. Your spouse will not be insured until we:

- A. approve the application;
- B. give written notice to you that the Policy is changed to a Husband-Wife Plan or an All Family Plan; and
- C. receive the required premium.

The effective date of coverage will be on the written notice sent to you.

Adding a Newborn or Adopted Child: A Child born to or adopted by the Insured will be covered from the time of its birth or placement with you for adoption until the 31st day after its birth or placement for adoption. A newborn or adopted child may continue as a covered person after 31 days only if the following conditions are satisfied:

Husband-Wife or Individual Plan: If the Insured's Policy is a Husband-Wife or Individual Plan, you must ask for its change to an All Family Plan or One-Parent Family Plan and pay the increase in premium for an All Family Plan or One-Parent Family Plan. This must be done by the 91st day after the child's birth or placement for adoption. If this is not done, the newborn or adopted child will cease to be a Eligible Dependent as of the end of the 91st day period

All Family Plan: If the Policy is an All Family Plan, no change in the plan or premium need be made for the newborn or adopted child to continue as an Eligible Dependent.

However, you must notify us as soon as possible of the child's birth or adoption.

One-Parent Family Plan: If the Policy is a One-Parent Family Plan, no change in the plan or premium need be made for the newborn or adopted child to continue as a Eligible Dependent. However, you must notify us as soon as possible of the child's birth or adoption.

Adding a Child Under Guardianship: A Child for whom you or your spouse is a court-appointed guardian will be covered from the date of the filing of the application for appointment of guardianship with a court of competent jurisdiction, subject to the terms of the Policy, until the 31st day after that date, unless the guardianship is disrupted prior to the date the court appoints you or your spouse as guardian and the Child is removed from your or your spouse's physical custody. The Child may continue as an Eligible Dependent after the 31st day only if we have received both written notice of the Child's pending guardianship status and any additional premium required.

INSURED PERSONS ELIGIBILITY

Adding Other Eligible children: To add any other Child as an Eligible Dependent, the Insured must: (A) submit an application for our approval; and (B) pay any added premium that we may require. The Child will not become an Eligible Dependent until RLHICA gives notice to you of our approval, and we receive the required premium. The effective date of coverage will be in the written notice sent to you.

RENEWABILITY AND TERMINATION OF POLICY

CONDITIONALLY RENEWABLE – PREMIUM MAY CHANGE: The Insured may keep this Policy in force by timely payment of the premiums. However, we may refuse renewal due to:

- A. non-payment of premium, subject to the Grace Period provision;
- B. fraud or material misrepresentation made by or with the knowledge of the Insured or an Eligible Dependent applying for this coverage or filing a claim for benefits;
- C. the Insured engaging in intentional and abusive noncompliance with material provisions of the Policy;
- D. the company ceasing to renew all policies issued to on this form to residents of the state where you live.

We may refuse renewal for reasons (A) – (D) above as of any premium due date.

At least 30 days notice of any non-renewal an action permitted by this clause will be mailed to the Insured at your last address as shown in our records. If we fail to provide 30 days notice of our intent to terminate coverage, your coverage will remain in effect until 30 days after notice is given or until the effective date of replacement coverage, whichever occurs first. However, no benefits will be paid for expenses incurred during any period of time for which premium has not been paid.

TERMINATION: All insurance will cease on termination of the Policy. This Policy will terminate on:

- A. nonpayment of premiums when due, subject to the Grace Period clause on page [21];
- B. the date we receive a written request from you to terminate the Policy, or any later date stated in your request;
- C. the date we decline to renew the Policy as provided by the above renewal clause; or
- D. the date of your death, if this Policy is an Individual Plan.

We will refund any premium paid and not earned due to Policy termination. The refund will be based on the number of full months that remain in the premium period.

If this Policy is other than an Individual Plan, it may be continued after your death: (a) by your spouse, if an Eligible Dependent; otherwise, (b) by the youngest child who is an Eligible Dependent. The Policy will be changed to a plan appropriate, as determined by us, to the Eligible Dependents that continue to be covered under it. Your spouse, or youngest child, will replace you as the Insured. A proper adjustment will be made in the premium required for the Policy to be continued. We will also refund any premium paid and not earned due to the Insured's death. The refund will be based on the number of full months that remain to the next premium due date.

Termination of Spouse's Coverage: The Insured's spouse will cease to be an Eligible Dependent at the end of the premium period in which you become legally divorced.

Termination of a Child's Coverage: A Child will cease to be an Eligible Dependent at the end of the premium period in which he or she ceases to be an Eligible Child.

A Child may continue as an Eligible Dependent if:

- A. he or she ceases to be an Eligible Dependent solely because of reaching the limiting age of 19 (or 25 if enrolled as a full-time student at an accredited college or university); and
- B. he or she is not able to engage in self-sustaining employment due to mental retardation or physical disability.

The Child may continue as an Eligible Dependent for as long as he or she: (a) is not able to be so employed due to mental retardation or physical disability; and (b) is dependent on the Insured for financial support and maintenance. The Child will cease to be an Eligible Dependent and all coverage of the Child will end when he or she ceases to meet either of these two tests, or when coverage would

RENEWABILITY AND TERMINATION OF POLICY

otherwise terminate under this provision. The Child will be deemed to have ceased to qualify as an Eligible Dependent if:

- A. we ask you for proof of his or her current status; and
- B. you fail to give us proof within 60 days after the date of our request.

RLHICA may ask you to give us proof of the child's status as often as we deem necessary. We will not ask you to give proof more than once each year.

Benefits After Coverage Terminates: Termination of coverage will be without prejudice to any claim for expenses incurred prior to the date coverage terminates. Benefits for covered expenses incurred after an Eligible Dependent ceases to be insured are provided for certain procedures. No benefits are provided, however, if the Policy is terminated because of: (a) a request by the Insured; (b) fraud or material misrepresentation on your part; or (c) your failure to pay premiums. Certain procedures begun before the coverage terminates may be covered if the services were completed within a 30-day period measured from the date of termination. In those cases, RLHICA evaluates those services in progress to determine what portion may be paid by RLHICA. The balance of the total fee is the Insured's responsibility.

GENERAL BENEFIT PROVISIONS

A. Types of Dental Benefits

RLHICA agrees to provide Benefits to the Insured and Eligible Dependents under the terms and conditions of the Policy, including, but not limited to, the classes, exclusions, and limitations listed below.

