

State: Arkansas **Filing Company:** Renaissance Life & Health Insurance Company of America
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: Group Dental Product
Project Name/Number: 2012 Update/2012 Update

Filing at a Glance

Company: Renaissance Life & Health Insurance Company of America
Product Name: Group Dental Product
State: Arkansas
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form
Date Submitted: 09/27/2012
SERFF Tr Num: RENA-128654188
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 2012 UPDATE

Implementation: On Approval
Date Requested:
Author(s): Veta Daniel
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 10/01/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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General Information

Project Name: 2012 Update Status of Filing in Domicile: Authorized
Project Number: 2012 Update Date Approved in Domicile: 08/22/2012
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Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 10/01/2012
State Status Changed: 10/01/2012 Deemer Date:
Created By: Veta Daniel Submitted By: Veta Daniel
Corresponding Filing Tracking Number:

Filing Description:

Arkansas Insurance Department
120 West 3rd Street
Little Rock, AR 72201-1904

RE: Renaissance Life & Health Insurance Company of America. NAIC No. 61700.
Group Classic Dental Insurance Policy, Forms D-100A-AR V4, et al.
SERFF Tracking No. RENA-128654188

On behalf of Renaissance Life & Health Insurance Company of America, we are submitting the attached revised forms for review and approval in your state. These forms will replace the existing forms, SERFF Tracking No. RENA-126524769, approved March 10, 2010; RENA-125770201, approved August 24, 2008 and RENA-126524774 approved June 7, 2010. We have attached the redlined and final versions of these documents. The revisions incorporate changes Renaissance has made to its policy and other attached forms. There are also three new documents that are to be used with this Group Dental Product: Form 012A - Terms for Paperless Delivery, Form D-201A - PPO Policy Rider and Form D-202A - PPO Certificate Rider.

Please find the following items and their redlined revisions:

Group Dental Classic Insurance Policy, Form D-100A-AR V4;
Group Dental Classic Insurance Certificate, Form D-AR-042A V4;
Group Dental Classic Declaration Pages, Form D-102A V4;
Group Dental Classic Declaration Pages, Form D-103A V4;
Group Dental Classic Summary of Dental Plan Benefits, Form D-111A V4;
Group Dental Classic Summary of Dental Plan Benefits, Form D-112A V4;
Employer Application and Agreement, Form D-AR-001A V4;
Eligibility Enrollment/Update, Form D-AR- 002A V4;
PPO Declarations, Form D-163A V4; and
PPO Summary of Dental Plan Benefits, Form D-164A V4

New Forms:

Terms for Paperless Delivery, Form D-012A
PPO Policy Rider, Form D-201A;
PPO Certificate Rider, Form D-202A;

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These forms are intended to be issued to employer groups and will be marketed through licensed agents.

Thank you for your consideration. If you have any questions, please contact me at 517-347-5273 or via email at vdaniel@renaissancefamily.com.

Thank you.

Veta M. Daniel
 Compliance Analyst
 Renaissance Life & Health Insurance Company of America

Company and Contact

Filing Contact Information

Veta Daniel, Administrative Product Specialist
 4100 Okemos Road
 Okemos, MI 48864
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 517-347-5273 [Phone]
 517-381-4565 [FAX]

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$650.00
 Retaliatory? No
 Fee Explanation: Filing Fee: 13 Forms @ \$50 per form = \$650.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
Renaissance Life & Health Insurance Company of America	\$650.00	09/27/2012	63135012

SERFF Tracking #:

RENA-128654188

State Tracking #:

Company Tracking #:

2012 UPDATE

State:

Arkansas

Filing Company:

Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

Group Dental Product

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2012 Update/2012 Update

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/01/2012	10/01/2012

State: Arkansas
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
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Disposition

Disposition Date: 10/01/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Redlined Documents	Approved-Closed	Yes
Form	Group Dental Policy	Approved-Closed	Yes
Form	Group Dental Certificate	Approved-Closed	Yes
Form	Declarations	Approved-Closed	Yes
Form	Declarations	Approved-Closed	Yes
Form	Summary of Dental Plan Benefits	Approved-Closed	Yes
Form	Summary of Dental Plan Benefits	Approved-Closed	Yes
Form	Application & Agreement	Approved-Closed	Yes
Form	Eligibility Enrollment/Update	Approved-Closed	Yes
Form	PPO Declarations	Approved-Closed	Yes
Form	PPO Summary of Dental Plan Benefits	Approved-Closed	Yes
Form	PPO Policy Rider	Approved-Closed	Yes
Form	PPO Certificate Rider	Approved-Closed	Yes
Form	Terms for Paperless Delivery	Approved-Closed	Yes

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Form Schedule

Lead Form Number: D-100A-AR V4							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 10/01/2012	D-100A-AR V4	POL	Group Dental Policy	Revised: Replaced Form #: D-100A-AR V2 Previous Filing #: RENA-126524769		D-100A-AR V4 Policy 1-2012.pdf
2	Approved-Closed 10/01/2012	D-AR-0402A V4	CER	Group Dental Certificate	Revised: Replaced Form #: D-AR-0402A V3 Previous Filing #: RENA-126524769		D-AR-0402 V4 Certificate 1-2012.pdf
3	Approved-Closed 10/01/2012	D-102A V4	DDP	Declarations	Revised: Replaced Form #: D-102A V3 Previous Filing #: RENA-126524769		D-102A V4 Declarations 2012.pdf
4	Approved-Closed 10/01/2012	D-103A V4	DDP	Declarations	Revised: Replaced Form #: D-103A V3 Previous Filing #: RENA-126524769		D-103A V4 Declarations 2012.pdf
5	Approved-Closed 10/01/2012	D-111A V4	SCH	Summary of Dental Plan Benefits	Revised: Replaced Form #: D-111A V4 Previous Filing #: RENA-126524769		D-111A V4 Summary 2012.pdf

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Lead Form Number: D-100A-AR V4

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
6	Approved-Closed 10/01/2012	D-112A V4	SCH	Summary of Dental Plan Benefits	Revised: Replaced Form #: D-112A V4 Previous Filing #: RENA-126524769		D-112A V4 Summary 2012.pdf
7	Approved-Closed 10/01/2012	D-AR-001A V4	AEF	Application & Agreement	Revised: Replaced Form #: D-AR-001A V3 Previous Filing #: RENA-125770201		D-AR-001A V4 Employer Application and Agreement 1-2012.pdf
8	Approved-Closed 10/01/2012	D-AR-002A V4	AEF	Eligibility Enrollment/Update	Revised: Replaced Form #: D-AR-002A V2 Previous Filing #: RENA-125981678		D-AR-002A V4 Eligibility Enrollment Update 1-2012.pdf
9	Approved-Closed 10/01/2012	D-163A V4	DDP	PPO Declarations	Revised: Replaced Form #: D-163A V3 Previous Filing #: RENA-126524774		D-163A V4 PPO Declarations 1-2012.pdf
10	Approved-Closed 10/01/2012	D-164A V4	SCH	PPO Summary of Dental Plan Benefits	Revised: Replaced Form #: D-164A V3 Previous Filing #: RENA-126524774		D-164A V4 PPO Summary 1-2012.pdf
11	Approved-Closed 10/01/2012	D-201A	CERA	PPO Policy Rider	Initial:		D-201A PPO Policy Rider 01-2012.pdf
12	Approved-Closed 10/01/2012	D-202A	CERA	PPO Certificate Rider	Initial:		D-202A PPO Certificate Rider 01-2012.pdf

State: Arkansas

Filing Company:

Renaissance Life & Health Insurance Company of America

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Lead Form Number: D-100A-AR V4

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
13	Approved-Closed 10/01/2012	D-012A	OTH	Terms for Paperless Delivery	Initial:		D-012A Terms for Paperless Delivery.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



RenaissanceSM

Life & Health Insurance Company of America

**Renaissance
Group Dental Policy**

**RENAISSANCE
GROUP DENTAL POLICY**

Table of Contents

Section I.	Declarations.....	1
Section II.	Definitions.....	4
Section III.	Eligibility for Coverage	5
Section IV.	Continuation of Coverage.....	7
Section V.	Benefits.....	8
Section VI.	Exclusions and Limitations.....	12
Section VII.	Claims.....	13
Section VIII.	Agreements	14
Section IX.	General Terms	15
Section X.	Term and Termination.....	16
Section XI.	Coordination of Benefits.....	17
Section XII.	Miscellaneous Provisions	19

This Policy is a legal contract between the Policyholder and Renaissance Life & Health Insurance Company of America (“RLHICA”). **Read your Policy carefully.**

Renaissance Life & Health Insurance Company of America
Attention: Renaissance Administration
[P.O. Box 30381
Lansing, Michigan 48909-7881
Administrative Direct Line: 1-800-745-7509
Customer Service Direct Line: 1-888-358-9484]

Important Cancellation Information-Please Read Section X Entitled, “Term and Termination”

Section II. Definitions

- A. Allowed Amount** – means the maximum dollar amount upon which RLHICA will base Benefits. RLHICA determines the Allowed Amount using statistically valid claims data submitted to RLHICA and its affiliates which show the most frequently charged fees by providers in the same geographic areas for comparable services or supplies. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association. (This definition is only applicable if the Allowed Amount method for Benefits is shown in the Declarations Section).
- B. Benefit Year** – means the calendar year, unless the Policyholder elects the Policy Year to serve as the Benefit Year. The Benefit Year is specified in the Declarations Section.
- C. Benefits** – means payment for Covered Services.
- D. Certificate Holder** – means all people who:
1. are certified as being eligible by the Policyholder;
 2. are members of the group specified in the Declarations Section; and
 3. are enrolled by RLHICA to receive Benefits under the Policy.
- E. Child or Children** – means the Certificate Holder’s natural children, stepchildren, adopted children, or foster children placed in the foster home; or children by virtue of legal guardianship during the waiting period for legal adoption or guardianship.
1. An unmarried child of the Certificate Holder who has not yet reached the end of the calendar year of his or her 19th birthday; or
 2. An unmarried Child that meets all of the following criteria: (1) is under the age of [25]; (2) is a resident of the same state as the Certificate Holder, [or] [and] is a full-time student; (3) is dependent upon Certificate Holder or the Certificate Holder’s Legal Spouse for support; and (4) does not have coverage, other than coverage as a dependent, under another dental insurance plan; or,
 3. An unmarried Child of the Certificate Holder or the Certificate Holder’s legal spouse if, pursuant to a court decree, the Certificate Holder or the Certificate Holder’s legal spouse is financially responsible for the medical, health, or dental care of the Child; or
 4. An unmarried Child of the Certificate Holder 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 Certificate Holder 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 Certificate Holder has the burden of establishing that the Child continues to meet the two criteria specified above. If requested by RLHICA, the Certificate Holder shall submit medical reports confirming that the Child meets the two criteria specified above.
- F. Coinsurance** – means the percentage of the Allowed Amount for Covered Services that the Certificate Holder must pay toward treatment.
- G. Completion Date** - means the date that treatment is complete. Treatment is complete:
1. for dentures and partial dentures, on the delivery date;
 2. for crowns and bridgework, on the permanent cementation date;
 3. for root canals and periodontal treatment, on the date of the final procedure that completes treatment.
- H. Copayment** – means the dollar amount that the Certificate Holder must pay toward treatment.
- I. Covered Service(s)** – means the unique dental service(s) selected for coverage as described in the Declarations Section and subject to the terms and conditions of this Policy.

- J. Deductible** – means the amount an individual and/or a family must pay toward Covered Services before RLHICA begins paying for those services under this Policy. If the Policyholder has selected a Deductible, it will be indicated in the Declarations Section.
- K. Dentist** – means a person licensed to practice dentistry in the state or jurisdiction in which dental services are rendered.
- L. Eligible Dependent** – means (a) the Certificate Holder’s Legal Spouse (b) the Certificate Holder’s Child(ren); and (c) any other dependents who meet the criteria for eligibility set forth in the Declarations Section. If dependent coverage has been selected, it will be indicated in the Declarations Section.
- M. Legal Spouse** – means a person who is any of the following: (a) the spouse of the Certificate Holder through a marriage legally recognized by the state in which this Policy was issued; or (b) the partner of the Certificate Holder through a civil union legally recognized by the state in which this Policy was issued [.]]; or [(c) the Domestic Partner of the Certificate Holder, so long as the requirements listed in the Declarations Section are met and proof that those requirements are met is provided to RLHICA at its request].
- N. Limiting Age** – means the age at which a Child of the Certificate Holder is no longer eligible for Benefits under this Policy pursuant to the definition of Child above.
- O. Maximum Payment** – means the maximum dollar amount RLHICA will pay in any Benefit Year or lifetime for Covered Services. The Maximum Payments are specified in the Declarations Section.
- P. Open Enrollment Period** – means the period of time as determined by the Policyholder, during which an eligible person as indicated in the may enroll or be enrolled to receive Benefits.
- Q. Policy** – means this document, including, if applicable, the application, any appendices, supplements, riders, successor agreements, or renewals now or hereafter issued or executed.
- R. Policyholder** – means the employer, organization, or plan sponsor who holds the contract with RLHICA.
- S. Policy Year** – means the 12 month period beginning on the first Effective Date of the Policy and each 12 month renewal period thereafter.
- T. Rate** – means the amount, per Certificate Holder and Certificate Holder class, the Policyholder agrees to pay RLHICA each month. This amount, or the information necessary to compute it, is specified in the Declarations Section.
- U. RLHICA** – means Renaissance Life & Health Insurance Company of America.
- V. Submitted Amount** – means the fee a Dentist bills to RLHICA for a specific service or item.
- W. Table of Allowances** – means the maximum amount allowed per procedure as determined by the Policyholder. (If the Table of Allowances method for Benefits has been selected by the Policyholder, it will be indicated in the Declarations Section).

Section III. Eligibility for Coverage

A. General Eligibility Rules

No person will be eligible for Benefits under this Policy unless the Policyholder has either currently enrolled that person as a Certificate Holder or currently listed that person as an Eligible Dependent and unless the enrollment or listing is allowed under this Policy.

B. Effective Date of Eligibility

- 1. Initial Effective Date:** All Certificate Holders on the Effective Date of this Policy are immediately eligible for Benefits. If Eligible Dependents of the Certificate Holder are covered by this Policy, their eligibility commences on the same date as the Certificate Holder.

- 2. After the initial Effective Date:** For all Certificate Holders (and their Eligible Dependents, if dependent coverage is selected) not associated with the Policyholder on the initial Effective Date of this Policy, eligibility for Benefits will begin, unless otherwise stated, as follows:
- a.** Newly hired or rehired employees: Date for which employment compensation begins or, if applicable, that date plus the number of days specified as a waiting period in the Declarations Section;
 - b.** Spouse: Date of marriage, civil union or domestic partnership;
 - c.** Newborn: A dependent Child born while this coverage is in force for a Certificate Holder 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;
 - d.** Foster children, legal adoptions or guardianships: Date the Child is placed in the foster home or with the Certificate Holder, at which time this Child will be covered on the same basis as a natural child. A child adopted on or after the Certificate Holder's Effective Date will be covered from the date of the filing of a petition for adoption if the Certificate Holder 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;
 - e.** Stepchild: Date that the Child's natural parent becomes an Eligible Dependent;
 - f.** Special Enrollment Periods: For dental benefits not provided under a group health plan providing only dental benefits and where the dental benefits are "integral" to the group health plan (i.e., where dental benefits are not "excepted benefits" under the IRC Section 9832(c)), the date required under the special enrollment provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, Section 701(f), and IRC Section 9801(f).

For the special enrollment periods provided under ERISA Section 701(f)(3)(A)(i) and IRC Section 9801(f)(3)(A)(i), relating to the loss of coverage under a state Medicaid program or a subsidy under either of those programs under ERISA Section 701(f)(3)(A)(ii) and IRC Section 9801(f)(3)(A)(ii), the enrollment period will be 60 days following the loss of coverage under either state program or the date you are determined to be eligible for a premium assistance subsidy. For coverage under ERISA Section 701(f)(3)(A)(ii) and IRC Section 9801(f)(3)(A)(ii) on account of eligibility for a premium assistance subsidy, the group health plan must be "Qualified Employer-Sponsored Coverage," which means that (i) the Plan constitutes creditable coverage for HIPAA purposes, (ii) the Policyholder's contribution toward the cost of any premium or premium equivalent is at least 40 percent, and (iii) the coverage under the group health plan is available on a non-discriminatory basis under IRC Section 105(h);

- g.** All others: Date that RLHICA approves in writing the enrollment or listing of those people, unless compelled by a court or administrative order to otherwise provide Benefits for a Child or Eligible Dependent.

Once eligible, Certificate Holders and their Eligible Dependents must enroll for coverage under this Policy within 30 days from the date upon which such Certificate Holder or Eligible Dependents become eligible for Benefits under the terms of Section III B immediately above. A Certificate Holder properly enrolls for coverage by completing all enrollment forms required by RLHICA and submitting such forms to the Policyholder. If the Certificate Holder or Eligible Dependent is not properly enrolled for coverage within 30 days from the date upon which he/she becomes eligible for Benefits, then such Certificate Holder or Eligible Dependent must wait until the next Open Enrollment Period to enroll.

C. Termination of Eligibility

Eligibility for Benefits will terminate for all Certificate Holders and Eligible Dependents under this Policy at the earlier of:

1. The termination of this Policy; or
2. The last day of the month for which payment has been made if the Policyholder fails to make the payments required by this Policy.

Eligibility of an individual Certificate Holder, and of the Eligible Dependents of that Certificate Holder, will also terminate if that Certificate Holder ceases to be a Certificate Holder as defined by this Policy. An Eligible Dependent's eligibility also terminates upon lack of compliance with the eligibility requirements of this Policy.

D. Conversion to an Individual Policy

A person whose eligibility under this Policy is terminated or who loses coverage under this Policy may be eligible to apply for an individual direct payment policy. Any request to obtain such a policy will be subject to applicable state law.

Section IV. Continuation of Coverage

A. Loss of Eligibility During Treatment

1. If a Certificate Holder and/or Eligible Dependent lose eligibility while receiving dental treatment, only Covered Services received while that individual was eligible under the Policy will be payable.
2. Certain procedures begun before the loss of eligibility 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 difference between RLHICA's payment and the total fee for those procedures is the Certificate Holder's responsibility.

B. Continuation Coverage – COBRA

The other provisions of this Policy notwithstanding, eligibility for Benefits will continue for an individual who is required to be provided with and elects continuation coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law (“COBRA”) provided:

1. The Certificate Holder or Eligible Dependent elects COBRA coverage under this Policy;
2. Continuation coverage is required to be provided under COBRA;
3. The Policyholder notifies RLHICA that the individual is eligible for Benefits under COBRA.

Continuation coverage shall only be in effect up to the first day of the month after the individual notifies the Policyholder that he or she no longer wants coverage from RLHICA, the date a COBRA premium payment was due and was not remitted by the end of the COBRA Grace Period or until the end of the individual's continuation coverage period, whichever occurs first.

Further, coverage shall only remain in effect until the last day of the month for which payment has been made to RLHICA by the Policyholder provided, however that any payment for COBRA continuation coverage received during a period that is 30 days following the date the COBRA premium payment was due (the “COBRA Grace Period”) will provide continuation coverage from the due date. An individual's coverage may be retroactively reinstated for the 60 day COBRA “election” period if the Policyholder pays the applicable Rate for the period within the 45-day period following the date of the COBRA election. RLHICA may continue coverage, if legally required.

Continuation coverage will not continue beyond the termination of this Policy.

The individual is responsible for the costs of any service provided after an individual is no longer eligible for continuation coverage under this Section IV B. Proper and timely notification by the Policyholder should be given to RLHICA to terminate the individual's coverage. The Policyholder will be liable to RLHICA for any Rate payments due on account of any untimely, improper or inaccurate notice.

The monthly Rate that the Policyholder must pay on behalf of any individual who is provided coverage under this Section IV B will be based on the COBRA continuation coverage rates then in effect during that month.

An individual who continues coverage will be considered to be either a Certificate Holder or an Eligible Dependent under this Policy and the dental care certificate as long as coverage is provided under this Section IV B. RLHICA does not assume any of the obligations assigned by COBRA to the Policyholder or any employer (including the obligation to notify potential beneficiaries of their rights or options under COBRA), and the Policyholder agrees that it will perform those obligations in full.

Not all employers are subject to the continuation coverage requirements contained in COBRA. For those that are not, the above language in Section IV B does not apply. Employers should consult with their legal counsel to determine how and when the law applies.

C. Continuation Coverage – Death of Certificate Holder

Upon the death of the Certificate Holder, coverage for Eligible Dependents (if any) shall continue for a period of 90 days, subject to the termination provisions found in Section III or Section X of this Policy.

D. Continuation Coverage – Eligible Dependents

Eligible Dependents may elect to continue coverage under this Policy in the event of the divorce, retirement or death of the Certificate Holder. To elect coverage, Eligible Dependents should contact the Certificate Holder's employer or organization immediately following the occurrence of one of the above-mentioned events.

E. Continuation Coverage – Total Disability

In the event this Policy is terminated for any reason, the Benefits paid pursuant to this Policy shall continue for a period of 90 days in the event of total disability (on the date of such termination) of the Certificate Holder or an Eligible Dependent.

Section V. Benefits

COVERED SERVICES

RLHICA agrees to provide Benefits to Certificate Holders and Eligible Dependents under the policies and procedures of RLHICA and under the terms and conditions of this Policy, including, but not limited to, the categories of services, exclusions and limitations listed below.

Unless otherwise specified in the Declarations Section, Covered Services may be divided into the following categories, and are subject to the exclusions and limitations listed below. Please see the Declarations Section for Benefits, exclusions and limitations applicable under your Policy.

A detailed list of the Benefits provided under this Policy is available upon request by the Policyholder. All time limitations are measured either from the last date of service in any RLHICA Plan or, at the request of the Policyholder, from the last date of service in any dental Plan.

DIAGNOSTIC AND PREVENTIVE SERVICES

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

- i. [Topical fluoride treatments are payable [twice] in any Benefit Year for Children under age [14];]

- ii. Oral examinations submitted as a consultation or evaluation are payable [twice] in any Benefit Year, whether provided under one or more RLHICA Plans;
- iii. Prophylaxes including periodontal maintenance procedures are payable [twice] in any Benefit Year;
- iv. Bitewing X-rays are payable once in any Benefit Year;
- v. Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age [14];
- 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 Certificate Holder;
- vii. RLHICA will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology or pathology) and caries susceptibility tests and all charges for the same will be the responsibility of the Certificate Holder, unless otherwise indicated in the Declarations Section or in this Policy.

[Brush Biopsy

Oral brush biopsy procedure and laboratory analysis used to detect oral cancer, an important tool that identifies and analyzes precancerous and cancerous cells.]

[BASIC SERVICES

Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain is not a Covered Service when done in conjunction with any services except X-rays, tests or examinations.

Radiographs (X-rays)/Diagnostic Imaging/Diagnostic Casts

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

- 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 [5] 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. Cephalometric films, oral/facial images or diagnostic casts are not payable, except in conjunction with Orthodontic Services, and all charges for the same will be the responsibility of the Certificate Holder;
- v. Posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable and all charges for the same will be the responsibility of the Certificate Holder.

Minor Restorative Services

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

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

Simple Extractions

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

Sealants

Sealants are payable only for the occlusal surface of first permanent molars for Children under age [9] and second permanent molars for Children under age [14]. The surface must be free from decay and restorations. Sealants are a Benefit payable once in any [3] year period.

Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures to treat diseases of the gums and supportive structures of the teeth, along with benefits for prophylaxes, including periodontal maintenance procedures, are payable [twice] in any Benefit Year.

Other Basic Services

After hours visits, not to exceed once per Benefit Year.

MAJOR SERVICES

Oral Surgery Services

Surgical extractions and dental surgery, including local anesthesia, suturing, if needed, and routine post-operative care are subject to the following exclusions and limitations:

- i. RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder unless otherwise specified in the Declarations Section: appliances, restorations, X-rays or other services for the diagnosis or treatment of temporomandibular disorders (“TMD”) including myofunctional therapy;
- ii. RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

Endodontic Services

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

- i. Endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in any 24 month period;
- ii. Root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth;
- iii. RLHICA will not make payment for pulp caps and all charges for the same will be the responsibility of the Certificate Holder.

Maxillofacial Prosthetics

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

Periodontic Services

The treatment of diseases of the gums and supporting structures of the teeth is subject to the following exclusions and limitations:

- i. Full mouth debridement will be payable [once in the Certificate Holder’s or Eligible Dependent’s lifetime];
- ii. Scaling and root planing are payable once per area in any 24 month period;
- iii. Periodontal surgery is payable once per area in any 3 year period.

Major Restorative Services

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.** Indirect restorations including porcelain/ceramic substrate, porcelain/resin processed to metal and cast restorations (including crowns and onlays) and associated procedures such as cores and post and core substructures on the same tooth are payable once in any [7] year period;
- ii.** Substructures and indirect restorations, including porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children under age 12 and all charges for the same will be the responsibility of the Certificate Holder;
- iii.** Optional treatment: If the Certificate Holder 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. The Certificate Holder will be responsible for the difference in cost;
- iv.** 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 Certificate Holder will be responsible for any additional charges;
- v.** RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown;
- vi.** RLHICA will not make payment for dentistry for aesthetic reasons and all charges for the same will be the responsibility of the Certificate Holder;
- vii.** Veneers are not a Covered Service and all charges for the same will be the responsibility of the Certificate Holder.

Prosthodontic Services

Services and appliances that replace missing natural teeth (such as fixed bridges, endosteal implants, partial dentures, and complete dentures) are subject to the following exclusions and limitations:

- i.** One complete upper and one complete lower denture is payable once in any [7] year period;
- ii.** A partial denture, fixed bridge and any associated services are payable once in any [7] year period;
- iii.** Fixed bridges, endosteal implants and cast metal partial dentures are not payable for Children under age [16] and all charges for the same will be the responsibility of the Certificate Holder;
- iv.** Optional treatment: If the Certificate Holder 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. The Certificate Holder will be responsible for the difference in cost;
- v.** Services for tissue conditioning are payable twice per denture unit in any 3 year period;
- vi.** Endosteal implants are allowed once per tooth, per lifetime. RLHICA will not make payment if the implant is placed within [7] years following prosthodontic or major restorative services involving that tooth and all charges for the same will be the responsibility of the Certificate Holder;
- vii.** RLHICA will not make payment for specialized implant surgical techniques, removal of an implant, implant maintenance procedures, or implant repairs and all charges for the same will be the responsibility of the Certificate Holder unless otherwise specified in the Declarations Section;
- viii.** RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: lost, missing or stolen appliances of any type; temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachment copings or myofunctional therapy;
- ix.** RLHICA will not make payment for procedures to replace a missing tooth or teeth that were lost prior to becoming a Certificate Holder or Eligible Dependent under this Policy and all charges for the same will be the responsibility of the Certificate Holder.

Relines and Repairs

Relines and repairs to fixed bridges, partial dentures and complete dentures. A reline or a complete replacement of denture base material is limited to once in any [3] year period per appliance.

Other Major Services

- i. An occlusal guard is payable only once per Certificate Holder's or Eligible Dependent's lifetime;
- ii. Limited occlusal adjustments are limited to [3] in a [5] year period;
- iii. RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: repair, relines or adjustments of occlusal guards.

ORTHODONTIC SERVICES

No person will be eligible for Orthodontic Services under this Policy unless Orthodontic Services are provided for in the Declarations Section. Services, treatment, and procedures to correct malposed teeth (for example, braces), are subject to the following exclusions and limitations:

- i. RLHICA's payment for Orthodontic Services will be limited to the lifetime Maximum Payment specified in the Declarations Section of this Policy;
- ii. Orthodontic Services are payable until the end of the calendar year of the [19th] birthday of a Certificate Holder or Eligible Dependent unless otherwise specified in the Declarations Section;
- iii. RLHICA's payment for Orthodontic Retention Services (removal of appliances, construction and placement of retainer) is included in its payment of overall Orthodontic Services. If a Dentist bills these services separately, payment will be denied.
- iv. 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;
- v. 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 for payment ends on the last day of the month in which the patient was last treated;
- vi. RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: lost, missing or stolen appliances of any type or replacement or repair of an orthodontic appliance.]

Section VI. Exclusions and Limitations

Exclusions:

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

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Services that are received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX of the Social Security Act, that is, Medicaid;
2. Services or appliances started prior to the date the person became eligible under this Policy, excluding orthodontic treatment in progress (if a Covered Service);
3. Charges for failure to keep a scheduled visit with the Dentist;
4. Charges for completion of forms or submission of claims;
5. Services, items or supplies for which no valid dental need can be demonstrated, as determined by RLHICA;

6. Services, items or supplies that are specialized techniques, as determined by RLHICA;
7. Services, items or supplies that are investigational in nature, including services, items or supplies required to treat complications from investigational procedures, as determined by RLHICA;
8. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or other licensed provider under the scope of his or her license as permitted by applicable state law;
9. Services, items or supplies excluded by the policies and procedures of RLHICA;
10. Services, items or supplies which are not rendered in accordance with accepted standards of dental practice, as determined by RLHICA;
11. Services, items or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of RLHICA coverage;
12. Services, items or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
13. Services, items or supplies that are generally covered under a hospital, surgical/medical or prescription drug program;
14. Services, items or supplies that are not within the categories of Benefits that have been selected by the Policyholder and are not covered in this Policy;
15. Prescription drugs, non-prescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards, house/extended care facility visits, mounted occlusal analysis, complete occlusal adjustments, enamel microabrasions, odontoplasty or bleaching;
16. Correction of congenital or developmental malformations, cosmetic surgery or dentistry for aesthetic reasons as determined by RLHICA;
17. Any appliance, restoration or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusion; (c) replace tooth structure lost as a result of abrasion, attrition, abfraction or erosion; or (d) splint or stabilize teeth for periodontal reasons.

Limitations:

In addition to the limitations listed above in the Benefits Section, the following limitations apply under this Policy, unless otherwise specified in the Declarations Section:

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

Section VII. Claims

A. Claim Forms

Upon request, RLHICA 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 such request, 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.

B. 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 (1) year from the time specified unless the claimant was legally incapacitated.

C. Payment of Claims

Upon receipt of all required claim information and in accordance with prompt payment of claim laws, RLHICA shall notify claimant within [30] days of receipt of claim as to whether the claim has been processed for payment, denied, or deemed incomplete. If the claim is denied, RLHICA shall provide specific notice. If the claim is incomplete, RLHICA shall provide a description of all information needed.

Section VIII. Agreements

A. RLHICA Agrees:

1. To make no payments from the money received from the Policyholder for any services rendered to a person who is not eligible for Benefits provided, however, that RLHICA receives timely information from the Policyholder regarding the eligibility of each Certificate Holder and Eligible Dependent as set forth in Section VIII B.2;
2. To make payments in the following manner for Covered Services provided to the Certificate Holder 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 applicable. RLHICA will send payment either to the Certificate Holder who is responsible for paying the Dentist whatever he or she charges, or directly to the Dentist if the Certificate Holder or Eligible Dependent has assigned Benefits to the Dentist who rendered Covered Services under this Policy;
3. Consistent with any applicable law, protecting the confidentiality of a patient's health records, data or information to provide standard reports to the Policyholder upon request for no additional charge and to provide agreed to non-standard reports on a time and materials basis;
4. To provide to the Policyholder, for submission to the Certificate Holder, a standard certificate of the Benefits provided pursuant to this Policy;
5. That no agent has authority to change the Policy or waive any of its provisions and that no change in the Policy shall be valid unless approved by an officer of RLHICA and evidenced by endorsement on the Policy, or by amendment to the Policy signed by the Policyholder and RLHICA;
6. To provide the Policyholder 60 days prior written notice of any adjustment in Rates, Benefits, or Copayments payable under this Policy. Such adjustments may be made by RLHICA to correct potential adverse group experience resulting from the following:
 - a. Information provided upon enrollment proves to be in error;

- b. Terms and provisions of the Policy are violated; or
- c. Initial size or composition of the group changes to the extent it adversely affects the Rates.

If the Policyholder refuses to accept this adjustment, RLHICA may implement the adjustment or an alternative adjustment or cancel this Policy.

B. Policyholder Agrees:

1. To pay RLHICA the monthly Rate specified in the Declarations Section of this Policy, in advance, unless otherwise specified in the Declarations Section. If payment is not received by the due date, RLHICA shall have the right to suspend claims processing;
2. To list as Certificate Holders all eligible employees or members of the Policyholder and if covered, all Eligible Dependents of those Certificate Holders, to the extent required under the Policy. The Policyholder will provide RLHICA an accurate monthly statement of the total number and names of all Certificate Holders and, if applicable, all Eligible Dependents;
3. To permit RLHICA, by its auditors or other authorized representatives, on reasonable advance written notice, to inspect the Policyholder's records to verify the accuracy of lists of Certificate Holders and Eligible Dependents submitted to RLHICA. Clerical errors or delays in keeping or relaying data will not invalidate eligibility that would otherwise be validly in force or continue eligibility that would otherwise be validly terminated, if, after discovery of the errors or delays, an equitable adjustment of the Policyholder's payment can be made in a reasonable period of time;
4. To collect and pay to RLHICA any amounts that the Policyholder's Certificate Holders are required to pay to RLHICA under this Policy or any written employment contracts, including amounts for COBRA continuation coverage. Any amounts not collected will be the responsibility of the Policyholder.

Should the Policyholder collect any amounts paid by Certificate Holders and not remit them to RLHICA in a timely fashion, with the result being an eligible person's coverage is lost, the Policyholder, not RLHICA, will be liable for any Benefits to which the person may have been entitled but for the Policyholder's tardy remittance or failure to remit, unless, after discovery of the errors or delays, an equitable adjustment of the Policyholder's payment can be made in a reasonable period of time;

5. To pay for any agreed to non-standard reports on a time and materials basis;
6. To provide each Certificate Holder with a standard certificate of the Benefits provided under this Policy and all privacy notices as may be required pursuant to any applicable federal or state law, at such intervals as may be required by law from time to time. RLHICA will provide said documents to the Policyholder for copying and distribution, at the Policyholder's expense.

Section IX. General Terms

A. Contesting Validity of Policy

After 2 years from the Effective Date, only fraudulent misstatements in the application may be used to void the Policy or deny any claim for loss incurred or disability starting after the 2 year period. This provision shall be read in conjunction with state insurance laws and is not applicable in all jurisdictions and may only apply to non-payment of premium after 2 years from the issue date. Nothing in the foregoing shall be deemed to preclude the assertion at any time of defenses based upon a person's ineligibility for coverage under the Policy or based on any other provisions of the Policy.

B. Grace Period

This Policy has a 31-day grace period (the "Grace Period"). This provision means that if a premium installment is not paid on or before the date it is due, it may be paid during the following 31 days. The Grace Period will not apply if, at least 30 days before the premium due date, RLHICA has delivered or

mailed to the Policyholder's last address shown in RLHICA's records, written notice of RLHICA's intent not to renew this Policy. During the Grace Period, the Policy will stay in force.

C. Reinstatement

If the premium installment is not paid before the Grace Period ends, the Policy will lapse. Later acceptance of the premium by RLHICA, or by an agent authorized to accept payment without requiring an application for reinstatement, will reinstate this Policy. If RLHICA or its agent requires an application, the Policyholder will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless RLHICA has previously written the Policyholder of its disapproval. 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. In all other respects, the rights of the Policyholder and RLHICA will remain the same, subject to any provisions noted on or attached to the reinstated Policy. Any premiums RLHICA accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

D. Physical Examination

RLHICA, at its own expense, shall have the right and opportunity to examine the person of the Certificate Holder or Eligible Dependent when and as often as it may reasonably require during the pendency of a claim hereunder where it is not prohibited by law.

E. 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 otherwise provided by applicable state law. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given. This provision does not preclude the Policyholder or Certificate Holder from seeking a decision from a jury trial once all administrative appeals have been exhausted.

Section X. Term and Termination

This Policy shall remain in full force and effect for the initial term of one (1) year from the Effective Date and may be renewed for subsequent one year terms beginning on the First Renewal Date as specified in the Declarations Section. RLHICA will give the Policyholder at least 45 days advance notice of cancellation, expiration, or nonrenewal. RLHICA shall have the option of terminating this Policy if:

- A.** The Policyholder fails to make a required payment prior to expiration of the Grace Period specified; or
- B.** RLHICA elects to cancel pursuant to Section VIII(A)6 of this Policy; or
- C.** The Policyholder fails to furnish RLHICA with accurate enrollment data pursuant to Section VIII(B)2; or
- D.** The Policyholder permits voluntary enrollment of Certificate Holders and/or their Eligible Dependents unless otherwise specified in the Declarations Section; or
- E.** The Policyholder refuses to allow RLHICA (by its auditors or other authorized representatives) to inspect the Policyholder's records to verify the accuracy of the Certificate Holder and Eligible Dependent list pursuant to Section VIII(B)3; or
- F.** The Policyholder has otherwise breached this Policy.