Unless otherwise specified in the Summary of Dental Plan Benefits, Benefits may be divided into the following classes, and are subject to the exclusions and limitations listed below.

Please see the Summary of Dental Plan Benefits for the classification of Benefits, exclusions and limitations applicable under your Policy.

1. Class I Benefits

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

- (i) Topical fluoride treatments are payable twice in a Benefit Year for Children, under age 14.
- (ii) Benefits for oral evaluations rendered as a consultation or exam are payable twice in any Benefit Year, whether provided under one or more RLHICA plans.
- (iii) Benefits for prophylaxes, including periodontal maintenance procedures are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.
- (iv) Bitewing X-rays are payable once in any Benefit Year.
- (v) Benefits for space maintenance are payable once per lifetime, per area, for Children under the age of 14 years.
- (vi) 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 the responsibility of the Insured.
- (vii) RLHICA will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology, pathology) and caries susceptibility tests and all charges for the same will be the responsibility of the Insured, unless otherwise indicated in the Summary of Dental Plan Benefits.

2. Class II Benefits

a. Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain.

GENERAL BENEFIT PROVISIONS

b. Radiographs (x-rays)/Diagnostic Imaging

X-rays as required for routine care or as necessary for the diagnosis of a specific condition, subject to the following limitations:

- (i) 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 five-year period.
- (ii) 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.
- (iii) Any supplemental films with a full mouth series are part of the complete procedure.
- (iv) Benefits for a cephalometric film, oral/facial images or diagnostic casts are not payable.
- (v) Benefits for posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable.

c. 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 resin (white) fillings, subject to the following exclusions and limitations:

- (i) Amalgam and composite resin restorations are payable once per tooth surface within a 24-month period regardless of the number of combination of restorations placed on a surface.
- (ii) RLHICA will not make payment for dentistry for aesthetic reasons and all charges for the same will be the responsibility of the Insured.

d. Simple Extractions

Simple extractions including local anesthesia, suturing, if needed, and routine post-operative care.

e. Sealants.

Sealants are payable only for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are a benefit payable once in any three-year period

GENERAL BENEFIT PROVISIONS

f. Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures along with benefits for prophylaxes, including periodontal maintenance procedures are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.

Other Class II Services

- (i) After hours visits, not to exceed once per Benefit Year.

3. Class III Benefits

a. Oral Surgery Services

Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine postoperative care subject to the following exclusions and limitations:

- (i) RLHICA will not make payment for the following services, and all charges for the same will be the responsibility of the Insured: correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
- (ii) RLHICA will not make payment for the following benefits, and all charges for the same will be the responsibility of the Insured: 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, or behavior management.
- (iii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: 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 or erosion; and, (d) splint or stabilize teeth for periodontal reasons.
- (iv) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured unless otherwise specified in the Summary of Dental Plan Benefits: appliances, restorations, x-rays or services for the diagnosis or treatment of temporomandibular disorders (TMD).
- (v) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

GENERAL BENEFIT PROVISIONS

b. **Endodontic Services**

The treatment of teeth with diseased or damaged nerves (for example, root canals), subject to the following exclusions and limitations:

- (i) Benefits for endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in 24 months.
- (ii) Benefits for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
- (iii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: pulp caps, maxillofacial prosthetics or myofunctional therapy.

c. **Periodontic Services**

The treatment of diseases of the gums and supporting structures of the teeth. These services are subject to the following exclusions and limitations:

- (i) Benefits for prophylaxes, including periodontal prophylaxes are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.
- (ii) Benefits for root planning and scaling are payable once per area in any two-year period.
- (iii) Periodontal surgery is payable once per area in any three-year period.
- (iv) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: 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 abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

d. **Major Restorative**

Major restorative services, such as crowns, used when teeth cannot be restored with another filling material. These services are subject to the following exclusions and limitations:

- (i) Cast restorations (including crowns, onlays, veneers) and associated procedures such as cores and post substructures on the same tooth are payable once in any seven-year period.
- (ii) Porcelain, porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children less than 12 years of age.
- (iii) Benefits for core buildups, cast posts and cores, and prefabricated posts are limited to once per tooth.

GENERAL BENEFIT PROVISIONS

- (iv) Optional treatment: If the Insured or Eligible Dependent selects a more expensive service than is customarily provided or for which RLHICA does not determine that a valid dental need is shown, RLHICA may make an allowance based on the fee for the customarily provided service.
- (v) Inlays, regardless of the material used: RLHICA will pay only the applicable amount that it would have paid for a resin-based composite restoration. The Insured will be responsible for any additional charges.
- (vi) RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: 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 abrasions, attrition or erosions; and, (d) splint or stabilize teeth for periodontal reasons.

e. Prosthodontic Services

Services and appliances that replace missing natural teeth (such as bridges, partial dentures, and complete dentures): RLHICA will make payment for procedures to replace a missing tooth or teeth that were lost before the effective date of this Policy, subject to the following exclusions and limitations:

- (i) One complete upper and one complete lower denture are Benefits once in any seven-year period.
- (ii) A partial denture, fixed bridge, or removable bridge and any associated services are payable once in any seven-year period.
- (iii) Fixed bridges and removable cast partials are not payable for Children less than 16 years of age.
- (iv) Benefits for tissue conditioning are payable twice per denture unit in any three-year period.
- (v) Endosteal implants are allowed once per tooth, per lifetime. RLHICA will not make payment if implant is placed within seven years following prosthodontic or major restorative services involving that tooth.
- (vi) RLHICA will not make payment for specialized implant surgical techniques, removal of implant, implant maintenance procedures, or implant repairs, and all charges for the same will be the responsibility of the Insured unless otherwise specified in the Summary of Dental Plan Benefits.
- (vii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments or myofunctional therapy.
- (viii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace

GENERAL BENEFIT PROVISIONS

tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

f. Relines and Repairs

Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures. A reline or a complete replacement of denture base material is limited to once in any three-year period per appliance.

g. Other Class III Services

- (i) Benefits for an occlusal guard are payable only once in a lifetime.
- (ii) Benefits for limited occlusal adjustments are payable once in a five-year period.
- (iii) Office visits during regularly scheduled hours are payable once per Benefit Year.
- (iv) RLHICA will not make payment for the following services, and all charges for the same will be the responsibility of the Insured: repair, relines, or adjustments of occlusal guards.
- (v) RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: 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 visit, mounted occlusal analysis, complete occlusal adjustment, enamel microabrasions, odontoplasty or bleaching.