The Policyholder may cancel this Policy if the Policyholder provides RLHICA with 30 days written notice of intent to cancel.

The Policyholder is entitled to a Grace Period of 31 days for the payment of any premium installment due except the first, during which period the Policy will remain in force. RLHICA is not obligated to pay claims incurred during this Grace Period until it receives the premium due.

Section XI. Coordination of Benefits

All of the Benefits under this Policy, if applicable, will be subject to a Coordination of Benefits (“COB”) provision that is designed to provide maximum coverage, but not to exceed 100 percent of the total fee for a given treatment.

1. Applicability

- a.** This COB provision applies to This Plan when a Certificate Holder or the Certificate Holder’s Eligible dependent has health care coverage under more than one Plan. “Plan” and “This Plan” are defined below.
- b.** If this COB provision applies, the order of benefit determination rules should be looked at first. These rules determine whether the Benefits of This Plan are determined before or after those of another Plan. The Benefits of This Plan:
 - i.** Shall not be reduced when, under the order of benefit determination rules, This Plan determines its Benefits before another Plan; but
 - ii.** May be reduced when, under the order of benefits determination rules, another Plan determines its benefits first. The above reduction is described in Paragraph 4. “Effect on the Benefits of This Plan.”

2. Definitions

- a.** “Allowable Expense” means an expense covered under this Policy when the item of expense is covered at least in part by one or more Plans covering the person for whom the claim is made.

When a Plan provides benefits in the form of services, the reasonable cash value of each service rendered will be considered both an Allowable Expense and a benefit paid.

- b.** “Claim Determination Period” means a calendar year. However, it does not include any part of a year during which a person has no coverage under This Plan, or any part of a year before the date this COB provision or a similar provision takes effect.
- c.** “Plan” is any of these which provides benefits or services for, or because of, medical or dental care or treatment:
 - i.** Group insurance or group-type coverage, whether insured or uninsured. This includes prepayment, group practice or individual practice coverage. It also includes coverage other than school accident-type coverage.
 - ii.** Coverage under a governmental plan or coverage required or provided by law. This does not include a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time).

Each contract or other arrangement for coverage under (i) or (ii) is a separate Plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate Plan.

- d.** “Primary Plan/Secondary Plan:” The order of benefit determination rules state whether This Plan is a Primary Plan or Secondary Plan as to another Plan covering the person.

When This Plan is a Primary Plan, its Benefits are determined before those of the other Plan and without considering the other Plan’s benefits.

When This Plan is a Secondary Plan, its Benefits are determined after those of the other Plan and may be reduced because of the other Plan’s benefits.

When there are more than two Plans covering the person, This Plan may be a Primary Plan as to one or more other Plans, and may be a Secondary Plan as to a different Plan or Plans.

- e. "This Plan" means the dental coverage established for the Certificate Holders and their Eligible Dependents pursuant to this Policy.

3. Order Of Benefit Determination Rules

- a. General. When there is a basis for a claim under This Plan and another plan, This Plan is a Secondary Plan which has its Benefits determined after those of the other Plan, unless:
 - i. The other plan has rules coordinating its benefits with those of This Plan; and
 - ii. Both those rules and This Plan's rules, in subparagraph b. below, require that This Plan's Benefits be determined before those of the other Plan.
- b. Rules. This Plan determines its order of Benefits using the first of the following rules which applies:
 - i. Non-Dependent/Dependent. The benefits of the Plan which covers the person as an employee, member, or subscriber (that is, other than as a dependent) are determined before those of the Plan which covers the person as a dependent; except that: if the person is also a Medicare beneficiary, and as a result of the rule established by Title XVIII of the Social Security Act and implementing regulations, Medicare is:
 - (a) Secondary to the Plan covering the person as a dependent and;
 - (b) Primary to the Plan covering the person as other than a dependent (e.g. a retired employee), then the order of benefit determination is reversed so that the Plan covering the person as an employee, member, subscriber or retiree is secondary and the other Plan is primary.
 - ii. Dependent Child/Parents not Separated or Divorced. Except as stated in subparagraph b.(iii) below, when This Plan and another Plan cover the same Child as a dependent of different persons, called "parents:"
 - (a) The benefits of the Plan of the parent whose birthday falls earlier in a year are determined before those of the Plan of the parent whose birthday falls later in that year; but,
 - (b) If both parents have the same birthday, the benefits of the Plan which covered the parents longer are determined before those of the Plan which covered the other parent for a shorter period of time.

However, if the other Plan does not have the rule described in (a) immediately above, but instead has a rule based upon the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

- iii. Dependent Child/Parents Separated or Divorced. If two or more Plans cover a person as a dependent Child of divorced or separated parents, benefits for the Child are determined in this order:
 - (a) First, the Plan of the parent with custody of the Child;
 - (b) Then, the Plan of the spouse of the parent with the custody of the Child;
 - (c) Then, the Plan of the parent not having custody of the Child; and
 - (d) Then, the Plan of the spouse of the parent not having custody of the Child.

If the other Plan does not have this subparagraph b (iii) and if, as a result, the Plans do not agree on the order of benefits, this subparagraph b (iii) shall be ignored.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care expense of the Child, and the entity obligated to pay or provide the benefits of the Plan of that parent has actual knowledge of those terms, the benefits of that Plan are determined first. The Plan of the other parent shall be the Secondary Plan. This subparagraph does not apply with respect to any Claim Determination Period or Plan year during which any benefits are actually paid or provided before the entity has that actual knowledge.

If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the Child, the Plans covering the Child shall be subject to the order of benefit determination contained in subparagraph b (ii) above.

- iv. **Active/Inactive Employee.** The benefits of a Plan which covers a person as an employee who is neither laid off nor retired (or as that employee's dependent) are determined before those of a Plan which covers that person as a laid off or retired employee (or as that employee's dependent). If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this subparagraph b (iv) is ignored.
- v. **Continuation Coverage.** If a person whose coverage is provided under a right of continuation pursuant to federal law (i.e., COBRA) or state law also is covered under another Plan, the benefits of the Plan covering the person as employee, member, or subscriber (or that person's dependent) shall be determined before the benefits under the continuation coverage. If the other Plan does not have this rule and if, as a result, the Plans do not agree on the order of benefits, this subparagraph b (v) shall be ignored.
- vi. **Longer/Shorter Length of Coverage.** If none of the above rules determines the order of benefits, the benefits of the plan which covered an employee, member, or subscriber longer are determined before those of the Plan which covered that person for the shorter term.

4. Effect On The Benefits Of This Plan

- a. **When This Paragraph Applies.** This Paragraph 4. applies when, in accordance with Paragraph 3. "Order of Benefit Determination Rules," This Plan is a Secondary Plan as to one or more other Plans. In that event the Benefits of This Plan may be reduced under this Paragraph 4. Such other Plan or Plans are referred to as "the other Plans" in subparagraph b. immediately below.
- b. **Reduction in This Plan's Benefits.** The Benefits of This Plan will be reduced when the sum of:
 - i. The Benefits that would be payable for the Allowable Expense under This Plan in the absence of this COB provision; and
 - ii. The benefits that would be payable for the Allowable Expenses under the other Plans, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made; exceeds those Allowable Expenses in a Claim Determination Period. In that case, the Benefits of This Plan will be reduced so that they and the benefits payable under the other Plans do not total more than those Allowable Expenses.

When the Benefits of This Plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of This Plan.

5. Right To Receive And Release Needed Information

Certain facts are needed to apply these COB rules. RLHICA has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person subject in all events, to all provisions of applicable law. RLHICA need not tell, or get the consent of, any person to do this. Each person claiming Benefits under This Plan must give RLHICA any facts it needs to pay the claim.

6. Facility Of Payment

A payment made under another plan may include an amount which should have been paid under This Plan. If it does, RLHICA may pay that amount to the organization which made that payment.

That amount will then be treated as though it were a Benefit paid under This Plan. RLHICA will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services.

7. Right Of Recovery

If the amount of the payments made by RLHICA is more than it should have paid under this COB provision, it may recover the excess from one or more of the following:

- a. The persons it has paid or for whom it has paid;
- b. Insurance companies; or
- c. Other organizations.

The “amount of the payments made” includes the reasonable cash value of any benefits provided in the form of services.

Section XII. Miscellaneous Provisions

- A. This Policy together with the application is the entire contract between the Policyholder and RLHICA. No agent has authority to change any part of this Policy. No changes to this Policy will be effective until approved in writing by an officer of RLHICA. This approval must be noted on or attached to the Policy. RLHICA shall have the discretion to assign its rights and responsibilities under this Policy to an affiliated entity. If RLHICA chooses to assign its rights and responsibilities, it shall assign them to an appropriately licensed entity capable of performing similar functions at similar levels as RLHICA. RLHICA shall serve written notice of the assignment to Policyholder and said notice shall provide the name and address of the assignee. Except as otherwise provided herein, neither this Policy nor any part of it shall be assigned by Policyholder without the prior written consent of RLHICA and any attempt at assignment by Policyholder without such consent by RLHICA shall be null and void. Subject to the foregoing limitation, this Policy shall be binding upon the parties and their respective successors and assigns.
- B. In the absence of fraud, all statements, made by the Policyholder or by the Certificate Holders or Eligible Dependents, shall be deemed to be representations and not warranties.
- C. If this Policy is in violation of the laws of the State in which this Policy was issued, this Policy shall be held valid but shall be construed as provided in such laws. When any provision in this Policy is in conflict with such laws, the rights, duties and obligations of the RLHICA, the Policyholder, Certificate Holder and Eligible Dependents shall be governed by such laws.
- D. Dentists providing services are independent contractors, and neither the Policyholder nor RLHICA will be liable for any act or omission of any Dentist, his or her employees or agents or any person providing dental or other professional services under this Policy.
- E. All Dentists, Certificate Holders, and Eligible Dependents, by performing or receiving services under this Policy, are bound by all its terms.
- F. No materials will be published or distributed by the Policyholder concerning this Policy until the material is first approved by RLHICA.
- G. Unless otherwise provided in this Policy, RLHICA will not honor and no payment will be made for services, items or supplies if a claim for those services, items or supplies has not been received by RLHICA within 12 months after the date that the services, items or supplies are provided.
- H. RLHICA and Policyholder agree to defend, indemnify and hold harmless the other and its directors, officers and employees (who are acting in the course of their employment, but not as claimants) from any loss, cost, or expense (including reasonable attorney fees and court costs) resulting from or arising out of or in connection with its breach of this Policy or any negligent act or omission of any of its directors, officers or employees unless liability for such act or omission is expressly assigned elsewhere in this Policy.
- I. While the Certificate Holder and/or Eligible Dependent are covered by RLHICA, the Certificate Holder and/or Eligible Dependent agree to provide RLHICA with any information it needs to process the claims and administer the Benefits. This includes allowing RLHICA to have access to his or her dental records.

- J.** The RLHICA Board of Directors or its delegee will establish procedures for resolving all questions raised by a Dentist, a Policyholder, a Certificate Holder, or an Eligible Dependent in regard to claims for dental Benefits allowed or rejected under the terms of this Policy. These procedures 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 these procedures will be final and binding on the Dentist, the Policyholder, the Certificate Holder, and the Eligible Dependent; provided, however that Certificate Holders and Eligible Dependents may exercise their legal rights after this determination as described in the Claims Appeal Procedure.
- K.** RLHICA may from time to time provide additional services or coverages by rider or other notice. Those additional services or coverages may be withdrawn at any time after notice given by RLHICA.
- L.** Any notice required or permitted to be given pursuant to this Policy will be considered given if in writing and personally delivered, or if in writing and deposited in the United States mail with postage prepaid, addressed to the person at their last address of record.
- M.** No agent has authority to change any part of this Policy. No changes to this Policy will be valid unless approved in writing by an officer of RLHICA. The Policyholder must do whatever is necessary to enable RLHICA to exercise its rights and do nothing to prejudice them. If the Policyholder recovers damages from any party or through any coverage named above, the Policyholder must reimburse RLHICA from that recovery to the extent of payments made under the Policy.
- N.** If RLHICA pays for services, items or supplies that were sought or received under fraudulent, false, or misleading pretenses or circumstances, pays a claim that contains false or misrepresented information, or pays a claim that is determined to be fraudulent due to the acts of the Policyholder, Certificate Holder and/or Eligible Dependent, it may recover that payment from the Policyholder, Certificate Holder, and/or Eligible Dependent. The Policyholder, Certificate Holder, and/or Eligible Dependent authorizes RLHICA to recover any payment determined to be based on false, fraudulent, misleading, or misrepresented information by deducting that amount from any payments properly due to the Policyholder, Certificate holder, and/or Eligible Dependent. RLHICA will provide an explanation of the payment being recovered at the time the deduction is made.
- O.** Neither RLHICA (including its agents, directors, officers and employees) nor Policyholder shall be liable for delays in performance due to circumstances beyond their reasonable control. Each party shall be excused from performance under this Policy and shall have no liability to the other party for any period during which it is prevented from performing any of its obligations (other than payment obligations), in whole or in part, as a result of delays caused by the other party or by an act of God, war, terrorism, civil unrest, civil disturbance, court order, labor dispute, or other cause beyond is reasonable control, including failures or fluctuations in electrical power, heat, light, or telecommunications and such nonperformance shall not be a default under or grounds for termination of this Policy.
- P.** 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.
- Q.** Services and/or Benefit payments to Certificate Holders or Eligible Dependents are for the personal benefit of those people and cannot be transferred or assigned. Notwithstanding any other provision of this Policy, however, a Certificate Holder or Eligible Dependent may assign Benefit payments to the Dentist who rendered Covered Services under this Policy. A payment made pursuant to such assignment shall discharge the obligation of RLHICA with respect to the amount of insurance so paid.
- R.** This Policy is subject to change if, in the future, federal and state laws and regulations require RLHICA or the Policyholder to comply with such laws and regulations. Should any such change to this Policy be necessary by law, the Policyholder will receive written notice from RLHICA informing the Policyholder of the reasons for any change to the Policy and the process by which the Policyholder will receive an amended Policy.

Accepted:

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

BY: _____
President and CEO

DATE: _____

POLICYHOLDER

BY: _____
Authorized Signature

BY: _____
Witnessed By

TITLE: _____

TITLE _____

DATE: _____

DATE: _____

**Renaissance
Arkansas Group Dental
Certificate**

[P.O. Box 30381 • Lansing, Michigan 48909-7881 • 888-358-9484 • www.RenaissanceDental.com]

**RENAISSANCE
ARKANSAS GROUP DENTAL CERTIFICATE**

Table of Contents

Summary of Dental Plan Benefits	1
I. Renaissance Group Dental Certificate	4
II. Definitions.....	4
III. General Eligibility Rules	6
IV. Benefits	7
V. Exclusions and Limitations	10
VI. Accessing Your Benefits	11
VII. Questions and Answers.....	12
VIII. Coordination of Benefits	13
IX. Disputed Claims Procedure	16
X. Termination of Coverage	17
XI. Continuation of Coverage.....	17
XII. General Conditions	18

Important Cancellation Information – Please Read Section X Entitled, “Termination of Coverage”

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company. Title II NCAC 12.0843 and Section 17.E.

NOTE: This Group Dental Certificate should be read in conjunction with the Summary of Dental Plan Benefits that is provided with the Certificate. The Summary of Dental Plan Benefits lists the specific provisions of your group dental plan. Your group dental plan is a legal contract between the Policyholder and Renaissance Life & Health Insurance Company of America (“RLHICA”).

READ YOUR GROUP DENTAL CERTIFICATE CAREFULLY

PLEASE NOTE: 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.

I. Renaissance Group Dental Certificate

RLHICA issues this Renaissance Group Dental Certificate to you, the Certificate Holder. The Certificate is a summary of your dental benefits coverage. It reflects and is subject to the agreement between RLHICA and your employer or organization (the "Policyholder").

The Benefits provided under This Plan may change if any state or federal laws change.

RLHICA agrees to provide Benefits as described in this Certificate.

All the provisions in the following pages, read in conjunction with the Summary of Dental Plan Benefits and all attachments and addendums, form a part of this document as fully as if they were stated over the signature below.

IN WITNESS WHEREOF, this Certificate is executed by an authorized officer of RLHICA.

Robert P. Mulligan
President and CEO

Home Office:

**RENAISSANCE LIFE & HEALTH INSURANCE
COMPANY OF AMERICA**

Attn: Renaissance Administration
[P.O. Box 30381
Lansing, Michigan 48909-7881

Administrative Direct Line: 1-800-745-7509
Customer Service Direct Line: 1-888-358-9484]

II. Definitions

Adverse Benefit Determination

Means any denial, reduction or termination of the Benefits for which you filed a claim or a failure to provide or to make payment (in whole or in part) of the Benefits you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which Benefits are otherwise provided was experimental or investigational, or was not medically necessary or appropriate.

Allowed Amount

Means the maximum dollar amount upon which RLHICA will base Benefits. RLHICA determines the Allowed Amount using statistically valid claims data submitted to RLHICA and its affiliates which show the most frequently charged fees by providers in the same geographic areas for comparable services or supplies. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association. (This definition is only applicable if the Allowed Amount method for Benefits is shown in the Summary of Dental Plan Benefits Section).

Benefit Year

Means the calendar year, unless your employer or organization elects the Policy Year to serve as the Benefit Year. The Benefit Year is specified in the Summary of Dental Plan Benefits Section.

Benefits

Means payment for Covered Services.

Certificate

Means this document. RLHICA will provide dental Benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the Policy. Changes to the Certificate will be in the Summary of Dental Plan Benefits Section.

Certificate Holder

Means you, when your employer or organization certifies to RLHICA that you are eligible to receive Benefits under This Plan.

Child(ren)

Means your natural children, stepchildren, adopted children, foster children or children by virtue of legal guardianship during the waiting period for legal adoption or guardianship who are or meet one of the following:

- Your unmarried child(ren) who has not yet reached his or her 25th birthday; or,
- Your unmarried child(ren) who: (a) is under the age of [25]; (b) [is a resident of the same state as the you] [or] [and] is a full-time student; (c) [is dependent upon you or your Legal Spouse for support]; and (d) does not have coverage, other than coverage as a dependent, under another dental insurance Plan; or,
- Your unmarried child(ren) or the child(ren) of your Legal Spouse if, pursuant to a court decree you or your Legal Spouse is financially responsible for the dental care of the child; or
- Your unmarried child(ren) who has reached the end of the calendar year of his or her 19th birthday and is both (a) incapable of self-sustaining employment by reason of a mental or physical condition and (b) chiefly dependent upon you for support and maintenance. In the event that RLHICA denies a claim for the reason that the child has attained the Limiting Age for dependent children, you have the burden of establishing that the child continues to meet the two criteria specified above. If requested by RLHICA, you must submit medical reports confirming that the child meets the two criteria specified above.

Coinsurance

Means the percentage of the Allowed Amount for Covered Services that you will have to pay toward treatment.

Completion Dates

Means the date that treatment is complete. Treatment is complete:

- for dentures and partial dentures, on the delivery date;
- for crowns and bridgework, on the permanent cementation date;
- for root canals and periodontal treatment, on the date of the final procedure that completes treatment.

Copayment

Means the dollar amount you must pay toward treatment.

Covered Services

Means the unique dental services selected for coverage by your employer or organization under This Plan. The Summary of Dental Plan Benefits Section lists your Covered Services.

Deductible

Means the amount an individual and/or a family must pay toward Covered Services before RLHICA begins paying for those services. The Summary of Dental Plan Benefits Section lists the Deductible that applies to you, if any.

Dentist

Means a person licensed to practice dentistry in the state or jurisdiction in which dental services are rendered.

Eligible Dependent

Means (a) your Legal Spouse; (b) your Child(ren); and (c) any other dependents who meet the criteria for eligibility set forth in the Summary of Dental Plan Benefits Section. If dependent coverage has been selected, it will be indicated in the Summary of Dental Plan Benefits Section.

Legal Spouse

Means a person who is any of the following: (a) your spouse through a marriage legally recognized by the State in which the Policy was issued; (b) your partner through a civil union legally recognized by the State in which the Policy was issued [.] [; or] [(c) your Domestic Partner so long as the requirements listed in the Summary of Dental Plan Benefits Section are met and proof that those requirements are met is provided to RLHICA at its request.]

Limiting Age

Means the age at which a Child of yours is no longer eligible for Benefits under This Plan pursuant to the definition of Child above.

Maximum Payment

Means the maximum dollar amount RLHICA will pay in any Benefit Year or lifetime for Covered Services. (See the Summary of Dental Plan Benefits Section.)

Open Enrollment Period

Means the period of time during which an eligible person as indicated in the Summary of Dental Plan Benefits Section may enroll or be enrolled to receive Benefits.

Policy

Means the insurance contract for the provision of Benefits to you and your Eligible Dependents between RLHICA and your employer or organization.

Policy Year

Means the 12 month period beginning on the first Effective Date of the Policy and each 12 month renewal period thereafter.

Predetermination

Means a voluntary and optional process where, at the request of you, your Eligible Dependent or Dentist, RLHICA issues a written estimate of dental benefits which may be available for a proposed dental service under the terms of your coverage.

Predetermination is provided for informational purposes only and is not required in advance of obtaining dental care or as a prerequisite or condition for approval of future dental benefits payment. The benefits estimate provided on a Predetermination notice is determined based on the benefits available for you or your Eligible Dependent on the date the notice is issued, and is not a guarantee of future dental benefits payment.

Availability of dental benefits at the time a dental service is completed depends on factors such as, but not limited to, eligibility for Benefits, annual or lifetime Maximum Payments, coordination of benefits, Policy and Dentist status, Policy limitations and other provisions. A request for a Predetermination is not a claim for Benefits or a preauthorization, precertification or other reservation of future Benefits.

RLHICA

Means Renaissance Life & Health Insurance Company of America.

Submitted Amount

Means the fee a Dentist bills to RLHICA for a specific service or item.

Summary of Dental Plan Benefits

Means a list of the specific provisions of This Plan and is a part of this Certificate.

Table of Allowances

Means the maximum amount allowed per procedure as determined by your employer or organization and RLHICA. (If the Table of Allowances method for

Benefits has been selected by your employer or organization, it will be reflected in the Summary of Dental Plan Benefits Section).

This Plan

Means the dental coverage as provided for you and your Eligible Dependents pursuant to this Certificate.

III. General Eligibility Rules

- A. You are not eligible for Benefits unless you are either currently enrolled in This Plan or currently listed as an Eligible Dependent.
- B. Effective Date of Eligibility
 1. **Initial Effective Date:** All Certificate Holders and Eligible Dependents on the Effective Date of the Policy are immediately eligible for Benefits.
 2. **After the initial Effective Date:** For all Certificate Holders (and their Eligible Dependents) not associated with the employer or organization on the initial Effective Date of the Policy, eligibility for Benefits will begin, unless otherwise stated as follows:
 - a. Newly hired or rehired employees: Date for which employment compensation begins. Or, if applicable, that date plus the number of days specified as a waiting period in the Summary of Dental Plan Benefits Section;
 - b. Spouse: Date of marriage, civil union or domestic partnership;
 - c. Newborn: Benefits begin on the Child's actual date of birth, including conditions due to congenital malformation. A notice of birth together with the additional premium must be submitted to us within 90 days of the birth in order to continue coverage beyond the 90-day period.
 - d. Foster children, legal adoptions or guardianships: Date the Child is placed in the foster home or with the Certificate Holder; at which time this Child will be covered on the same basis as a natural child;
 - e. Stepchild: Date that the Child's natural parent becomes an Eligible Dependent;
 - f. All others: Date that RLHICA approves in writing the enrollment or listing of those people, unless compelled by a court or

administrative order to otherwise provide Benefits for a Child or Eligible Dependent.

Once eligible, you and your Eligible Dependents must enroll for coverage within 30 days from the date upon which you or your Eligible Dependents become eligible for Benefits under the terms of Section III B immediately above. You and your Eligible Dependents may properly enroll for coverage by completing all enrollment forms required by RLHICA and submitting such forms to your employer or organization. If you and your Eligible Dependents are not properly enrolled for coverage within 30 days from the date upon which you and your Eligible Dependents become eligible for Benefits, then you and/or your Eligible Dependents must wait until the next Open Enrollment Period to enroll.

C. Termination of Eligibility

Eligibility for Benefits will terminate for you and your Eligible Dependents under This Plan at the earlier of:

1. The termination of the Policy; or
2. The last day of the month for which payment has been made if the employer or organization fails to make the payments required by their Policy.

Your eligibility, and that of your Eligible Dependents, will also terminate if you cease to be a Certificate Holder as defined in the Summary of Dental Plan Benefits Section. An Eligible Dependent's eligibility also terminates upon lack of compliance with the eligibility requirements of the Policy.

D. Conversion to an Individual Policy

A person whose eligibility is terminated or who loses coverage may be eligible to apply for an individual direct payment policy with RLHICA. Any request to obtain such a policy will be subject to applicable state law. Please contact RLHICA to obtain further information.

IV. Benefits

COVERED SERVICES

RLHICA agrees to provide Benefits to you and your Eligible Dependents under the policies and procedures of RLHICA and under the terms and conditions of

This Plan, including, but not limited to, the categories of services, exclusions and limitations listed below.

Unless otherwise specified in the Summary of Dental Plan Benefits Section, Covered Services may be divided into the following categories and are subject to the exclusions and limitations listed below. **Please see the Summary of Dental Plan Benefits Section for the Benefits, exclusions and limitations applicable under This Plan.**

A detailed list of the Benefits provided under This Plan is available upon request. All time limitations are measured either from the last date of service in any RLHICA plan or, at the request of your employer or organization, from the last date of service in any dental Plan.

DIAGNOSTIC AND PREVENTIVE SERVICES

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

- (i) [Topical fluoride treatments are payable [twice] in any Benefit Year for Children under age [14];]
- (ii) Oral examinations submitted as a consultation or evaluation are payable [twice] in any Benefit Year, whether provided under one or more RLHICA Plans;
- (iii) Prophylaxes, including periodontal maintenance procedures, are payable [twice] in any Benefit Year;
- (iv) Bitewing X-rays are payable once in any Benefit Year;
- (v) Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age [14];
- (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 your responsibility;
- (vii) RLHICA will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology or pathology) and caries susceptibility tests and all charges for the same will be your responsibility, unless otherwise indicated in the Summary of Dental Plan Benefits Section or in this Certificate.

[Brush Biopsy

Oral brush biopsy procedure and laboratory analysis used to detect oral cancer, an important tool that identifies and analyzes precancerous and cancerous cells.]

[BASIC SERVICES

Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain is not a Covered Service when done in conjunction with any services except X-rays, tests or examinations.

Radiographs (X-rays)/Diagnostic Imaging/Diagnostic Casts

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

- (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 [5] 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) Cephalometric films, oral/facial images or diagnostic casts are not payable except in conjunction with Orthodontic Services and all charges for the same will be your responsibility;
- (v) Posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable and all charges for the same will be your responsibility.

Minor Restorative Services

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

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

Simple Extractions

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

Sealants

Sealants are payable only for the occlusal surface of first permanent molars for Children under age [9] and second permanent molars for Children under age [14]. The surface must be free from decay and restorations. Sealants are a Benefit payable once in any [3] year period.

Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures to treat diseases of the gums and supportive structures of the teeth, along with benefits for prophylaxes, including periodontal maintenance procedures, are payable [twice] in any Benefit Year.

Other Basic Services

After hours visits, not to exceed once per Benefit Year.

MAJOR SERVICES

Oral Surgery Services

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

- (i) RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility unless otherwise specified in the Summary of Dental Plan Benefits Section: appliances, restorations, X-rays or other services for the diagnosis or treatment of temporomandibular disorders ("TMD") including myofunctional therapy;
- (ii) RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

Endodontic Services

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

- (i) Endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in any 24 month period;

- (ii) Root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth;
- (iii) RLHICA will not make payment for pulp caps and all charges for the same will be your responsibility.

Maxillofacial Prosthetics

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

Periodontic Services

The treatment of diseases of the gums and supporting structures of the teeth is subject to the following exclusions and limitations:

- (i) Full mouth debridement will be payable [once in your or your Eligible Dependent's lifetime];
- (ii) Scaling and root planing are payable once per area in any 24 month period;
- (iii) Periodontal surgery is payable once per area in any 3 year period.

Major Restorative Services

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) Indirect restorations including porcelain/ceramic substrate, porcelain/resin processed to metal and cast restorations (including crowns and onlays) and associated procedures such as cores and post and core substructures on the same tooth are payable once in any [7] year period;
- (ii) Substructures and indirect restorations, including porcelain/ceramic substrate, porcelain/resin processed to metal and cast restorations are not payable for Children under age 12 and all charges for the same will be your responsibility;
- (iii) Optional treatment: if you or your 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. You are responsible for the difference in cost;
- (iv) Inlays, regardless of the material used: RLHICA will pay only the applicable amount that it would have paid for a resin-based composite restoration.

You will be responsible for any additional charges;

- (v) RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown;
- (vi) RLHICA will not make payment for dentistry for aesthetic reasons and all charges for the same will be your responsibility;
- (vii) Veneers are not a Covered Service and all charges for the same will be your responsibility.

Prosthetic Services

Services and appliances that replace missing natural teeth (such as fixed bridges, endosteal implants, partial dentures and complete dentures) are subject to the following exclusions and limitations:

- (i) One complete upper and one complete lower denture is payable once in any [7] year period for any individual;
- (ii) A partial denture, fixed bridge and any associated services are payable once in any [7] year period;
- (iii) Fixed bridges, endosteal implants and cast metal partial dentures are not payable for Children under age [16] and all charges for the same will be your responsibility;
- (iv) Optional treatment: if you or your 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. You are responsible for the difference in cost;
- (v) Services for tissue conditioning are payable twice per denture unit in any 3 year period;
- (vi) Endosteal implants are allowed once per tooth, per lifetime. RLHICA will not make payment if the implant is placed within [7] years following prosthetic or major restorative services involving that tooth and all charges for the same will be your responsibility;
- (vii) RLHICA will not make payment for specialized implant surgical techniques, removal of an implant, implant maintenance procedures or implant repairs and all charges for the same will be your responsibility unless otherwise specified in the Summary of Dental Plan Benefits Section;

- (viii) RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility: lost, missing or stolen appliances of any type; temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments, copings or myofunctional therapy;
- (ix) RLHICA will not make payment for procedures to replace a missing tooth or teeth that were lost prior to becoming a Certificate Holder or Eligible Dependent under the Policy and all charges for the same will be your responsibility

Relines and Repairs

Relines and repairs to fixed bridges, partial dentures and complete dentures. A reline or a complete replacement of denture base material is limited to once in any [3] year period per appliance.

Other Major Services

- (i) An occlusal guard is payable once in your or your Eligible Dependent's lifetime;
- (ii) Limited occlusal adjustments are limited to [3] in a [5] year period;
- (iii) RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility: repair, relines or adjustments of occlusal guards.

ORTHODONTIC SERVICES

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

- (i) RLHICA's payment for Orthodontic Services will be limited to the lifetime Maximum Payment specified in the Summary of Dental Plan Benefits Section;
- (ii) Orthodontic Services are payable until the end of the calendar year of the [19th] birthday of you or your Eligible Dependent unless otherwise specified in the Summary of Dental Plan Benefits Section;
- (iii) RLHICA's payment for Orthodontic Retention Services (removal of appliances, construction and placement of retainer) is included in its payment of overall Orthodontic Services. If a Dentist bills these services separately, payment will be denied.

- (iv) 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;
- (v) 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 for payment ends on the last day of the month in which the patient was last treated;
- (vi) RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility: lost, missing, or stolen appliances of any type or replacement or repair of an orthodontic appliance.

Other Services

The Summary of Dental Plan Benefits Section lists any other Benefits that may have been selected.]

V. Exclusions and Limitations

Exclusions

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

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Services that are received from any government agency, political subdivision, community agency, foundation or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX of the Social Security Act, that is, Medicaid;
2. Services or appliances started prior to the date the person became eligible under This Plan, excluding orthodontic treatment in progress (if a Covered Service);
3. Charges for failure to keep a scheduled visit with the Dentist;
4. Charges for completion of forms or submission of claims;
5. Services, items or supplies for which no valid dental need can be demonstrated, as determined by RLHICA;
6. Services, items or supplies that are specialized techniques, as determined by RLHICA;

7. Services, items or supplies that are investigational in nature, including services, items or supplies required to treat complications from investigational procedures, as determined by RLHICA;
8. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or other licensed provider under the scope of his or her license or other licensed provider;
9. Services, items or supplies excluded by the policies and procedures of RLHICA;
10. Services, items or supplies which are not rendered in accordance with accepted standards of dental practice, as determined by RLHICA;
11. Services, items or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of RLHICA coverage;
12. Services, items or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared;
13. Services, items or supplies that are generally covered under a hospital, surgical/medical or prescription drug program;
14. Services, items or supplies that are not within the categories of Benefits that have been selected by your employer or organization and are not covered in This Plan;
15. Prescription drugs, non-prescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards, house/extended care facility visits, mounted occlusal analysis, complete occlusal adjustments, enamel microabrasions, odontoplasty or bleaching;
16. Correction of congenital or developmental malformations, cosmetic surgery or dentistry for aesthetic reasons as determined by RLHICA;
17. Any appliance or surgical procedure used to: (a) change vertical dimension; (b) restore or maintain occlusion; (c) replace tooth structure lost as a result of abrasion, attrition, abfraction or erosion; or (d) splint or stabilize teeth for periodontal reasons.

Limitations

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

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

VI. Accessing Your Benefits

To access your Benefits, follow these steps:

1. Please read this Certificate, including the Summary of Dental Plan Benefits Section carefully to become familiar with the Benefits and provisions of This Plan;
2. Make an appointment with your Dentist and tell him or her that you have coverage with RLHICA. If the dental office needs a claim form, you may obtain one from your employer, organization, or plan administrator. If your Dentist is not familiar with This Plan or has any questions regarding This Plan, have him or her contact RLHICA by writing Attention: [Customer Services Department, P.O. Box 738, Greenwood, Indiana 46142 or by calling the toll-free number, 1-888-358-9484;]
3. After receiving your dental treatment, you or the dental office staff will file a claim form, completing the information portion with:
 - a. Your full name and address;
 - b. Your Social Security number;

- c. The name and date of birth of the person receiving dental care; and
- d. The group's name and number.

Upon request, RLHICA will furnish to you, 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 such request, you will be deemed to have complied with the requirements of This Plan as to proof of loss upon submitting, within the time frame for filing proofs of loss as described below, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

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 (1) year from the time specified unless the claimant was legally incapacitated.

Claims, adjustment requests, and completed information requests should be mailed to:

**[RLHICA
P.O. Box 17250
Indianapolis, IN 46217]**

After receiving all required claim information, RLHICA will pay all Benefits due for Covered Services as soon as received and within 30 days. If applicable, failure to pay within that period shall entitle you to interest at the state prescribed rate per annum from the 30th day. Interest amounts less than [one dollar (\$1.00)] will not be paid.

Payment for services rendered is sent to either (1) you, and it is your responsibility to make full payment to the Dentist; or (2) directly to the Dentist if you or your Eligible Dependent have assigned Benefits to the Dentist who rendered Covered Services under This Plan.

Upon the payment of a claim under This Plan, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

If you file a claim for a Benefit that relates to a service that has already been rendered, and you receive notice of an Adverse Benefit Determination, RLHICA will notify you or your authorized representative of the Adverse Benefit Determination within a reasonable period of time, but not later than 30 days after receipt of the claim. RLHICA may extend this period by up to 15 days if RLHICA determines that the extension is necessary due to matters out of RLHICA's control.

If RLHICA determines that an extension is necessary, it will notify you before the end of the original 30 day period of the circumstances requiring the extension and the date by which RLHICA expects to render a decision. If such an extension is necessary because you did not submit all the information necessary to decide the claim, the notice of extension will specifically describe the additional information required. You will have at least 45 days to provide the requested information. If you deliver the information within the time specified, the 15 day extension period will begin after you provide the information.

Note: 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.

If you have any questions about This Plan, please check with your employer, organization, or plan administrator or you may call RLHICA's [Customer Services Department toll-free at 1-888-358-9484]. You may also write to RLHICA's [Customer Services Department, P.O. Box 738, Greenwood, IN 46142.] When writing to RLHICA please include your name, the group's name and number, the Certificate Holder's Social Security number, and your daytime telephone number.

VII. Questions and Answers

May I choose any Dentist?

Yes, you are free to choose any Dentist, as long as the Dentist is licensed to practice dentistry in the state or jurisdiction in which you receive care.