3. Class IV Benefits

Orthodontic Services

Services, treatment, and procedures to correct malposed teeth, subject to the following exclusions and limitations:

- a. RLHICA's payment for orthodontic services (Class IV Benefits) will be limited to the lifetime maximum shown in the Summary of Dental Plan Benefits.
- b. Orthodontic Benefits are payable until the end of the calendar year of the 19th birthday of an Insured or Eligible Dependent unless otherwise specified in the Summary of Dental Plan Benefits.
- c. 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.
- d. The Dentist may terminate treatment, with written notification to RLHICA and to the patient, for lack of patient interest and cooperation. In those cases, RLHICA's obligation

GENERAL BENEFIT PROVISIONS

for payment of Benefits ends on the last day of the month in which the patient was last treated.

- e. RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: lost, missing, or stolen appliances of any type and replacement or repair of an orthodontic appliance.

EXCLUSIONS AND LIMITATIONS

A. Exclusions:

In addition to the exclusions listed in the General Benefit Provisions section, RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured, unless otherwise specified in the Summary of Dental Plan Benefits.

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Benefits or services that are received from any government agency, political subdivision, community agency, foundation, or similar entity.

NOTE: This exclusion does not apply to any programs provided under Title XIX Social Security Act, that is, Medicaid.

2. Services or appliances started prior to the date the person became covered under this Policy excluding orthodontic treatment.
3. Charges for failure to keep a scheduled visit with the Dentist.
4. Charges for completion of forms or submission of claims.
5. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
6. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
7. Services 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.
8. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
9. Services that are generally covered under a hospital, surgical/medical, or prescription drug program.
10. Services that are not within the classes of Benefits that have been selected and shown on the Summary of Dental Plan Benefits.

B. Limitations:

In addition to the limitations listed above in the General Benefit Provision, the following limitations apply under this Policy, unless otherwise specified in the Summary of Dental Plan Benefits:

1. RLHICA's obligation for payment of Benefits ends on the date that this Policy terminates.
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 an Insured or Eligible Dependent will be paid to the limit of RLHICA's liability for the services completed or in progress.

EXCLUSIONS AND LIMITATIONS

4. The maximum Benefit payable in any one Benefit Year will be limited to the amount specified in the Summary of Dental Plan Benefits.
5. If a plan Deductible amount is specified in the Summary of Dental Plan Benefits, RLHICA will not be obligated to pay for, in whole or in part, any services until the Deductible amount is met.

CLAIM PROVISIONS

Agreement

RLHICA agrees to make payments in the following manner for Covered Services provided to the Insured and Eligible Dependents: RLHICA will base payment on the lesser of the Submitted Amount, and either the Allowed Amount or an amount based on a Table of Allowances, whichever is shown in the Summary of Dental Plan Benefits. RLHICA will either send payment to the Insured who is responsible for paying the Dentist whatever he or she charges, or directly to the Dentist if the Insured or Eligible Dependent has assigned Benefit payments to the Dentist who rendered Covered Services under this Policy.

Predetermination (Pre-Service Claim)

RLHICA recommends Predetermination before any services are rendered where the total charges will exceed \$200. You and your Dentist should review your Predetermination Notice before your Dentist proceeds with treatment. Once treatment is complete, the dates of service will be entered on the Predetermination Notice and the Predetermination Notice may be submitted to RLHICA for payments.

A. Notice of Claim

Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to RLHICA at its home office or to RLHICA's agent. Notice should include the name of the Insured and the Policy number.

B. Claim Forms

RLHICA, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

C. Proof of Loss

Written proof of loss must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, RLHICA shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

D. Time of Payment of Claims

RLHICA will pay immediately, or within 30 days following receipt of due written proof of loss, all benefits due under this Policy.

E. Payment of Claims

Except as set forth in this clause, all benefits are payable to the Insured. Benefits unpaid at your death will be paid to your spouse. If you have no spouse, they will be paid to your estate.

Unless you ask us not to, we may pay all or part of a benefit for dental services to its provider. It is not required that the care or service be by any certain provider. To ask us not to pay benefits in this way, you must do so in writing before you have assigned the benefits to another. You may make your request in

CLAIM PROVISIONS

the application for this Policy or at a later date. Your request must be made not later than the time the proof of loss is filed. Payment made in good faith under this clause will discharge our obligations under the Policy to the extent of the payment.

F. Assignment:

With RLHICA approval, Benefits for dental services may be assigned to the provider providing treatment. We reserve the right to refuse to approve an assignment to a provider providing treatment and pay benefits directly to the Insured.

G. Physical Examination:

RLHICA shall have the right and opportunity to examine you or an Eligible Dependent while a claim is pending or while a dispute over the claim is pending. These examinations are made at our expense and as often as we may reasonably require.

H. Right of Recovery

If RLHICA pays a claim for which another person or company is liable, RLHICA has the right to recover its payment from the other person or company.

I. Claim Denials

RLHICA will establish a procedure for resolving all questions raised by a Dentist, an Insured or an Eligible Dependent in regard to claims for dental Benefits allowed or rejected under the terms of this Policy. This procedure will be used both for the initial determination of those questions and for the resolution of appeals made on the basis of those initial determinations. All determinations made according to this procedure will be final and binding on the Dentist, the Insured and the Eligible Dependent.

GENERAL PROVISIONS

THE CONTRACT

- A. **Entire Contract; Changes:** This Policy with the application is the entire contract between the Insured and RLHICA. No change in this Policy will be effective until approved by one of our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.
- B. **Time Limit on Certain Defenses:** A material misstatement by the Insured in any application for this Policy may be used to void this Policy or to deny a claim. This action may be taken in the first two years of a person's coverage. After the two-year period, this action may be taken only for a fraudulent misstatement and non-payment of premium.
- C. **Legal Actions:** No legal action may be brought to recover on this Policy within 60 days after written proof of loss has been given as required by this Policy, unless prohibited by applicable state law. No such action may be brought after the expiration of the applicable statute of limitations (3 years in most states, 5 years in Kansas and 6 years in South Carolina) from the time written proof of loss is required to be given.
- D. **Change of Beneficiary:** Unless the Insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to any change of beneficiary or beneficiaries, or to any other changes in this Policy.
- E. **Conformity With State Laws:** Any part of the Policy in conflict with the laws of the state where you live on the Policy's effective date is changed to conform to the minimum requirements of that state's laws.