Will RLHICA send payment to the Dentist or will I receive payment?

RLHICA will either send payment to you or directly to the Dentist if you have assigned Benefit payments to the Dentist who rendered Covered Services.

When does my dental coverage begin?

See Waiting Period in the Summary of Dental Plan Benefits Section. This Plan will cover only those dental services received after you become eligible.

How much of the dental bill do I pay?

It depends on whether your employer or organization selected the Allowed Amount or the Table of Allowances payment method. If the "Allowed Amount" payment method has been selected, RLHICA will pay a certain percentage of the amount for each Covered Service, depending on the type of service rendered. Those Allowed Amounts are listed in the Summary of Dental Plan Benefits

Section. If the Submitted Amount is more than the Allowed Amount for a specific Covered Service, then you are responsible for paying the Dentist that percentage listed in the “You Pay” column, as well as for paying the Dentist the difference between the Submitted Amount and the Allowed Amount. On the other hand, if your employer or organization selected the “Table of Allowances” payment method, RLHICA will only pay up to a specific dollar amount that is listed for each Covered Service in the Table of Allowances, which is listed in the Summary of Dental Plan Benefits Section.

In either case, you are responsible for the Copayment shown on your explanation of benefits plus any charges for optional treatment or specific exclusions / limitations of This Plan.

Am I covered for all dental services?

No, the Summary of Dental Plan Benefits Section describes the dental services that are covered by This Plan. Please read them carefully. The exclusions and limitations govern these covered dental services.

What if my spouse is covered by another plan?

If you are covered by more than one dental Plan, your out-of-pocket costs may be reduced or eliminated. Please see Section VIII Coordination of Benefits. It is important to tell your Dentist about any other dental coverage so that claims are submitted properly.

VIII. Coordination of Benefits

COORDINATION OF THE GROUP CONTRACT’S BENEFITS WITH OTHER BENEFITS

All of the Benefits under this Certificate, if applicable, will be subject to a Coordination of Benefits (“COB”) provision that is designed to provide maximum coverage, but not result in payment of more than 100 percent of the total fee for a given treatment.

A. APPLICABILITY

1. This COB provision applies to This Plan when you or your Eligible Dependent has health care coverage under more than one Plan. “Plan” and “This Plan” are defined below.
2. If this COB provision applies, the order of benefit determination rules should be looked at first. These rules determine whether the Benefits of This Plan are determined before or

after those of another Plan. The Benefits of This Plan:

- a. Shall not be reduced when, under the order of benefit determination rules, This Plan determines its Benefits before another Plan; but
- b. May be reduced when, under the order of benefits determination rules, another Plan determines its benefits first. The above reduction is described in Paragraph D. “Effect on the Benefits of This Plan.”

B. DEFINITIONS

1. **“Allowable Expense”** means an expense covered under this Certificate when the item of expense is covered at least in part by one or more Plans covering the person for whom the claim is made.

When a Plan provides payment for services, the reasonable cash value of each service rendered will be considered both an Allowable Expense and a benefit paid.

2. **“Claim Determination Period”** means a calendar year. However, it does not include any part of a year during which a person has no coverage under This Plan, or any part of a year before the date this COB provision or a similar provision takes effect.
3. **“Plan”** is any of these which provides benefits or services for, or because of, medical or dental care or treatment:
 - a. Group insurance or group-type coverage, whether insured or uninsured. This includes prepayment, group practice or individual practice coverage. It also includes coverage other than school accident-type coverage;
 - b. Coverage under a governmental plan or coverage required or provided by law. This does not include a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time).

Each contract or other arrangement for coverage under (a) or (b) is a separate Plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate Plan.

4. **“Primary Plan/Secondary Plan:”** The order of benefit determination rules state whether This

Plan is a Primary Plan or Secondary Plan as to another Plan covering the person.

When This Plan is a Primary Plan, its Benefits are determined before those of the other Plan and without considering the other Plan's benefits.

When This Plan is a Secondary Plan, its Benefits are determined after those of the other Plan and may be reduced because of the other Plan's benefits.

When there are more than two Plans covering the person, This Plan may be a Primary Plan as to one or more other Plans, and may be a Secondary Plan as to a different Plan or Plans.

5. **"This Plan"** means the dental coverage provided for you and your Eligible Dependents pursuant to this Certificate.

C. ORDER OF BENEFIT DETERMINATION RULES

1. General. When there is a basis for a claim under This Plan and another Plan, This Plan is a Secondary Plan which has its Benefits determined after those of the other Plan, unless:

- a. The other Plan has rules coordinating its benefits with those of This Plan; and
- b. Both those rules and This Plan's rules, in subparagraph (C)(2) below, require that This Plan's Benefits be determined before those of the other Plan.

2. Rules. This Plan determines its order of Benefits using the first of the following rules which applies:

- a. Non-Dependent/Dependent. The benefits of the Plan which covers the person as an employee, member, or subscriber (that is, other than as a dependent) are determined before those of the Plan which covers the person as a dependent; except that: if the person is also a Medicare beneficiary, and as a result of the rule established by Title XVIII of the Social Security Act and implementing regulations, Medicare is:

- (i) Secondary to the Plan covering the person as a dependent and;
- (ii) Primary to the Plan covering the person as other than a dependent (*e.g.*, a retired employee), then the order of benefit determination is

reversed so that the Plan covering the person as an employee, member, subscriber or retiree is secondary and the other Plan is primary.

- b. Dependent Child/Parents not Separated or Divorced. Except as stated in subparagraph (C)(2)(c) below, when This Plan and another Plan cover the same Child as a dependent of different persons, called "parents:"
 - (i) The benefits of the Plan of the parent whose birthday falls earlier in a year are determined before those of the Plan of the parent whose birthday falls later in that year; but
 - (ii) If both parents have the same birthday, the benefits of the Plan which covered the parents longer are determined before those of the Plan which covered the other parent for a shorter period of time.

However, if the other Plan does not have the rule described in subparagraph (C)(2)(b)(i) immediately above, but instead has a rule based upon the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

- c. Dependent Child/Parents Separated or Divorced. If two or more Plans cover a person as a dependent Child of divorced or separated parents, benefits for the Child are determined in this order:
 - (i) First, the Plan of the parent with custody of the Child;
 - (ii) Then, the Plan of the spouse of the parent with custody of the Child;
 - (iii) Then, the Plan of the parent not having custody of the Child; and
 - (iv) Then, the Plan of the spouse of the parent not having custody of the Child.

If the other Plan does not have this subparagraph (C)(2)(c) and if, as a result, the Plans do not agree on the order of benefits, this subparagraph (C)(2)(c) shall be ignored.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care expense of the Child, and the entity obligated to pay or provide the benefits of the Plan of that parent

has actual knowledge of those terms, the benefits of that Plan are determined first. The Plan of the other parent shall be the Secondary Plan. This subparagraph does not apply with respect to any Claim Determination Period or Plan year during which any benefits are actually paid or provided before the entity has that actual knowledge.

If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the Child, the Plans covering the Child shall be subject to the order of benefit determination contained in subparagraph (C)(2)(b) above.

- d. Active/Inactive Employee. The benefits of a Plan which covers a person as an employee who is neither laid off nor retired (or as that employee's dependent) are determined before those of a Plan which covers that person as a laid off or retired employee (or as that employee's dependent). If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this subparagraph (C)(2)(d) is ignored.
- e. Continuation Coverage. If a person whose coverage is provided under a right of continuation pursuant to federal law (*i.e.*, COBRA) or state law also is covered under another Plan, the benefits of the Plan covering the person as employee, member, or subscriber (or that person's dependent) shall be determined before the benefits under the continuation coverage. If the other Plan does not have this rule and if, as a result, the Plans do not agree on the order of benefits, this subparagraph (C)(2)(e) shall be ignored.
- f. Longer/Shorter Length of Coverage. If none of the above rules determines the order of benefits, the benefits of the Plan which covered an employee, member, or subscriber longer are determined before those of the Plan which covered that person for the shorter term.

D. EFFECT ON THE BENEFITS OF THIS PLAN

1. When This Paragraph Applies. This Paragraph D. applies when, in accordance with Paragraph

C. "Order of Benefit Determination Rules," This Plan is a Secondary Plan as to one or more other Plans. In that event the Benefits of This Plan may be reduced under this Paragraph D. Such other Plan or Plans are referred to as "the other Plans" in subparagraph (D)(2) immediately below.

2. Reduction in This Plan's Benefits. The Benefits of This Plan will be reduced when the sum of:
 - a. The Benefits that would be payable for the Allowable Expense under This Plan in the absence of this COB provision; and
 - b. The Benefits that would be payable for the Allowable Expenses under the other Plans, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made; exceeds those Allowable Expenses in a Claim Determination Period. In that case, the Benefits of This Plan will be reduced so that they and the benefits payable under the other Plans do not total more than those Allowable Expenses.

When the Benefits of This Plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of This Plan.

E. RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

Certain facts are needed to apply these COB rules. RLHICA has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person subject in all events, to all provisions of applicable law. RLHICA need not tell, or get the consent of, any person to do this. Each person claiming Benefits under This Plan must give RLHICA any facts it needs to pay the claim.

F. FACILITY OF PAYMENT

A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, RLHICA may pay that amount to the organization which made that payment.

That amount will then be treated as though it were a Benefit paid under This Plan. RLHICA will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services.

G. RIGHT OF RECOVERY

If the amount of the payments made by RLHICA is more than it should have paid under this COB

provision, it may recover the excess from one or more of the following:

1. The persons it has paid or for whom it has paid;
2. Insurance companies; or
3. Other organizations.

The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

**[Dental Director
Renaissance Dental - RLHICA
P.O. Box 738
Greenwood, IN 46142]**

Please include your name and address, the Certificate Holder's Social Security number, the reason why you believe your claim was wrongly denied, and any other information you believe supports your claim. You also have the right to review This Plan and any documents related to it. If you would like a record of your request and proof that it was received by RLHICA, you should mail it certified mail, return receipt requested.

The Dental Director, or any other person(s) reviewing your claim, will not be the same as, nor will they be subordinate to, the person(s), who initially decided your claim. The reviewer will grant no deference to the prior decision about your claim, but rather will assess the information, including any additional information that you have provided, as if he/she were deciding the claim for the first time. The reviewer's decision will take into account all comments, documents, records and other information relating to your claim even if the information was not available when your claim was initially decided.

If the decision is based, in whole or in part, on a dental or medical judgment (including determinations with respect to whether a particular treatment, drug, or other item is experimental, investigational or not medically necessary or appropriate), the reviewer will, as necessary, consult a dental health care professional with appropriate training and experience. The dental health care professional will not be the same individual, or that person's subordinate, consulted during the initial determination.

The reviewer will make his/her determination on review within [60] days of his/her receipt of your request. If your claim is denied on review (in whole or in part), you will be notified in writing. The notice of an Adverse Benefit Determination during the Disputed Claims Appeal Procedure will meet the requirements described below under the heading "Manner and Content of Notice."

Manner and Content of Notice

Your notice of an Adverse Benefit Determination will inform you of the specific reasons(s) for the denial, the pertinent Policy provisions(s) on which the denial is based, the applicable review procedures for dental claims, including applicable time limits, and that you are entitled to access, free of charge, upon request, all documents, records and other information relevant to your claim. The notice will also contain a description of any additional materials necessary to complete your claim, an explanation of why such materials are necessary, and a statement that you have a right to bring a civil action in

IX. Disputed Claims Procedure

If you receive notice of an Adverse Benefit Determination, and if you think that RLHICA incorrectly denied all or part of your claim, you or your Dentist should contact RLHICA's Customer Services Department and ask them to check the claim to make sure it was processed correctly. You may do this by calling the toll-free number, [1-888-358-9484] and speaking to a telephone advisor. You may also mail your inquiry to the [Customer Services Department at P.O. Box 738, Greenwood, IN 46142.]

When writing, please enclose a copy of your explanation of benefits and describe the problem. Be sure to include your name, telephone number, the date, and any information you would like considered about your claim. This inquiry is not required and should not be considered a formal request for review of a denied claim. RLHICA provides this opportunity for you to describe problems and submit explanatory information that might indicate your claim was improperly denied and allow RLHICA to correct any errors quickly and without delay.

Whether or not you have asked RLHICA informally to recheck its initial determination, you can submit your claim to a formal review through the Disputed Claims Appeal Procedure described below.

If you receive notice of an Adverse Benefit Determination, you, or your authorized representative, should seek a review as soon as possible, but **you must file your request for review within 180 days** of the date on which you receive your notice of the Adverse Benefit Determination which you are asking RLHICA to review.

To request a formal review of your claim, send your request in writing to:

court if you receive an Adverse Benefit Determination after your claim has been completely reviewed according to this Disputed Claims Appeal Procedure. The notice will also reference any internal rule, guideline, protocol, or similar document or criteria relied on in making the Adverse Benefit Determination, and will include a statement that a copy of such rule, guideline or protocol may be obtained upon request at no charge. If the Adverse Benefit Determination is based on a matter of medical judgment or medical necessity, the notice will also contain an explanation of the scientific or clinical judgment on which the determination was based, or a statement that a copy of the basis for the scientific or clinical judgment can be obtained upon request at no charge.

If you (a) need the assistance of a governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer, you may also contact the Consumer Services Division of the Arkansas Department of Insurance, 1200 W. Third Street, Little Rock, AR 72201-1904.

X. Termination of Coverage

RLHICA must give your employer or organization at least 60 days advance notice of cancellation, expiration, nonrenewal, or change in rates. In the event RLHICA chooses to terminate the Policy due to nonpayment of premium, RLHICA will give your employer or organization notice of the termination within 45 days after the premium due date. The effective date of such termination shall be the first day of the period for which the premium is due.

Your RLHICA coverage may be automatically terminated:

1. When your employer or organization advises RLHICA to terminate your coverage;
2. On the last day of the month for which your employer or organization has failed to pay RLHICA;
3. Or for any other reason stated in the Policy.

A person whose eligibility is terminated may be eligible to transfer to an individual direct payment contract with RLHICA. Please contact RLHICA to obtain further information.

XI. Continuation of Coverage

A. Loss of Eligibility During Treatment

1. If you and/or an Eligible Dependent lose eligibility while receiving dental treatment, only those Covered Services received while you and/or your Eligible Dependent were eligible under the Policy will be payable.
2. Certain procedures begun before the loss of eligibility 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 difference between RLHICA's payment and the total fee for those procedures is your responsibility.

B. Continuation Coverage – COBRA

If your employer or organization is required to comply with provisions under the Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”) and your coverage would otherwise end, you and/or your covered Eligible Dependents may have the right under certain circumstances to continue coverage in the group health plans sponsored by your employer or organization, at your expense, beyond the time coverage would normally end.

COBRA continuation coverage may be available if your coverage or a covered Eligible Dependent's coverage would otherwise end because of one of the following COBRA qualifying events:

1. Voluntary or involuntary termination of employment for any reason other than your gross misconduct;
2. Reduction in the number of hours worked so that you are no longer an eligible employee under the terms of the group health plan;
3. Divorce or legal separation;
4. Death;
5. Loss of dependent status under the terms of the group health plan; or
6. You become entitled to Medicare (if applicable).

If you are called to active duty in the armed forces of the United States, you and your covered Eligible Dependents may also have continuation coverage

rights under the Uniformed Services Employment and Reemployment Rights Act (“USERRA”).

If you believe you are entitled to continuation coverage either under COBRA or USERRA, you should contact your employer or organization to receive additional information about your rights and to learn more about the applicable procedures for applying for such continuation coverage.

C. Continuation Coverage – Death of Certificate Holder

Upon the death of the Certificate Holder, coverage for Eligible Dependents (if any) shall continue for a period of 90 days, subject to the termination provisions found in Section III and Section X of this Certificate.

D. Continuation Coverage – Eligible Dependents

Eligible Dependents may elect to continue coverage under this Certificate in the event of the divorce, retirement or death of the Certificate Holder. To elect coverage, Eligible Dependents should contact the Certificate Holder’s employer or organization immediately following the occurrence of one of the above-mentioned events.

E. Continuation Coverage – Total Disability

In the event the Policy is terminated for any reason, the Benefits paid pursuant to the Policy shall continue for a period of 90 days in the event of total disability (on the date of such termination) of the Certificate Holder or an Eligible Dependent.

XII. General Conditions

Change of Status

You must notify RLHICA through your employer or organization, of any event causing a change in the status of an Eligible Dependent. Events that can affect the status of an Eligible Dependent include, but are not limited to, marriage, birth, death, divorce, and entrance into military service.

Assignment

Benefits to you or your Eligible Dependent are for the personal benefit of you or your Eligible Dependent and cannot be transferred or assigned. You or your Eligible Dependent, however, may assign Benefits to the Dentist who rendered Covered Services under This Plan. Benefits paid pursuant to such assignment shall discharge the obligation of RLHICA with respect to the amount of the Benefits so paid.

Subrogation

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.

Obtaining and Releasing Information

While you are covered by RLHICA, you agree to provide RLHICA with any information it needs to process your claims and administer your Benefits. This includes allowing RLHICA to have access to your dental records.

Dentist-Patient Relationship

You and your Eligible Dependents have the freedom to choose any Dentist. Each Dentist maintains the dentist-patient relationship with the patient and is solely responsible to the patient for dental advice and treatment and any resulting liability.

Late Claims Submission

Except as otherwise provided in this Certificate, RLHICA will not honor and no payment will be made for services, items or supplies if a claim for those services, items or supplies has not been received by RLHICA within one year from the date that the services, items or supplies were provided.

Change of Certificate or Policy

No agent has the authority to change any provisions in this Certificate or the provisions of the Policy on which it is based. No changes to this Certificate or the underlying Policy are valid unless approved in writing by an officer of RLHICA.

Note: This Certificate and the Policy are subject to change if, in the future, federal and state privacy laws and regulations require RLHICA or your employer or organization to comply with such laws and regulations. Should any such change to this Certificate or the Policy be necessary by law, you will receive written notice from RLHICA informing you of the reasons for any change to this Certificate or the Policy and the process by which you will receive an amended Certificate or the amended section of this Certificate.

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 otherwise provided by applicable state law. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given. This provision does not preclude the Policyholder or Certificate Holder from seeking a decision from a jury trial once all administrative appeals have been exhausted.

Representations

In the absence of fraud, all statements made by your employer or organization or by you or your Eligible Dependents, shall be deemed to be representations and not warranties. No such statement shall be used in defense to a claim under the Policy, unless it is contained in a written application.