PREMIUMS

- A. **Premium Payment:** Each premium is to be paid on or before its due date. Premium may be paid for a 12 month time period or monthly if paid by credit card or direct debit from your checking account.

From time to time, RLHICA may change the rate tables used for this Policy form. Each premium will be based on the rate table in effect on that premium's due date. The Policy plan, age and sex of Insureds, time the Policy has been in force, and place of residence on the premium due date are factors used in determining premium rates. RLHICA will make no change in your premium solely because of claims made under this Policy. At least 30 days notice of any plan to change rates as permitted by this clause will be mailed to the Insured at your last address as shown in our records.

- B. **Grace Period:** This Policy has a 31-day grace period. This means that if a premium, other than the initial premium, is not paid by the date it is due, it may be paid during the following 31 days. Your Policy will remain in force during this grace period. The grace period will not apply if, at least 30 days before the due date, we have delivered or mailed to your last known address written notice of our intent not to renew this Policy.
- C. **Reinstatement:** If you do not pay the premium by the end of the grace period, your Policy will lapse. This Policy may be reinstated. We may require an application. You must pay the premium to us.

If an application is not required, your Policy will be reinstated when the premium is accepted. If an application is required, and a conditional receipt is issued, your Policy will be reinstated when the application is approved by us. If the application is disapproved, your Policy will not be reinstated. If the application is received by us, but is neither disapproved in writing nor approved, your Policy will be reinstated 45 days after the date of the conditional receipt.

GENERAL PROVISIONS

Premium accepted for reinstatement may be applied to a period for which premium had not been paid. The period for which back premium may be required will not begin more than 60 days before the date of reinstatement.

The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date.

A change may be made in your Policy in connection with the reinstatement. These changes will be sent to you for you to attach to your Policy. In all other respects, you and we will have the same rights as before your Policy lapsed.

- D. **Misstatement of Age or Sex:** If an Insured's or Eligible Dependent's age or sex has been misstated, the benefits may be adjusted, based on the relationship of the premium paid to the premium that should have been paid based on the correct age or sex.

**Renaissance Life & Health Insurance Company™
of America**

**P.O. Box 738
Greenwood, Indiana 46142**

In this Policy, “we,” “our” and “us” will refer to Renaissance Life & Health Insurance Company of America, a stock company. “You” or “your” will refer to the Insured named in the Summary of Dental Plan Benefits.

AGREEMENT AND CONSIDERATION

Renaissance Life & Health Insurance Company of America (RLHICA or Company) will pay benefits for covered dental benefits as set forth in this Policy. This Policy is issued in exchange for and on the basis of the statements made on your application and payment of the first premium. It takes effect on the Effective Date shown below. It will remain in force for such further periods for which it is renewed automatically upon payment of premium. All periods will begin and end at 12:01 A.M., Standard Time, where you live.

10-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY

Please read this Policy. If you are not satisfied, you may return the Policy within 10 days after you received it. Mail or deliver it to us or to your agent. Any premium paid will be refunded. This Policy will then be void from its start.

This Policy is signed for the Company as of its effective date.

Secretary

President

**THIS DENTAL POLICY IS CONDITIONALLY RENEWABLE
REFER TO RENEWABILITY AND TERMINATION PROVISION**

LIMITED BENEFIT HEALTH INSURANCE COVERAGE

**READ YOUR POLICY CAREFULLY
This Policy is a legal contract between You and Us.**

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DEFINITIONS

Definitions

- A. Allowed Amount – means the maximum dollar amount RLHICA will base Benefit payment upon for any Covered Service. RLHICA determines the Allowed Amount based on treatment rendered and fees charged by a sample of dentists of similar training within your geographic area. (This definition is only applicable if the Allowed Amount method for Benefit payment is shown in the Summary of Dental Benefits).
- B. Benefit Year – means the calendar year beginning on January 1, unless otherwise shown on the Summary of Dental Plan Benefits.
- C. Benefits – means payment for dental services covered under the Policy.
- D. Child – means the Insured’s natural children, stepchildren, adopted children, or foster children placed in the foster home; children by virtue of legal guardianship during the waiting period for legal adoption or guardianship.
- E. Coinsurance – means the percentage of the Allowed Amount for Covered Services that the Insured must pay toward treatment.
- F. Completions Dates – Some procedures may require more than one appointment. Treatment is complete:
- for dentures and partial dentures, on the delivery date;
 - for crowns and bridgework, on the cementation date;
 - for root canals and periodontal treatment, on the date of the final procedure that completes treatment.
- G. Copayment – means the dollar amount that the Insured must pay toward treatment.
- H. Covered Services – means the unique dental services selected for benefits as described in the Summary of Dental Plan Benefits and subject to the terms and conditions of this Policy.
- I. Deductible – means the amount an individual and/or a family must pay toward Covered Services before RLHICA begins paying for services under this Policy. The Deductible amount is shown in the Summary of Dental Plan Benefits.
- J. Dentist – means a person licensed to practice dentistry in the state or country in which dental services are rendered.
- K. Eligible Dependent – means:
- a. The legal spouse of the Insured; or
 - b. An unmarried or never married Child of the Insured who has not yet reached the end of the calendar year of his or her 19th birthday; or
 - c. A unmarried or never married Child of the Insured who has not yet reached his or her 25th birthday, so long as the Child is: (1) dependent upon the Insured for support; and (2) is a full-time student; or

DEFINITIONS

- d. An unmarried or never married Child of the Insured or the Insured's legal spouse if, pursuant to a court decree, the Insured or the Insured's legal spouse is financially responsible for the medical, health, or dental care of the Child; or
- e. An unmarried or never married Child of the Insured who has reached the end of the calendar year of his or her 19th birthday and is both: (1) incapable of self-sustaining employment by reason of a mental or physical condition; and (2) chiefly dependent upon the Insured for support and maintenance. In the event that RLHICA denies a claim under this Policy for the reason that the Child has attained the Limiting Age for dependent children, the Insured has the burden of establishing that the Child continues to meet the two criteria specified above. If requested by RLHICA, the Insured shall submit medical report confirming that the Child meets the two criteria specified above.
- L. Insured – means the person named in the Summary of Dental Plan Benefits.
- M. Maximum Approved Fee – A system used by RLHICA to determine the approved fee for a given procedure for a Dentist. A fee meets Maximum Approved Fee requirements if it is the lowest of:
- The Submitted Fee
 - The lowest fee regularly charged, offered, or received by an individual Dentist for a dental service, irrespective of Dentist's contractual agreement with another dental benefits organization.
 - The maximum fee allowed for a given procedure in a given region and/or specialty, under normal circumstances.
- RLHICA may also approve a fee under unusual circumstances.
- Participating Dentists are not allowed to charge patients more than the Maximum Approved Fee for the Covered Service. In all cases, RLHICA will make the final determination about what is the Maximum Approved Fee for the Covered Service.
- N. Maximum Payment – means the maximum dollar amount RLHICA will pay in any Benefit Year or lifetime for Covered Services. The Maximum Payment is specified in the Summary of Dental Plan Benefits.
- O. Policy – means this document, issued and delivered to the Insured. It includes the attached pages, the application and any attached amendments.
- P. Predetermination (Pre-Service Claim) – An estimate of Covered Services. Dentists may submit their treatment plans to RLHICA before procedures are started. RLHICA reviews the treatment plan and advises the patient and Dentist of what services are covered by your Policy and what RLHICA's payment may be. RLHICA's payment for predetermined services depends on continued eligibility and the annual or lifetime Maximum Payment available. RLHICA does not require predetermination of Covered Services.
- Q. Submitted Amount – means the fee a Dentist bills to RLHICA for a specific treatment.
- R. Table of Allowances – means the maximum amount allowed per procedure as determined by the Policy. (This definition is only applicable if the Table of Allowances method for Benefit payment is shown in the Summary of Dental Plan Benefits).

INSURED PERSONS ELIGIBILITY

The persons insured on the Effective Date of this Policy will be the Insured and Eligible Dependent named in the application that has been approved by RLHICA. This Policy will be classified as follows:

- Individual Plan – Insured only.
- Husband-Wife Plan – Insured and legal spouse only.
- One Parent Family Plan – Insured and children only.
- All Family Plan – Insured, legal spouse and children.

No person will be eligible for orthodontic Benefits under this Policy unless Class IV Benefits are shown in the Summary of Dental Plan Benefits and, even if Class IV Benefits are selected, no person will be eligible for orthodontic Benefits after the end of the calendar year of his or her 19th birthday, unless specified in the Summary of Dental Plan Benefits.

ADDING NEW COVERED PERSONS

Adding Your Spouse: If the Policy is an Individual Plan or a One-Parent Family Plan, the Insured may add your lawful spouse. You must submit an application for RLHICA approval and pay the added premium that we require. Your spouse will not be insured until we:

- A. approve the application;
- B. give written notice to you that the Policy is changed to a Husband-Wife Plan or an All Family Plan; and
- C. receive the required premium.

The effective date of coverage will be on the written notice sent to you.

Adding a Newborn or Adopted Child: A Child born to or adopted by the Insured will be covered from the time of its birth or placement with you for adoption until the 31st day after its birth or placement for adoption. A newborn or adopted child may continue as a covered person after 31 days only if the following conditions are satisfied:

Husband-Wife or Individual Plan: If the Insured's Policy is a Husband-Wife or Individual Plan, you must ask for its change to an All Family Plan or One-Parent Family Plan and pay the increase in premium for an All Family Plan or One-Parent Family Plan. This must be done by the 31st day after the child's birth or placement for adoption. If this is not done, the newborn or adopted child will cease to be a Eligible Dependent as of the end of the 31st day period

All Family Plan: If the Policy is an All Family Plan, no change in the plan or premium need be made for the newborn or adopted child to continue as an Eligible Dependent.

However, you must notify us as soon as possible of the child's birth or adoption.

One-Parent Family Plan: If the Policy is a One-Parent Family Plan, no change in the plan or premium need be made for the newborn or adopted child to continue as a Eligible Dependent. However, you must notify us as soon as possible of the child's birth or adoption.

Adding a Child Under Guardianship: A Child for whom you or your spouse is a court-appointed guardian will be covered from the date of the filing of the application for appointment of guardianship with a court of competent jurisdiction, subject to the terms of the Policy, until the 31st day after that date, unless the guardianship is disrupted prior to the date the court appoints you or your spouse as guardian and the Child is removed from your or your spouse's physical custody. The Child may continue as an Eligible Dependent after the 31st day only if we have received both written notice of the Child's pending guardianship status and any additional premium required.

INSURED PERSONS ELIGIBILITY

Adding Other Eligible children: To add any other Child as an Eligible Dependent, the Insured must: (A) submit an application for our approval; and (B) pay any added premium that we may require. The Child will not become an Eligible Dependent until RLHICA gives notice to you of our approval, and we receive the required premium. The effective date of coverage will be in the written notice sent to you.

RENEWABILITY AND TERMINATION OF POLICY

CONDITIONALLY RENEWABLE – PREMIUM MAY CHANGE: The Insured may keep this Policy in force by timely payment of the premiums. However, we may refuse renewal due to:

- A. non-payment of premium, subject to the Grace Period provision;
- B. fraud or material misrepresentation made by or with the knowledge of the Insured or an Eligible Dependent applying for this coverage or filing a claim for benefits;
- C. the Insured engaging in intentional and abusive noncompliance with material provisions of the Policy;
- D. the company ceasing to renew all policies issued to on this form to residents of the state where you live.

We may refuse renewal for reasons (A) – (D) above as of any premium due date.

At least 30 days notice of any non-renewal an action permitted by this clause will be mailed to the Insured at your last address as shown in our records. If we fail to provide 30 days notice of our intent to terminate coverage, your coverage will remain in effect until 30 days after notice is given or until the effective date of replacement coverage, whichever occurs first. However, no benefits will be paid for expenses incurred during any period of time for which premium has not been paid.