Renaissance Life & Health Insurance Company of America

Renaissance Group Dental Policy

This Policy is effective the [1st day of January, 20XX] by and between [ABC COMPANY], hereinafter referred to as the Policyholder and RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA, hereinafter referred to as RLHICA.

Section I. Declarations

The Benefits afforded are only with respect to such benefits as are indicated in this Policy. RLHICA's liability is limited to the Benefits stated herein; subject to all the terms of this Policy having reference thereto.

- A. **Effective Date:** [January 1, 20XX]
- B. **First Renewal Date:** [January 1, 20XX]
- C. **Group Number:** [0000099-0001]
- D. **Eligibility (Certificate Holder and Eligible Dependents):**

[All full-time employees of the Policyholder working at least {20-40} hours per week, retirees, members of an association or trust, and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law. ("COBRA")]

[Where two Certificate Holders are eligible under the same group and are legally married to each other, they will be enrolled under one application and will receive Benefits under a single Certificate without coordination of benefits under the RLHICA Policy.]

[Eligible Dependents of above-mentioned Certificate Holders are also eligible.]

[Eligible Dependents including Domestic Partners of above-mentioned Certificate Holders are also eligible.]

A Domestic Partner is defined as follows:

- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;
- both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household-the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

E. Deductible:

[\$ {0-500} Deductible per person per Benefit Year, limited to a maximum Deductible of \$ {75-1500} per family per Benefit Year on Basic and Major Services.] [The Deductible does not apply to Diagnostic and Preventive Services.]

[Deductible Carry Over-Any expenses incurred by a Certificate Holder, 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, 20XX through December 31, 20XX} will be applied to the 20XX Benefit Year Deductible with RLHICA. It is the Certificate Holder's responsibility to provide RLHICA with adequate documentation of the Deductible paid under the previous carrier's plan.]

[Policyholder has not selected a Deductible under this Policy.]

F. Covered Services:

RLHICA will pay for Covered Services according to the schedule listed below. RLHICA will base payments on the lesser of the Submitted Amount or the Allowed Amount. If the Submitted Amount is more than the Allowed Amount, the Certificate Holder is not only responsible for paying the Dentist that percentage listed in the "Certificate Holder Pays" column below, but is also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

	RLHICA Pays	Certificate Holder Pays
Diagnostic and Preventive Services		
Diagnostic and Preventive Services	[0 – 100%]	[0 – 100%]
[Brush Biopsy]	[0 – 100%]	[0 – 100%]
[Basic Services		
Emergency Palliative Treatment	[0 – 100%]	[0 – 100%]
Radiographs/Diagnostic Imaging/Diagnostic Casts	[0 – 100%]	[0 – 100%]
Minor Restorative Services	[0 – 100%]	[0 – 100%]
Simple Extractions	[0 – 100%]	[0 – 100%]
Sealants	[0 – 100%]	[0 – 100%]
Periodontal Maintenance	[0 – 100%]	[0 – 100%]
After-Hours Visits	[0 – 100%]	[0 – 100%]
Major Services		
Oral Surgery Services	[0 – 100%]	[0 – 100%]
Endodontic Services	[0 – 100%]	[0 – 100%]
Periodontic Services	[0 – 100%]	[0 – 100%]
Major Restorative Services	[0 – 100%]	[0 – 100%]
Prosthodontic Services	[0 – 100%]	[0 – 100%]
Relines and Repairs	[0 – 100%]	[0 – 100%]
Other Major Services	[0 – 100%]	[0 – 100%]
Orthodontic Services		
Orthodontic Services]	[0 – 100%]	[0 – 100%]

[Benefits for Orthodontic Services for Children are payable until the end of the calendar year of a Child's [19th] birthday.]

[Benefits for Orthodontic Services are payable to adult Certificate Holders.]

[Policyholder has not selected Benefits for Orthodontic Services under this Policy.]

Benefits under this Policy will be based on the Allowed Amount method of payment.

G. Waiting Period:

[All new Certificate Holders (and their Eligible Dependents, if covered above) hired after the Effective Date of the Policy will be eligible for enrollment {on the date for which employment compensation begins.} {[XX] days following the date for which employment compensation begins.} or {on the first day of the month following [90] days after the date for which employment compensation begins.}]

[All Certificate Holders (and their Eligible Dependents, if covered above) will be eligible for Basic, Major and Orthodontic Services {XX} months following the date the Certificate Holder or Eligible Dependent is enrolled under a voluntary group plan. (Eligible Dependents enrolled after the Certificate Holder will have their own waiting period).]

H. Voluntary Plan Limitations:

[Initial installation of bridgework and dentures to replace missing teeth are Covered Services provided the teeth were extracted after the Effective Date.]

I. Maximum Payment:

[\$ {300 - \$3000} per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively.] [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount.]

[\$ {300-4000} per person per lifetime on Orthodontic Services.]

J. Rate:

[Employee only - \$ [xxx.xx] per month per Certificate Holder.

Employee with one Eligible Dependent - \$ [xxx.xx] per month per Certificate Holder.

Employee with two or more Eligible Dependents - \$ [xxx.xx] per month per Certificate Holder.]

[Rates are contingent upon 100 percent enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Policyholder.]

[Rates are contingent upon [0 – 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0 – 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible group members and their Eligible Dependents as defined in Section I(D) with the cost of coverage for the Certificate Holder paid by the Policyholder, and the cost of coverage for any Eligible Dependent(s) paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0 – 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible group members and their Eligible Dependents as defined in Section I(D) with the cost of coverage paid by the Policyholder and the Certificate Holder and remitted by the Policyholder.]

[The Policyholder pays the full cost of this coverage.] [The Certificate Holder pays the full cost of the coverage.] [The Certificate Holder contributes to the cost of the coverage.]

[Benefits will cease on the last day of the month in which the Certificate Holder’s employment is terminated, subject to all applicable laws or regulations.]

K. Benefit Year:

[The Benefit Year shall be based on a calendar year, from January 1 to December 31]

[The Benefit Year shall be based on a Policy Year, from _____ to _____].

L. Identification (ID) Cards:

ID cards are delivered to Policyholder for distribution to Certificate Holders with replacement ID cards mailed to each Certificate Holder’s address of record.]

Renaissance Life & Health Insurance Company of America

Renaissance Group Dental Policy

This Policy is effective the [1st day of January, 20XX] by and between [ABC COMPANY], hereinafter referred to as the Policyholder and RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA, hereinafter referred to as RLHICA.

Section I. Declarations

The Benefits afforded are only with respect to such benefits as are indicated in this Policy. RLHICA's liability is limited to the Benefits stated herein; subject to all the terms of this Policy having reference thereto.

- A. **Effective Date:** [January 1, 20XX]
- B. **First Renewal Date:** [January 1, 20XX]
- C. **Group Number:** [0000099-0001]
- D. **Eligibility (Certificate Holder and Eligible Dependents):**

[All full-time employees of the Policyholder working at least {20-40} hours per week, retirees, members of an association or trust, and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law ("COBRA"),]

[Where two Certificate Holders are eligible under the same group and are legally married to each other, they will be enrolled under one application and will receive Benefits under a single Certificate without coordination of benefits under the RLHICA Policy.]

[Eligible Dependents of above-mentioned Certificate Holders are also eligible.]

[Eligible Dependents including Domestic Partners of above-mentioned Certificate Holders are also eligible.]

A Domestic Partner is defined as follows:

- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;
- both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household-the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

E. Deductible:

[\$ {0 – 500} Deductible per person per Benefit Year limited to a maximum Deductible of \$ {75-1500} per family per Benefit Year on Basic and Major Services.] [The Deductible does not apply to Diagnostic and Preventive Services.]

[Deductible Carry Over – Any expenses incurred by a Certificate Holder, 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, 20XX through December 31, 20XX} will be applied to the 20XX Benefit Year Deductible with RLHICA. It is the Certificate Holder's responsibility to provide RLHICA with adequate documentation of the Deductible paid under the previous carrier's plan.]

[Policyholder has not selected a Deductible under this Policy.]

F. Covered Services:

RLHICA will pay for Covered Services according to the dollar amount listed in the Table of Allowances.

Covered Services	RLHICA Pays See Table of Allowances	Certificate Holder Pays
Diagnostic and Preventive Services		
Diagnostic and Preventive Services		
[Brush Biopsy]		
[Basic Services		
Emergency Palliative Treatment		
Radiographs/Diagnostic Imaging/Diagnostic Casts		
Minor Restorative Services		
Simple Extractions		
Sealants		
Periodontal Maintenance		
After-Hours Visits		
Major Services		
Oral Surgery Services		
Endodontic Services		
Periodontic Services		
Major Restorative Services		
Prosthodontic Services		
Relines and Repairs		
Other Major Services		
Orthodontic Services		
Orthodontic Services]		

[Benefits for Orthodontic Services for Children are payable until the end of the calendar year of a Child's [19th] birthday.]

[Benefits for Orthodontic Services are payable to adult Certificate Holders.]

[Policyholder has not selected Benefits for Orthodontic Services under this Policy.]

Benefits under this Policy will be based on the Table of Allowances method of payment.

G. Waiting Period:

[All new Certificate Holders (and their Eligible Dependents, if covered above) hired after the Effective Date of the Policy will be eligible for enrollment {on the date for which employment compensation begins.} {XX days following the date for which employment compensation begins.} or {on the first day of the month following 90 days after the date for which employment compensation begins.}]

[All Certificate Holders (and their Eligible Dependents, if covered above) will be eligible for Basic, Major and Orthodontic Services {XX} months following the date the Certificate Holder or Eligible Dependent is enrolled under a voluntary group plan. (Eligible Dependents enrolled after the Certificate Holder will have their own waiting period).]

H. Voluntary Plan Limitations:

[Initial installation of bridgework and dentures to replace teeth missing are Covered Services provided the teeth were extracted after the Effective Date.]

I. Maximum Payment:

[\$300 - \$3000] per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively.] [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount].

[\$300 - \$4000] per person per lifetime on Orthodontic Services.]

J. Rate:

Employee only - \$xxx.xx per month per Certificate Holder.

[Employee with one Eligible Dependent - \$xxx.xx per month per Certificate Holder.

Employee with two or more Eligible Dependents - \$xxx.xx per month per Certificate Holder.]

[Rates are contingent upon 100 percent enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Policyholder.]

[Rates are contingent upon [0 – 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0 – 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible group members and their Eligible Dependents as defined in Section I(D) with the cost of coverage for the Certificate Holder paid by the Policyholder, and the cost of coverage for any Eligible Dependent(s) paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0 – 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible groups members and their Eligible Dependents as defined in Section I(D) with the cost of coverage paid by the Policyholder and the Certificate Holder and remitted by the Policyholder.]

[The Policyholder pays the full cost of this coverage.] [The Certificate Holder pays the full cost of the coverage.] [The Certificate Holder contributes to the cost of the coverage.]

[Benefits will cease on the last day of the month in which the Certificate Holder's employment is terminated, subject to all applicable laws or regulations.]

K. Benefit Year:

[The Benefit Year shall be based on a calendar year, from January 1 to December 31]

[The Benefit Year shall be based on a Policy Year, from _____ to ____].

L. Identification (ID) Cards:

[ID cards are delivered to Policyholder for distribution to Certificate Holders with replacement ID cards mailed to each Certificate Holder's address of record.]

Renaissance Life & Health Insurance Company of America

Renaissance Group Dental Certificate Summary of Dental Plan Benefits For Group# [0000099-0001] [ABC COMPANY]

This Summary of Dental Plan Benefits is part of, and should be read in conjunction with, your Group Dental Certificate. Your Group Dental Certificate will provide you with additional information about your RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA (“RLHICA”) coverage, including information about exclusions and limitations.

Benefit Year – [January 1 through December 31]
[_____ to _____]

Covered Services	RLHICA Pays	You Pay
Diagnostic and Preventive Services		
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)	[0%-100%]	[0%-100%]
[Brush Biopsy – Used to detect oral cancer]	[0%-100%]	[0%-100%]
[Basic Services		
Emergency Palliative Treatment - Used to temporarily relieve pain	[0%-100%]	[0%-100%]
Radiographs/Diagnostic Imaging/Diagnostic Casts - X-rays as required for routine care or as necessary for the diagnosis of a specific condition	[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%]
Simple Extractions – Simple extractions including local anesthesia, suturing, if needed and routine post-operative care	[0%-100%]	[0%-100%]
Sealants – Sealants for the occlusal surface of first and second permanent molars	[0%-100%]	[0%-100%]
Periodontal Maintenance – Periodontal maintenance following active periodontal therapy	[0%-100%]	[0%-100%]
After-Hours Visits – Services performed by a dentist during after-hours visits	[0%-100%]	[0%-100%]
Major Services		
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%]
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals)	[0%-100%]	[0%-100%]
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth	[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%]
Prosthetic Services – Used to replace missing natural teeth (for example, bridges, endosteal implants, partial dentures, and complete dentures)	[0%-100%]	[0%-100%]
Relines and Repairs – Relines and repairs to fixed bridges, partial dentures, and complete dentures	[0%-100%]	[0%-100%]
Other Major Services – Occlusal guards, and limited occlusal adjustments	[0%-100%]	[0%-100%]
Orthodontic Services		
[Orthodontic Services – Services, treatment, and procedures to correct malposed teeth (for example, braces) {including Orthodontic Services for Children to the age of [19]} {including Orthodontic Services for adults}}]	[0%-100%]	[0%-100%]

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

Maximum Payment – [{\$300 - \$3000} per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively.] [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount].

[{\$300 – 4000} per person per lifetime on Orthodontic Services.]

Deductible – [{\$0 – \$500} Deductible per person per Benefit Year limited to a maximum Deductible of \${75 – 1500} per family per Benefit Year on Basic and Major Services.] [The Deductible does not apply to Diagnostic and Preventive Services.]

[Deductible Carry Over – Any expenses incurred by you 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, 20XX through December 31, 20XX} will be applied to the 20XX Benefit Year Deductible with RLHICA. It is your responsibility to provide RLHICA with adequate documentation of the Deductible paid under the previous carrier's plan.]

[Policyholder has not selected a Deductible under this Policy.]

Waiting Period – [You (and your Eligible Dependents, if covered) hired after the Effective Date will be eligible for enrollment {on the date for which employment compensation begins.} {XX days following the date for which employment compensation begins.} or {on the first day of the month following {0-90} days after the date for which employment compensation begins.}]

[You (and your Eligible Dependents, if covered) will be eligible for coverage for {Basic, Major or Orthodontic} Services {XX} months following the date you or your Eligible Dependents enrolled {under a voluntary group plan.}(Eligible Dependents enrolled after your date of enrollment will have their own waiting period).]

Voluntary Plan Limitations – [Initial installation of bridgework and dentures to replace teeth missing is covered provided the teeth were extracted after the Effective Date of coverage.]

Eligibility (Certificate Holder and Eligible Dependents) – [All full-time employees of the Policyholder working at least {20-40} hours per week, retirees, members of an association or trust and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law (“COBRA”) .]

[Also eligible are your Legal Spouse {or Domestic Partner}, your dependent unmarried Children who have not yet reached their 25th birthday, if the Child is (1) dependent upon you {and your Domestic Partner as defined below} for support and (2) is a full-time student or part-time student.]

[Where two individuals are eligible under the same group and are legally married to each other, they will be enrolled under one application and will receive Benefits under a single Certificate without coordination of benefits under the Policy.]

[The Policyholder pays the full cost of this coverage.] [You pay the full cost of this coverage.] [You contribute to the cost of this coverage.]

[Benefits will cease on the last day of the month in which your employment is terminated, subject to all applicable laws or regulations.]

A Domestic Partner is defined as follows:

- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;
- both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household-the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

Renaissance Life & Health Insurance Company of America

Renaissance Group Dental Certificate Summary of Dental Plan Benefits For Group# [000099-0001] [ABC COMPANY]

This Summary of Dental Plan Benefits is part of, and should be read in conjunction with, your Group Dental Certificate. Your Group Dental Certificate will provide you with additional information about your RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA (“RLHICA”) coverage, including information about exclusions and limitations.

Benefit Year – [January 1 through December 31]
[_____ to _____]

Covered Services	RLHICA Pays See Table of Allowances	You Pay See Table of Allowances
Diagnostic and Preventive Services		
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)		
[Brush Biopsy – Used to detect oral cancer]		
[Basic Services		
Emergency Palliative Treatment - Used to temporarily relieve pain		
Radiographs/Diagnostic Imaging/Diagnostic Casts - X-rays as required for routine care or as necessary for the diagnosis of a specific condition		
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, silver fillings and white fillings)		
Simple Extractions – Simple extractions including local anesthesia, suturing, if needed and routine post-operative care		
Sealants – Sealants for the occlusal surface of first and second permanent molars		
Periodontal Maintenance – Periodontal maintenance following active periodontal therapy		
After-Hours Visits – Services performed by a dentist during after-hours visits		
Major Services		
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]		
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals)		
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth		
Major Restorative Services – Used when teeth can't be restored with another filling material (for example, crowns)		
Prosthetic Services – Used to replace missing natural teeth (for example, bridges, endosteal implants, partial dentures, and complete dentures)		
Relines and Repairs – Relines and repairs to fixed bridges, partial dentures and complete dentures		
Other Major Services – Occlusal guards, and limited occlusal adjustments		
[Orthodontic Services		
Orthodontic Services – Services, treatment, and procedures to correct malposed teeth (for example, braces) {including Orthodontic Services for Children to the age of [19]} {including Orthodontic Services for adults}}		

Method of Payment – Payment for Covered Services will be based on the Table of Allowances method of payment.

Maximum Payment – [{\$300 - \$3000} per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively.] [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount].

[\$300 – 4000} per person per lifetime on Orthodontic Services.]

Deductible - [{\$0 – 500} Deductible per person per Benefit Year limited to a maximum Deductible of \$75 – 1500} per family per Benefit Year on Basic and Major Services.] [The Deductible does not apply to Diagnostic and Preventive Services.]

[Deductible Carry Over – Any expenses incurred by you 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, 20XX through December 31, 20XX} will be applied to the 20XX Benefit Year Deductible with RLHICA. It is your responsibility to provide RLHICA with adequate documentation of the Deductible paid under the previous carrier's plan.]

[Policyholder has not selected a Deductible under this Policy.]