TERMINATION: All insurance will cease on termination of the Policy. This Policy will terminate on:

- A. nonpayment of premiums when due, subject to the Grace Period clause on page [21];
- B. the date we receive a written request from you to terminate the Policy, or any later date stated in your request;
- C. the date we decline to renew the Policy as provided by the above renewal clause; or
- D. the date of your death, if this Policy is an Individual Plan.

We will refund any premium paid and not earned due to Policy termination. The refund will be based on the number of full months that remain in the premium period.

If this Policy is other than an Individual Plan, it may be continued after your death: (a) by your spouse, if an Eligible Dependent; otherwise, (b) by the youngest child who is an Eligible Dependent. The Policy will be changed to a plan appropriate, as determined by us, to the Eligible Dependents that continue to be covered under it. Your spouse, or youngest child, will replace you as the Insured. A proper adjustment will be made in the premium required for the Policy to be continued. We will also refund any premium paid and not earned due to the Insured's death. The refund will be based on the number of full months that remain to the next premium due date.

Termination of Spouse's Coverage: The Insured's spouse will cease to be an Eligible Dependent at the end of the premium period in which you become legally divorced.

Termination of a Child's Coverage: A Child will cease to be an Eligible Dependent at the end of the premium period in which he or she ceases to be an Eligible Child.

A Child may continue as an Eligible Dependent if:

- A. he or she ceases to be an Eligible Dependent solely because of reaching the limiting age of 19 (or 25 if enrolled as a full-time student at an accredited college or university); and
- B. he or she is not able to engage in self-sustaining employment due to mental retardation or physical disability.

The Child may continue as an Eligible Dependent for as long as he or she: (a) is not able to be so employed due to mental retardation or physical disability; and (b) is dependent on the Insured for financial support and maintenance. The Child will cease to be an Eligible Dependent and all coverage of the Child will end when he or she ceases to meet either of these two tests, or when coverage would

RENEWABILITY AND TERMINATION OF POLICY

otherwise terminate under this provision. The Child will be deemed to have ceased to qualify as an Eligible Dependent if:

- A. we ask you for proof of his or her current status; and
- B. you fail to give us proof within 60 days after the date of our request.

RLHICA may ask you to give us proof of the child's status as often as we deem necessary. We will not ask you to give proof more than once each year.

Benefits After Coverage Terminates: Termination of coverage will be without prejudice to any claim for expenses incurred prior to the date coverage terminates. Benefits for covered expenses incurred after an Eligible Dependent ceases to be insured are provided for certain procedures. No benefits are provided, however, if the Policy is terminated because of: (a) a request by the Insured; (b) fraud or material misrepresentation on your part; or (c) your failure to pay premiums. Certain procedures begun before the coverage terminates may be covered if the services were completed within a 30-day period measured from the date of termination. In those cases, RLHICA evaluates those services in progress to determine what portion may be paid by RLHICA. The balance of the total fee is the Insured's responsibility.

GENERAL BENEFIT PROVISIONS

A. Types of Dental Benefits

RLHICA agrees to provide Benefits to the Insured and Eligible Dependents under the terms and conditions of the Policy, including, but not limited to, the classes, exclusions, and limitations listed below.

Unless otherwise specified in the Summary of Dental Plan Benefits, Benefits may be divided into the following classes, and are subject to the exclusions and limitations listed below.

Please see the Summary of Dental Plan Benefits for the classification of Benefits, exclusions and limitations applicable under your Policy.

1. Class I Benefits

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

- (i) Topical fluoride treatments are payable twice in a Benefit Year for Children, under age 14.
- (ii) Benefits for oral evaluations rendered as a consultation or exam are payable twice in any Benefit Year, whether provided under one or more RLHICA plans.
- (iii) Benefits for prophylaxes, including periodontal maintenance procedures are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.
- (iv) Bitewing X-rays are payable once in any Benefit Year.
- (v) Benefits for space maintenance are payable once per lifetime, per area, for Children under the age of 14 years.
- (vi) 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 the responsibility of the Insured.
- (vii) RLHICA will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology, pathology) and caries susceptibility tests and all charges for the same will be the responsibility of the Insured, unless otherwise indicated in the Summary of Dental Plan Benefits.

2. Class II Benefits

a. Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain.

GENERAL BENEFIT PROVISIONS

b. Radiographs (x-rays)/Diagnostic Imaging

X-rays as required for routine care or as necessary for the diagnosis of a specific condition, subject to the following limitations:

- (i) 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 five-year period.
- (ii) 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.
- (iii) Any supplemental films with a full mouth series are part of the complete procedure.
- (iv) Benefits for a cephalometric film, oral/facial images or diagnostic casts are not payable.
- (v) Benefits for posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable.

c. 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 resin (white) fillings, subject to the following exclusions and limitations:

- (i) Amalgam and composite resin restorations are payable once per tooth surface within a 24-month period regardless of the number of combination of restorations placed on a surface.
- (ii) RLHICA will not make payment for dentistry for aesthetic reasons and all charges for the same will be the responsibility of the Insured.

d. Simple Extractions

Simple extractions including local anesthesia, suturing, if needed, and routine post-operative care.

e. Sealants.

Sealants are payable only for the occlusal surface of first permanent molars to age nine and second permanent molars to age 14. The surface must be free from decay and restorations. Sealants are a benefit payable once in any three-year period

GENERAL BENEFIT PROVISIONS

f. Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures along with benefits for prophylaxes, including periodontal maintenance procedures are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.

Other Class II Services

- (i) After hours visits, not to exceed once per Benefit Year.