Waiting Period – [You (and your Eligible Dependents, if covered) are hired after the Effective Date will be eligible for enrollment {on the date for which employment compensation begins.} {XX days following the date for which employment compensation begins.} or {on the first day of the month following [90] days after the date for which employment compensation begins.}]

[You (and your Eligible Dependents, if covered) will be eligible for coverage for Basic and Major Services {XX} months following the date you or your Eligible Dependents enrolled {under a voluntary group plan.}] (Eligible Dependents enrolled after your date of enrollment will have their own waiting period)].

Voluntary Plan Limitations [Initial installation of bridgework and dentures to replace teeth missing is covered provided the teeth were extracted after the effective date of your coverage.]

Eligibility (Certificate Holder and Eligible Dependents) – [All full-time employees of the Policyholder working at least {20-40} hours per week, retirees, members of an association or trust, and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law (“COBRA”).]

[Also eligible are your Legal Spouse {or Domestic Partner}, your dependent unmarried Children who have not yet reached their 25th birthday, if the Child is (1) dependent upon you {and your Domestic Partner as defined below} for support and (2) is a full-time student or part-time student.]

[Where two individuals are eligible under the same group and are legally married to each other, they will be enrolled under one application and will receive Benefits under a single Certificate without coordination of benefits under the Policy.]

[The Policyholder pays the full cost of this coverage.] [You pay the full cost of this coverage.] [You contribute to the cost of this coverage.]

[Benefits will cease on the last day of the month in which your employment is terminated, subject to all applicable laws or regulations.]

A Domestic Partner is defined as follows:

- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;

- both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household-the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]



Application and Agreement

Please take a moment to complete this form. We will consider it along with your group's experience, enrollment data and any other applicable information, as your application to Renaissance Life & Health Insurance Company of America or Renaissance Health Insurance Company of New York (Renaissance).

- Coverage or administration for your group will not start until you receive approval in writing from Renaissance.
- Absence of written approval does not imply acceptance.
- There may be minimum enrollment requirements.
- Rates are subject to change based on final enrollment data and any program design changes.

If you have any questions regarding this application or Renaissance, please feel free to contact your Renaissance representative.

(Shaded areas are for Renaissance use only)

Group Number _____

Group Name _____

Requested Effective Date _____ Renewal Date _____

Amount paid by [Employer] for: Employee Coverage _____ Dependent Coverage _____

Can employees opt out of dental plan? Yes No Is there a Section 125 Plan in place? Yes No

Is this a Management carve-out? Yes No or Are any Categories of Service excluded? Yes No

If yes, explain _____ Minimum Participation Requirement (%) _____

Number of Eligible Employees _____ Number of Employees Enrolling _____

New Employee Waiting Period: (check one) **Waived at initial enrollment?** Yes No

First of the month following _____ days **OR** First day following _____ days **OR** Date of Hire

Tax Identification Number _____

Group Address _____

City _____ County _____

State _____ Zip Code _____

Telephone () _____ Fax Number () _____

Billing Address (if different from above) _____

City _____ State _____ Zip Code _____

Group Officer Mr. Ms. Dr. _____ Title _____

Group Contact Mr. Ms. Dr. _____ Title _____

E-Mail Address _____ E-Mail Address _____

Send materials to _____

Type of Industry _____ NAICS Code _____ SIC Code _____ OCC Code _____

Previous Carrier None Yes (indicate carrier) _____

Enrollment by Form Electronic Media (specify) _____

Yes, send the following information electronically: Group Policy, Individual Subscriber Certificate and Summary.

Yes, send the following information electronically: Enrollee ID Cards.

By checking the box(es), you are agreeing to receive such materials electronically pursuant to the Terms for Paperless Delivery attached to this application form. If none selected, all materials will be sent by hard copy.

Other materials requested _____

(additional charges may apply)

Definition of Subscriber (for example: "All full-time employees working at least [25] hours per week.")

Annual Open Enrollment: Policy anniversary date Other _____

BENEFITS

Benefit Plan Type: Indemnity Table of Allowances (attach table) Preferred Provider (PPO)

	Deductible Applies	Benefit Waiting Period (months)	Indemnity Fee For Service	Preferred Provider (PPO)	
				In-Network	Out-of-Network
(Please attach copy of proposal)					
Diagnostic & Preventive	<input type="checkbox"/>		%	%	%
Emergency Palliative	<input type="checkbox"/>		%	%	%
Fluoride	<input type="checkbox"/>		%	%	%
Prophylaxis (cleanings)	<input type="checkbox"/>		%	%	%
Space Maintainers	<input type="checkbox"/>		%	%	%
Bitewing X-rays	<input type="checkbox"/>		%	%	%
Full Mouth X-rays	<input type="checkbox"/>		%	%	%
All Other X-rays	<input type="checkbox"/>		%	%	%
Brush Biopsy	<input type="checkbox"/>		%	%	%
Sealants	<input type="checkbox"/>		%	%	%
Minor Restorative	<input type="checkbox"/>		%	%	%
Endodontics	<input type="checkbox"/>		%	%	%
Periodontic Maintenance	<input type="checkbox"/>		%	%	%
Non-Surgical Periodontics	<input type="checkbox"/>		%	%	%
Surgical Periodontics	<input type="checkbox"/>		%	%	%
Relines and Repairs	<input type="checkbox"/>		%	%	%
Simple Extractions	<input type="checkbox"/>		%	%	%
Surgical Extractions	<input type="checkbox"/>		%	%	%
Other Oral Surgery	<input type="checkbox"/>		%	%	%
Other Basic Services	<input type="checkbox"/>		%	%	%
Major Restorative	<input type="checkbox"/>		%	%	%
Bridges	<input type="checkbox"/>		%	%	%
Dentures	<input type="checkbox"/>		%	%	%
Implants	<input type="checkbox"/>		%	%	%
TMD Treatment	<input type="checkbox"/>		%	%	%
Orthodontic Services	<input type="checkbox"/>		%	%	%

Orthodontic Age Limit : Adult: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ortho Maximum Amount: <input type="checkbox"/> Lifetime <input type="checkbox"/> Benefit Year	\$ _____	\$ _____	\$ _____
Annual Maximum	\$ _____	Allowed Amount Percentile	% _____
Deductible Amount (Individual/Family)	_____/_____/_____	_____/_____/_____	_____/_____/_____
Carry Forward Deductible Met From Prior Carrier? <input type="checkbox"/> No	<input type="checkbox"/> Yes	Mid-Year Take Over	<input type="checkbox"/> Yes <input type="checkbox"/> No
Three-month deductible carryover?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prenatal Benefit? No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum Rollover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office Visit Fee \$ _____	Applies to: _____		
Benefit Year: <input type="checkbox"/> Calendar Year <input type="checkbox"/> Other: _____			
Evidence Based Dentistry: <input type="checkbox"/> Yes <input type="checkbox"/> No			

[VISION: Enhanced Plan: Yes No Plus Plan: Yes No]

RATES PER SUBSCRIBER PER MONTH

(check one) 1 Tier 2 Tier 3 Tier 4 Tier

Tier Description	Dental Rates	[Vision Rates
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____]

ERISA Information Schedule A (Form 5500) required? Yes No

REPORTS REQUIRED (additional charges may apply)

SPECIAL INSTRUCTIONS

AGREEMENT AND RECEIPT

The undersigned [employer] hereby adopts and subscribes to the terms and provisions in the application and to the terms and provisions of the Policy of which this application becomes a part. It is agreed that the [employer] has 15 days from the date of delivery of the Policy to return the Policy to Renaissance's corporate headquarters for a full refund. If the [employer] exercises this right, the Policy will terminate on the Effective Date as if no coverage was ever in force, and all money received will be returned.

In addition to the commissions and/or fees identified specifically for your Plan, the Agency or Agent may qualify for additional compensation payments from Renaissance related to your purchase of a Renaissance Policy. This additional compensation is not charged to your Group. The Group acknowledges and agrees that Agency/Agent of Record has full authority to act on the Group's behalf in all matters concerning the Group's dental benefits administration, including but not limited to contractual matters and changes to the client's Policy.

This application is subject to approval, refusal, or modification in accordance with Renaissance's guidelines. Misrepresentation or fraud will cause this application and subsequent Policy to be null and void from the start. **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.**

Check # _____ in the amount of \$ _____ to be applied as a credit toward the payment of the first month's premium on the proposed Renaissance Policy for which application is made. In case application is not accepted by Renaissance, the payment indicated here will be returned.

Signed this _____ day of _____, 20 _____ at _____

Signature of Authorized Group Official _____ Title _____

Signature of Agent _____ Lic. # _____ State _____

Signature of Renaissance Representative _____

FOR AGENTS ONLY

Agent Name _____

Agency Name _____

Agent License Number _____

Street Address _____

City _____ County _____ State _____ ZIP Code _____

Telephone () _____ Fax number () _____

E-Mail Address _____

New Agent/Agency? Yes No If yes, attach New Agent Documentation

Commission: Standard Split: 50/50 Other (please indicate) _____

2nd Agent Name (if applicable) _____

Agency Name _____

Agent License Number _____

Street Address _____

City _____ County _____ State _____ ZIP Code _____

Telephone () _____ Fax number () _____

E-Mail Address _____

New Agent/Agency? Yes No If yes, attach New Agent Documentation

General Agent (if applicable) _____

Agency or Agent shall disclose in writing to the client, in advance of the purchase of business, the nature of any compensation the Agency or Agent will or may receive or be eligible to receive from Renaissance in connection with the placement or servicing of the client's business, as well as the nature of any other material business relationship between the Agency or Agent and Renaissance. This requirement is a condition to eligibility for receiving compensation under Renaissance's Agency/Agent compensation program as described in Renaissance's Agency/Agent Agreement. Renaissance will report to Agent's or Agency's designated clients all compensation paid to Agency or Agent for work performed on behalf of such clients. By signing this Application I warrant and represent that I have made full disclosure to the client of any and all compensation I may receive from Renaissance related to the client's purchase of a Renaissance benefit plan.

Signature of Agent _____

Date _____



Eligibility Enrollment/Update

Social Security Number _____

Group Name _____

Group/Subgroup# _____

Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information)

Type of Update: New Enrollment Reinstatement Change/Correction to Information Termination of Benefits

Group Transfer
From: Group/Subgroup# _____ To: Group/Subgroup# _____ Rate Code Change
From: To: _____ Effective Date of Change _____ Change is for:
Certificate Holder
Dependent

Certificate Holder Information (please complete for all enrollments/updates)

First Name _____ MI _____ Last Name _____

Street Address _____ Check if New Address

City _____ State _____ ZIP Code _____ E-mail address _____

Status: Active COBRA Retiree Surviving Job Title _____

Birth Date _____ Date of Hire _____ Coverage Effective Date _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Enrollment/Corrections to Information (please fill in for spouse/dependents for first-time enrollment or corrections)

LEGAL SPOUSE

First Name _____ MI _____ Last Name if different _____

Birth Date _____ SSN _____ Status: Legal Surviving
MM/DD/YYYY

DEPENDENT #1

First Name _____ MI _____ Last Name if different _____

Birth Date _____ SSN _____ Status: Surviving Disabled Other
MM/DD/YYYY

DEPENDENT #2

First Name _____ MI _____ Last Name if different _____

Birth Date _____ SSN _____ Status: Surviving Disabled Other
MM/DD/YYYY

DEPENDENT #3

First Name _____ MI _____ Last Name if different _____

Birth Date _____ SSN _____ Status: Surviving Disabled Other
MM/DD/YYYY

DEPENDENT #4

First Name _____ MI _____ Last Name if different _____

Birth Date _____ SSN _____ Status: Surviving Disabled Other
MM/DD/YYYY

Certificate Holder Name _____ ID _____

I request coverage under my employer's group insurance plan and authorize my employer to make deductions from my earnings of the required contributions, if any, toward the cost of the coverage. I will be provided a certificate of coverage in either electronic or paper form. The electronic delivery of my certificate of coverage must be pursuant to the Terms for Paperless Delivery (attached to this form). Such terms provide the manner in which I can request a paper copy at any time.

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.

Signature _____ Date _____

Renaissance Life & Health Insurance Company of America

Renaissance Group Dental Preferred Provider Policy

This Policy is effective the [1st day of January, 20XX] by and between [ABC COMPANY,] hereinafter referred to as the Policyholder and RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA, hereinafter referred to as RLHICA.

Section I. Declarations

The Benefits afforded are only with respect to such benefits as are indicated in this Policy. RLHICA's liability is limited to the Benefits stated herein; subject to all the terms of this Policy having reference thereto.

- A. Effective Date:** [January 1, 20XX]
- B. First Renewal Date:** [January 1, 20XX]
- C. Group Number:** [0000099-001]
- D. Eligibility (Certificate Holder and Eligible Dependents):**

[All full-time employees of the Policyholder working at least {20-40} hours per week, retirees, members of an association or trust, and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law ("COBRA").]

[Where two Certificate Holders are eligible under the same group and are legally married to each other, they will be enrolled under one application card and will receive Benefits under a single Certificate without coordination of benefits under the RLHICA Policy.]

[Eligible Dependents of above-mentioned Certificate Holders are also eligible.]

[Eligible Dependents including Domestic Partners of above mentioned Certificate Holders are also eligible.]

A Domestic Partner is defined as follows:

- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;
- both parties are in a relationship of mutual support, caring, and commitment and they intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household. The partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

E. Deductible:

[\$0-500] Deductible per person per Benefit Year limited to a maximum Deductible of \$[75-1500] per family per Benefit Year on {Diagnostic and Preventive, Basic, Major or Orthodontic} Services. [The Deductible does not apply to Diagnostic and Preventive or Orthodontic Services.]

[Deductible Carry Over-Any expenses incurred by a Certificate Holder, 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, 20XX through December 31, 20XX} will be applied to the 20XX Benefit Year Deductible with RLHICA. It is the Certificate Holder's responsibility to provide RLHICA with adequate documentation of the Deductible paid under the previous carrier's plan.]

[Policyholder has not selected a Deductible under this Policy.]

F. Covered Services:

RLHICA will pay for Covered Services according to the schedule listed below. RLHICA will base payments on the lesser of the Submitted Amount or the Allowed Amount. If the Submitted Amount for an Out-of-Network Dentist is more than the Allowed Amount, the Certificate Holder is not only responsible for paying the Dentist that percentage listed in the "Certificate Holder Pays" column below, but is also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

	In-Network		Out-of-Network	
	RLHICA Pays	Certificate Holder Pays	RLHICA Pays	Certificate Holder Pays
Diagnostic and Preventive Services				
Diagnostic and Preventive Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
[Brush Biopsy]	[0-100%]	[0-100%]	[0-100%]	[0-100%]
[Basic Services				
Emergency Palliative Treatment	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Radiographs/Diagnostic Imaging/Diagnostic Casts	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Minor Restorative Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Simple Extractions	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Sealants	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Periodontal Maintenance	[0-100%]	[0-100%]	[0-100%]	[0-100%]
After-Hours Visits	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Major Services				
Oral Surgery Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Endodontic Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Periodontic Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Major Restorative Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Prosthodontic Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Relines and Repairs	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Other Major Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Orthodontic Services				
Orthodontic Services]	[0-100%]	[0-100%]	[0-100%]	[0-100%]

[Benefits for Orthodontic Services for Children are payable until the end of the calendar year of a Child's [19th] birthday.]

[Benefits for Orthodontic Services are payable to adult Certificate Holders.]

[Policyholder has not selected Benefits for Orthodontic Services under this Policy.]

G. Waiting Period:

[All new Certificate Holders (and their Eligible Dependents, if covered above) hired after the Effective Date of the Policy will be eligible for enrollment {on the date for which employment compensation begins.} {XX days following the date for which employment compensation begins.} or {on the first day of the month following [90] days after the date for which employment compensation begins.}]

[All Certificate Holders (and their Eligible Dependents, if covered above) will be eligible for Basic, Major and Orthodontic Services {XX} months following the date the Certificate Holder or Eligible Dependent is enrolled under a voluntary group plan. (Eligible Dependents enrolled after the Certificate Holder will have their own waiting period).]

H. Voluntary Plan Limitations:

[Initial installation of bridgework and dentures to replace missing teeth are Covered Services provided the teeth were extracted after the Effective Date.]

I. Method of Benefit Payment:

For services rendered or items provided by an In-Network Dentist, the Allowed Amount is a pre-negotiated fee that the provider has agreed to accept as payment in full. [For services rendered or items provided by an Out-of-Network Dentist, RLHICA determines the Allowed Amount using statistically valid claims data submitted to RLHICA and its affiliates which show the most frequently charged fees by providers in the same geographic areas for comparable services or supplies. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association.] RLHICA will base Benefits 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 Certificate Holder is not only responsible for paying the Dentist that percentage listed in the "Certificate Holder Pays" column, but is also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

J. Maximum Payment:

[{\$300 - \$3,000} per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively.] [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount].

[\$ {300-4,000} per person per lifetime on Orthodontic Services.]

K. Rate:

[Employee only - \${xxx.xx} per month per Certificate Holder.

Employee with one Eligible Dependent - \${xxx.xx} per month per Certificate Holder.

Employee with two or more Eligible Dependents - \${xxx.xx} per month per Certificate Holder.]

[Rates are contingent upon 100 percent enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Policyholder.]

[Rates are contingent upon [0-100%] Minimum Enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0-100%] Minimum Enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the cost of coverage for the Certificate Holder paid by the Policyholder, and the cost of coverage for any Eligible Dependent(s) paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0-100%] Minimum Enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the cost of coverage shared between the Policyholder and the Certificate Holder and remitted by the Policyholder.]

[The Policyholder pays the full cost of this coverage.] [The Certificate Holder pays the full cost of the coverage.] [The Certificate Holder contributes to the cost of the coverage.]

[Benefits will cease on the last day of the month in which the Certificate Holder's employment is terminated, subject to all applicable laws or regulations.]

L. Benefit Year:

[The Benefit Year shall be based on a calendar year, from January 1, to December 31.]

[The Benefit Year shall be based on a Policy Year, from _____ to _____].

[M. Identification (ID) Cards:

ID cards are delivered to Policyholder for distribution to Certificate Holders with replacement ID cards mailed to each Certificate Holder's address of record.]

Renaissance Life & Health Insurance Company of America
Renaissance Group Dental Preferred Provider Certificate
Summary of Dental Plan Benefits
For [Group#0000099-0001]
[ABC COMPANY]

This Summary of Dental Plan Benefits is part of, and should be read in conjunction with your Group Dental Certificate. Your Group Dental Certificate will provide you with additional information about your RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA (“RLHICA”) coverage, including information about exclusions and limitations.