3. Class III Benefits

a. Oral Surgery Services

Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine postoperative care subject to the following exclusions and limitations:

- (i) RLHICA will not make payment for the following services, and all charges for the same will be the responsibility of the Insured: correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
- (ii) RLHICA will not make payment for the following benefits, and all charges for the same will be the responsibility of the Insured: 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, or behavior management.
- (iii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: 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 or erosion; and, (d) splint or stabilize teeth for periodontal reasons.
- (iv) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured unless otherwise specified in the Summary of Dental Plan Benefits: appliances, restorations, x-rays or services for the diagnosis or treatment of temporomandibular disorders (TMD).
- (v) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

GENERAL BENEFIT PROVISIONS

b. **Endodontic Services**

The treatment of teeth with diseased or damaged nerves (for example, root canals), subject to the following exclusions and limitations:

- (i) Benefits for endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in 24 months.
- (ii) Benefits for root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth.
- (iii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: pulp caps, maxillofacial prosthetics or myofunctional therapy.

c. **Periodontic Services**

The treatment of diseases of the gums and supporting structures of the teeth. These services are subject to the following exclusions and limitations:

- (i) Benefits for prophylaxes, including periodontal prophylaxes are payable twice in any Benefit Year. Full mouth debridement will be payable once in the Insured's lifetime.
- (ii) Benefits for root planning and scaling are payable once per area in any two-year period.
- (iii) Periodontal surgery is payable once per area in any three-year period.
- (iv) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: 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 abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

d. **Major Restorative**

Major restorative services, such as crowns, used when teeth cannot be restored with another filling material. These services are subject to the following exclusions and limitations:

- (i) Cast restorations (including crowns, onlays, veneers) and associated procedures such as cores and post substructures on the same tooth are payable once in any seven-year period.
- (ii) Porcelain, porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children less than 12 years of age.
- (iii) Benefits for core buildups, cast posts and cores, and prefabricated posts are limited to once per tooth.

GENERAL BENEFIT PROVISIONS

- (iv) Optional treatment: If the Insured or Eligible Dependent selects a more expensive service than is customarily provided or for which RLHICA does not determine that a valid dental need is shown, RLHICA may make an allowance based on the fee for the customarily provided service.
- (v) Inlays, regardless of the material used: RLHICA will pay only the applicable amount that it would have paid for a resin-based composite restoration. The Insured will be responsible for any additional charges.
- (vi) RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: 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 abrasions, attrition or erosions; and, (d) splint or stabilize teeth for periodontal reasons.

e. Prosthodontic Services

Services and appliances that replace missing natural teeth (such as bridges, partial dentures, and complete dentures): RLHICA will make payment for procedures to replace a missing tooth or teeth that were lost before the effective date of this Policy, subject to the following exclusions and limitations:

- (i) One complete upper and one complete lower denture are Benefits once in any seven-year period.
- (ii) A partial denture, fixed bridge, or removable bridge and any associated services are payable once in any seven-year period.
- (iii) Fixed bridges and removable cast partials are not payable for Children less than 16 years of age.
- (iv) Benefits for tissue conditioning are payable twice per denture unit in any three-year period.
- (v) Endosteal implants are allowed once per tooth, per lifetime. RLHICA will not make payment if implant is placed within seven years following prosthodontic or major restorative services involving that tooth.
- (vi) RLHICA will not make payment for specialized implant surgical techniques, removal of implant, implant maintenance procedures, or implant repairs, and all charges for the same will be the responsibility of the Insured unless otherwise specified in the Summary of Dental Plan Benefits.
- (vii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments or myofunctional therapy.
- (viii) RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured: any appliance or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusions; (c) replace

GENERAL BENEFIT PROVISIONS

tooth structure lost as a result of abrasions, attrition or erosion; and (d) splint or stabilize teeth for periodontal reasons.

f. Relines and Repairs

Relines and repairs to bridges, removable bridges, partial dentures, and complete dentures. A reline or a complete replacement of denture base material is limited to once in any three-year period per appliance.

g. Other Class III Services

- (i) Benefits for an occlusal guard are payable only once in a lifetime.
- (ii) Benefits for limited occlusal adjustments are payable once in a five-year period.
- (iii) Office visits during regularly scheduled hours are payable once per Benefit Year.
- (iv) RLHICA will not make payment for the following services, and all charges for the same will be the responsibility of the Insured: repair, relines, or adjustments of occlusal guards.
- (v) RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: 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 visit, mounted occlusal analysis, complete occlusal adjustment, enamel microabrasions, odontoplasty or bleaching.

3. Class IV Benefits

Orthodontic Services

Services, treatment, and procedures to correct malposed teeth, subject to the following exclusions and limitations:

- a. RLHICA's payment for orthodontic services (Class IV Benefits) will be limited to the lifetime maximum shown in the Summary of Dental Plan Benefits.
- b. Orthodontic Benefits are payable until the end of the calendar year of the 19th birthday of an Insured or Eligible Dependent unless otherwise specified in the Summary of Dental Plan Benefits.
- c. 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.
- d. The Dentist may terminate treatment, with written notification to RLHICA and to the patient, for lack of patient interest and cooperation. In those cases, RLHICA's obligation

GENERAL BENEFIT PROVISIONS

for payment of Benefits ends on the last day of the month in which the patient was last treated.

- e. RLHICA will not make payment for the following benefits and services and all charges for the same will be the responsibility of the Insured: lost, missing, or stolen appliances of any type and replacement or repair of an orthodontic appliance.

EXCLUSIONS AND LIMITATIONS

A. Exclusions:

In addition to the exclusions listed in the General Benefit Provisions section, RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Insured, unless otherwise specified in the Summary of Dental Plan Benefits.

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Benefits or services that are received from any government agency, political subdivision, community agency, foundation, or similar entity.

NOTE: This exclusion does not apply to any programs provided under Title XIX Social Security Act, that is, Medicaid.

2. Services or appliances started prior to the date the person became covered under this Policy excluding orthodontic treatment.
3. Charges for failure to keep a scheduled visit with the Dentist.
4. Charges for completion of forms or submission of claims.
5. Services for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
6. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
7. Services 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.
8. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
9. Services that are generally covered under a hospital, surgical/medical, or prescription drug program.
10. Services that are not within the classes of Benefits that have been selected and shown on the Summary of Dental Plan Benefits.

B. Limitations:

In addition to the limitations listed above in the General Benefit Provision, the following limitations apply under this Policy, unless otherwise specified in the Summary of Dental Plan Benefits:

1. RLHICA's obligation for payment of Benefits ends on the date that this Policy terminates.
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 an Insured or Eligible Dependent will be paid to the limit of RLHICA's liability for the services completed or in progress.

EXCLUSIONS AND LIMITATIONS

4. The maximum Benefit payable in any one Benefit Year will be limited to the amount specified in the Summary of Dental Plan Benefits.
5. If a plan Deductible amount is specified in the Summary of Dental Plan Benefits, RLHICA will not be obligated to pay for, in whole or in part, any services until the Deductible amount is met.

CLAIM PROVISIONS

Agreement

RLHICA agrees to make payments in the following manner for Covered Services provided to the Insured and Eligible Dependents: RLHICA will base payment on the lesser of the Submitted Amount, and either the Allowed Amount or an amount based on a Table of Allowances, whichever is shown in the Summary of Dental Plan Benefits. RLHICA will either send payment to the Insured who is responsible for paying the Dentist whatever he or she charges, or directly to the Dentist if the Insured or Eligible Dependent has assigned Benefit payments to the Dentist who rendered Covered Services under this Policy.

Predetermination (Pre-Service Claim)

RLHICA recommends Predetermination before any services are rendered where the total charges will exceed \$200. You and your Dentist should review your Predetermination Notice before your Dentist proceeds with treatment. Once treatment is complete, the dates of service will be entered on the Predetermination Notice and the Predetermination Notice may be submitted to RLHICA for payments.

A. Notice of Claim

Written notice of claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to RLHICA at its home office or to RLHICA's agent. Notice should include the name of the Insured and the Policy number.

B. Claim Forms

RLHICA, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Policy as to proof of loss upon submitting, within the time fixed in the Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

C. Proof of Loss

Written proof of loss must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, RLHICA shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the claimant was legally incapacitated.

D. Time of Payment of Claims

RLHICA will pay immediately, or within 30 days following receipt of due written proof of loss, all benefits due under this Policy.

E. Payment of Claims

Except as set forth in this clause, all benefits are payable to the Insured. Benefits unpaid at your death will be paid to your spouse. If you have no spouse, they will be paid to your estate.

Unless you ask us not to, we may pay all or part of a benefit for dental services to its provider. It is not required that the care or service be by any certain provider. To ask us not to pay benefits in this way, you must do so in writing before you have assigned the benefits to another. You may make your request in

CLAIM PROVISIONS

the application for this Policy or at a later date. Your request must be made not later than the time the proof of loss is filed. Payment made in good faith under this clause will discharge our obligations under the Policy to the extent of the payment.

F. Assignment:

With RLHICA approval, Benefits for dental services may be assigned to the provider providing treatment. We reserve the right to refuse to approve an assignment to a provider providing treatment and pay benefits directly to the Insured.

G. Physical Examination:

RLHICA shall have the right and opportunity to examine you or an Eligible Dependent while a claim is pending or while a dispute over the claim is pending. These examinations are made at our expense and as often as we may reasonably require.

H. Right of Recovery

If RLHICA pays a claim for which another person or company is liable, RLHICA has the right to recover its payment from the other person or company.

I. Claim Denials

RLHICA will establish a procedure for resolving all questions raised by a Dentist, an Insured or an Eligible Dependent in regard to claims for dental Benefits allowed or rejected under the terms of this Policy. This procedure will be used both for the initial determination of those questions and for the resolution of appeals made on the basis of those initial determinations. All determinations made according to this procedure will be final and binding on the Dentist, the Insured and the Eligible Dependent.

GENERAL PROVISIONS

THE CONTRACT

- A. **Entire Contract; Changes:** This Policy with the application is the entire contract between the Insured and RLHICA. No change in this Policy will be effective until approved by one of our officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.
- B. **Time Limit on Certain Defenses:** A material misstatement by the Insured in any application for this Policy may be used to void this Policy or to deny a claim. This action may be taken in the first two years of a person's coverage. After the two-year period, this action may be taken only for a fraudulent misstatement and non-payment of premium.
- C. **Legal Actions:** No legal action may be brought to recover on this Policy within 60 days after written proof of loss has been given as required by this Policy, unless prohibited by applicable state law. No such action may be brought after the expiration of the applicable statute of limitations (3 years in most states, 5 years in Kansas and 6 years in South Carolina) from the time written proof of loss is required to be given.
- D. **Change of Beneficiary:** Unless the Insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the Insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this Policy or to any change of beneficiary or beneficiaries, or to any other changes in this Policy.
- E. **Conformity With State Laws:** Any part of the Policy in conflict with the laws of the state where you live on the Policy's effective date is changed to conform to the minimum requirements of that state's laws.

PREMIUMS

- A. **Premium Payment:** Each premium is to be paid on or before its due date. Premium may be paid for a 12 month time period or monthly if paid by credit card or direct debit from your checking account.

From time to time, RLHICA may change the rate tables used for this Policy form. Each premium will be based on the rate table in effect on that premium's due date. The Policy plan, age and sex of Insureds, time the Policy has been in force, and place of residence on the premium due date are factors used in determining premium rates. RLHICA will make no change in your premium solely because of claims made under this Policy. At least 30 days notice of any plan to change rates as permitted by this clause will be mailed to the Insured at your last address as shown in our records.

- B. **Grace Period:** This Policy has a 31-day grace period. This means that if a premium, other than the initial premium, is not paid by the date it is due, it may be paid during the following 31 days. Your Policy will remain in force during this grace period. The grace period will not apply if, at least 30 days before the due date, we have delivered or mailed to your last known address written notice of our intent not to renew this Policy.

- C. **Reinstatement:** If you do not pay the premium by the end of the grace period, your Policy will lapse. This Policy may be reinstated. We may require an application. You must pay the premium to us.

If an application is not required, your Policy will be reinstated when the premium is accepted. If an application is required, and a conditional receipt is issued, your Policy will be reinstated when the application is approved by us. If the application is disapproved, your Policy will not be reinstated. If the application is received by us, but is neither disapproved in writing nor approved, your Policy will be reinstated 45 days after the date of the conditional receipt.

GENERAL PROVISIONS

Premium accepted for reinstatement may be applied to a period for which premium had not been paid. The period for which back premium may be required will not begin more than 60 days before the date of reinstatement.

The reinstated Policy will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date.

A change may be made in your Policy in connection with the reinstatement. These changes will be sent to you for you to attach to your Policy. In all other respects, you and we will have the same rights as before your Policy lapsed.

- D. **Misstatement of Age or Sex:** If an Insured's or Eligible Dependent's age or sex has been misstated, the benefits may be adjusted, based on the relationship of the premium paid to the premium that should have been paid based on the correct age or sex.