Benefit Year – [January 1 through December 31]
 [_____ to _____]

Covered Services	In-Network		Out-of-Network	
	RLHICA Pays	You Pay	RLHICA Pays	You Pay
Diagnostic And Preventive Services				
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)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
[Brush Biopsy – Used to detect oral cancer]	[0-100%]	[0-100%]	[0-100%]	[0-100%]
[Basic Services				
Emergency Palliative Treatment - Used to temporarily relieve pain	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Radiographs/Diagnostic Imaging/Diagnostic Casts - 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-Hours Visits – Services performed by a dentist during after-hours visits	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Major Services				
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, endosteal implants, partial dentures, and complete dentures)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Relines and Repairs – Relines and repairs to fixed bridges, partial dentures, and complete dentures	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Other Major Services – Occlusal guards, and limited occlusal adjustments	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Orthodontic Services				
Orthodontic Services – Services, treatment, and procedures to correct malposed teeth (for example, braces) {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 Payment – For services rendered or items provided by an In-Network Dentist, the Allowed Amount is a pre-negotiated fee that the provider has agreed to accept as payment in full. [For services rendered or items provided by an Out-of-Network Dentist, RLHICA determines the Allowed Amount using statistically valid claims data submitted to RLHICA and its affiliates which show the most frequently charged fees by providers in the same geographic areas for comparable services or supplies.. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association.] RLHICA will base Benefits 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, you are not only responsible for paying the Dentist that percentage listed in the “You Pay” column, but are also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

Maximum Payment – [\${300-3000} per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively.] [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount].

[\${300 – 4000} per person per lifetime on Orthodontic Services.]

Deductible – [\${0 – 500} Deductible per person per Benefit Year limited to a maximum Deductible of \${75-1500} per family per Benefit Year on Diagnostic and Preventive, Basic, Major or Orthodontic Services.] [The Deductible does not apply to Diagnostic and Preventive or Orthodontic Services.]

[Deductible Carry Over - Any expenses incurred by you, 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, 20XX through December 31, 20XX will be applied to the 20XX Benefit Year Deductible with RLHICA. It is your responsibility to provide RLHICA with adequate documentation of the Deductible paid under the previous carrier's plan.]

[Policyholder has not selected a Deductible under this Policy.]

Waiting Period - [You (and your Eligible Dependents, if covered) will be eligible for coverage {on the date for which employment compensation begins.} {XX days following the date for which employment compensation begins.} or {on the first day of the month following {0-90} days after the date for which employment compensation begins.}]

[You (and your Eligible Dependents, if covered) will be eligible for coverage for {Basic, Major or Orthodontic} Services {XX} months following the date you or your Eligible Dependents enrolled {under a voluntary group plan.} (Eligible Dependents enrolled after your date of enrollment will have their own waiting period)]

Voluntary Plan Limitations – [Initial installation of bridgework and dentures to replace teeth missing is covered provided the teeth were extracted after the Effective Date of coverage.]

Eligibility (Certificate Holder and Eligible Dependents) – [All full-time employees of the Policyholder working at least [20-40] hours per week, retirees, members of an association or trust and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law (“COBRA”).]

[Also eligible are your Legal Spouse {or Domestic Partner}, your dependent unmarried Children who have not yet their 25th birthday, if the Child is (1) dependent upon you {and your Domestic Partner as defined below} for support and (2) is a full-time student or part-time student.]

[Where two individuals are eligible under the same group and are legally married to each other, they will be enrolled under one application and will receive Benefits under a single Certificate without coordination of benefits under the Policy.]

[The Policyholder pays the full cost of this coverage.] [You pay the full cost of this coverage.] [You contribute to the cost of this coverage.]

[Benefits will cease on the last day of the month in which your employment is terminated, subject to all applicable laws or regulations.]

A Domestic Partner is defined as follows:

- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;
- both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household – the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

POLICY 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 a Certificate Holder or an Eligible Dependent receives dental services from an In-Network Dentist or an Out-of-Network Dentist.

If a Certificate Holder or an Eligible Dependent receive Covered Services from an Out-of-Network Dentist, Benefits may be less than the amount that would have otherwise been payable with an In-Network Dentist. However, if a Certificate Holder or an Eligible Dependent requires emergency treatment and receives Covered Services from 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 provided by an In-Network Dentist. Also, if a Certificate Holder or Eligible Dependent receives 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 provided by an In-Network Dentist.

The Benefits for both In-Network and Out-of-Network Dentists are shown in the Declaration Section.

Payment of Dental Bills With an In-Network Dentist

If a Certificate Holder 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 Certificate Holder 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 Section for In-Network Dentists for the categories of services rendered.

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

Payment of Dental Bills With an Out-of-Network Dentist

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

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

Definitions (As used in this rider):

Allowed Amount – is revised to mean the maximum dollar amount upon which RLHICA will base Benefits. For services rendered or items provided by an In-Network Dentist, the Allowed Amount is a pre-negotiated fee that the provider has agreed to accept as payment in full. For services rendered or items provided by an Out-of-Network Dentist, RLHICA determines the Allowed Amount using statistically valid claims data submitted to RLHICA and its affiliates which show the most frequently charged fees by providers in the same geographic areas for comparable services or supplies. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association. (This definition is only applicable if the Allowed Amount method for Benefits is shown in the Declarations Section).

In-Network Dentist – means a preferred provider Dentist who 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 Certificate Holder.

Out-of-Network Dentist – means a Dentist who 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] [This rider is effective 20XX].

Renaissance Life & Health Insurance Company of America

Robert P. Mulligan, President and Chief Executive Officer

CERTIFICATE IN-NETWORK DENTIST BENEFIT RIDER

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

This Certificate is amended to provide Benefits that are based on whether you or your Eligible Dependent receives dental services from an In-Network Dentist or an Out-of-Network Dentist.

If you or your Eligible Dependents receive Covered Services from an Out-of-Network Dentist, Benefits may be less than the amount that would have otherwise been payable with an In-Network Dentist. However, if you or your Eligible Dependents require emergency treatment and receive Covered Services from 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 provided by an In-Network Dentist. Also, if you or your Eligible Dependents receive 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 provided by an In-Network Dentist.

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

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

If you or your Eligible Dependents receive 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. You 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 categories of services rendered.

You are also responsible for any charges for optional treatment or specific exclusions/limitations of the Certificate.

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

If you or your Eligible Dependents receive Covered Services from an Out-of-Network Dentist, payment will be based upon the percentage of the Allowed Amount that is set forth in the Summary of Dental Plan Benefits Section. You 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 Section for Out-of-Network Dentists for the categories of services rendered. In addition, if the Submitted Amount for an Out-of-Network Dentist is more than the Allowed Amount, you will also be responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

You are also responsible for any charges for optional treatment or specific exclusions/limitations of the Certificate.

Definitions (As used in this rider):

Allowed Amount – is revised to mean the maximum dollar amount upon which RLHICA will base Benefits. For services rendered or items provided by an In-Network Dentist, the Allowed Amount is a pre-negotiated fee that the provider has agreed to accept as payment in full. For services rendered or items provided by an Out-of-Network Dentist, RLHICA determines the Allowed Amount using statistically valid claims data submitted to RLHICA and its affiliates which show the most frequently charged fees by providers in the same geographic areas for comparable services or supplies. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association. This definition is only applicable if the Allowed Amount method for Benefits is shown in the Summary of Dental Plan Benefits Section.

In-Network Dentist – means a preferred provider Dentist who has entered into a contract to provide Covered Services for pre-negotiated fees that the Dentist has agreed to accept as payment in full. You will be provided with a current list of In-Network Dentists.

Out-of-Network Dentist – means a Dentist who 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 Certificate other than as set forth above.

[This rider is effective at the same time as the Certificate]. [This rider is effective 20XX].

Renaissance Life & Health Insurance Company of America

Robert P. Mulligan, President and Chief Executive Officer

Terms for Paperless Delivery

By completing the [application or enrollment form] to which these “*Terms for Paperless Delivery*” are attached, you agree that you have read, understood, and consented to the electronic delivery of certain documents in accordance with these terms.

Electronic Delivery of Documents

Documents that may be provided to you pursuant to these terms include, but are not limited to, application and enrollment forms, the group policy, policy declarations and endorsements, certificates of coverage, coverage summaries, enrollee ID cards, newsletters, disclosures, privacy notices, explanation of benefit statements, billing statements/cancellation notices and service notifications. The information sent electronically will be sent in a manner so that you may permanently retain the information.

If you choose to receive electronic delivery of documents, an e-mail will be sent to you informing you that the document(s) have been posted and are available to you on a secure website or via other means (such as a hyperlink). Alternatively, an e-mail will be sent to you that include the document(s) in the body of the e-mail or in an attachment to the e-mail.

You acknowledge that your consent to receive electronic delivery of documents is subject to all applicable federal, state, or local laws and regulations, including but not limited to the federal Electronic Signatures in Global and National Commerce Act, the Health Insurance Portability and Accountability Act, and the Gramm-Leach-Bliley Act. By registering for electronic delivery of documents, you agree that these laws and regulations, and your consent, apply to the fullest extent possible to validate our ability to communicate with you by electronic means.

Updating Your E-Mail Address

You are responsible for ensuring that any e-mail address you provide is accurate and up-to-date. You must inform us of any changes in your e-mail address by [calling Customer Service at 1-888-358-9484 or by updating the information with your employer or group]. You agree that it is your responsibility to keep all contact information updated and correct. If you fail to do so, you understand and agree that any documents shall nevertheless be deemed to have been provided or made available to you in electronic form, to the extent permitted by law.

System Requirements

You agree and certify that you have the necessary hardware and software to access and retain documents that are delivered to you electronically. To access these documents, you will need a personal computer or other access device that is capable of accessing the Internet, and a valid e-mail address. To retain electronic records, your computer or access device must have the ability to download documents to a hard drive or external storage device, or to print the documents in hard copy. Electronic delivery may require the following platforms and browsers:

[Windows 98 or higher
Mac OS X
Microsoft Internet Explorer 6 or higher
FireFox 1 or higher
Safari 1 or higher]

Some pages contain content that may also require the Adobe® Acrobat® Reader. This plug-in can be downloaded for free.

Paper Copies of Documents and Changing Your Delivery Preferences

All communications we deliver to you in an electronic format will be considered to have been delivered "in writing." We recommend that you preserve a permanent copy of all electronically delivered documents, either by saving them to your computer or printing a paper copy. You may choose to change from electronic delivery to paper delivery at any time by [calling Customer Service at 1-888-358-9484 or contacting your employer or group]. Any changes in the selected method of delivery may not take effect for up to 30 days. You will not be charged any fees as a result of changing your delivery preferences. In addition, you may at any time request a paper copy of any document, at no charge, by calling Customer Service at [1-888-358-9484].

Changes to This Document

We reserve the right, in our sole discretion, to discontinue the provision of electronic documents, or to terminate or change the terms and conditions under which we provide electronic documents. We will provide you with notice of any such termination or change to the extent required by law. Without limiting the foregoing, if a change is required to protect the security of our system or subscriber information, we reserve the right to make immediate changes without prior notice.

State: Arkansas

Filing Company:

Renaissance Life & Health Insurance Company of America

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

Product Name: Group Dental Product

Project Name/Number: 2012 Update/2012 Update

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/01/2012
Comments:	Reg 19. Certification of Compliance Flesch Certification		
Attachment(s):			
Certification of Compliance.PDF AR Readability Certification Form.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	10/01/2012
Comments:	The revised & updated form is attached on the Form Schedule Tab.		

		Item Status:	Status Date:
Satisfied - Item:	Redlined Documents	Approved-Closed	10/01/2012
Comments:			
Attachment(s):			
D-164A V4 PPO Summary Redlined 1-2012.pdf D-AR-001A V4 Employer Application and Agreement Redlined 1-2012.pdf D-AR-002A V4 Eligibility Enrollment Update Redlined 1-2012.pdf D-102A V4 Declarations Redlined 1-2012.pdf D-103A V4 Declarations Redlined 1-2012.pdf D-111A V4 Summary Redlined 1-2012.pdf D-112A V4 Summary Redlined 1-2012.pdf D-163A V4 PPO Declarations Redlined 1-2012.pdf D-100A-AR V4 Policy Redlined 1-2012.pdf D-AR-0402A V4 Certificate 1-2012 Redlined.pdf			

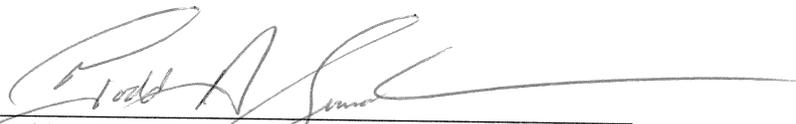
STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Renaissance Life & Health Insurance Company of America

Form Titles: Group Dental Policy
Arkansas Group Dental Insurance Certificate
Declarations Section Pages – 3 Versions
Summary of Dental Plan Benefits- 3 Versions
Application & Agreement
Eligibility Enrollment/Update Application
PPO Policy Rider
PPO Certificate Rider
Terms for Paperless Delivery

Form Numbers: D-100A-AR V4
D-AR-0402A V4
D-102A V4, D-103A V4, D-163A V4
D-111A V4, D-112A V4, D-164A V4
D-AR-001A V4
D-AR-002A V4
D-201A
D-202A
D-012A

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Todd A. Svanda
Legal Counsel and Compliance Manager

9/20/12

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

Company Name: Renaissance Life & Health Insurance Company of America

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

Form Number	Score
D-100A-XX V4	45.3
D-XX-XX02A V4	45.4



Jonathan S. Groat
Vice President and General Counsel

September 27, 2012

Date

Renaissance Life & Health Insurance Company of America
Renaissance Group Dental Preferred Provider Certificate
Summary of Dental Plan Benefits
For [Group#000099-0001]
[ABC COMPANY]

This Summary of Dental Plan Benefits is part of, and should be read in conjunction with your Group Dental Certificate. Your Group Dental Certificate will provide you with additional information about your RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA ("RLHICA") coverage, including information about exclusions and limitations.

Benefit Year – [January 1 through December 31]
 [_____ to _____]

Covered Services

	In-Network		Out-of-Network	
	RLHICA Pays	You Pay	RLHICA Pays	You Pay
<u>Diagnostic And Preventive Services</u>				
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)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
[Brush Biopsy – Used to detect oral cancer]	[0-100%]	[0-100%]	[0-100%]	[0-100%]
<u>Basic Services</u>				
Emergency Palliative Treatment - Used to temporarily relieve pain	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Radiographs/Diagnostic Imaging/Diagnostic Casts - 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-Hours Visits – Services performed <u>by a dentist</u> during after-hours visits	[0-100%]	[0-100%]	[0-100%]	[0-100%]
<u>Major Services</u>				
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, <u>endosteal implants</u> , <u>partial dentures</u> , and <u>complete dentures</u>)	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Relines and Repairs – Relines and repairs to <u>fixed bridges</u> , <u>partial dentures</u> , and <u>complete dentures</u>	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Other Major Services – <u>Occlusal guards</u> and <u>limited occlusal adjustments</u>	[0-100%]	[0-100%]	[0-100%]	[0-100%]
<u>Orthodontic Services</u>				
Orthodontic Services – Services, treatment, and procedures to correct malposed teeth (for example, <u>braces</u>), including Orthodontic Services for Children to the age of [19] [including Orthodontic Services for adults]	[0-100%]	[0-100%]	[0-100%]	[0-100%]

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Method of Payment – For services rendered or items provided by an In-Network Dentist, the Allowed Amount is a pre-negotiated fee that the provider has agreed to accept as payment in full. [For services rendered or items provided by an Out-of-Network Dentist, RLHICA determines the Allowed Amount using statistically valid claims data submitted to RLHICA and its affiliates which show the most frequently charged fees by providers in the same geographic areas for comparable services or supplies. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association.] RLHICA will base Benefits 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, you are not only responsible for paying the Dentist that percentage listed in the “You Pay” column, but are also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

Maximum Payment – [300-3000] per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services, collectively. [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount].

[300 – 4000] per person per lifetime on Orthodontic Services.]

Deductible – [0 – 500] Deductible per person per Benefit Year limited to a maximum Deductible of [75-1500] per family per Benefit Year on Diagnostic and Preventive, Basic, or Major Services. [The Deductible does not apply to Diagnostic and Preventive or Orthodontic Services.]

[Deductible Carry Over - Any expenses incurred by you, 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, 20XX through December 31, 20XX] will be applied to the 20XX Benefit Year Deductible with RLHICA. It is your responsibility to provide RLHICA with adequate documentation of the Deductible paid under the previous carrier's plan.]

Policyholder has not selected a Deductible under this Policy.

Waiting Period - [You (and your Eligible Dependents, if covered) will be eligible for coverage on the date for which employment compensation begins.}] [XX days following the date for which employment compensation begins.] or [on the first day of the month following [0-90] days after the date for which employment compensation begins.}]

[You (and your Eligible Dependents, if covered) will be eligible for coverage for [Diagnostic and Preventive, Basic, Major or Orthodontic] Services [XX] months following the date you or your Eligible Dependents enrolled [under a voluntary group plan.] (Eligible Dependents enrolled after your date of enrollment will have their own waiting period)]

Voluntary Plan Limitations – [Initial installation of bridgework and dentures to replace teeth missing is covered provided the teeth were extracted after the Effective Date of coverage.]

Eligibility (Certificate Holder and Eligible Dependents) – [All full-time employees of the Policyholder working at least [20-40] hours per week, retirees, members of an association or trust and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law (“COBRA”).]

[Also eligible are your Legal Spouse [or Domestic Partner], your dependent unmarried Children to their 25th birthday, if the Child is (1) dependent upon you [and your Domestic Partner as defined below] for support and (2) is a full-time student or part-time student.]

[Where two individuals are eligible under the same group and are legally married to each other, they will be enrolled under one application and will receive Benefits under a single Certificate without coordination of benefits under the Policy.]

[The Policyholder pays the full cost of this coverage.] [You pay the full cost of this coverage.] [You contribute to the cost of this coverage.]

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A Domestic Partner is defined as follows:

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- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;
- both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household – the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

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Office Visits – Office visits during regularly scheduled hours [0-100%] [0-100%] [0-100%] [0-100%

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The Certificate Holder

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The Certificate Holder



Application and Agreement

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Please take a moment to complete this form. We will consider it along with your group's experience, enrollment data and any other applicable information, as your application to Renaissance Life & Health Insurance Company of America or Renaissance Health Insurance Company of New York (Renaissance).

- Coverage or administration for your group will not start until you receive approval in writing from Renaissance.
- Absence of written approval does not imply acceptance.
- There may be minimum enrollment requirements.
- Rates are subject to change based on final enrollment data and any program design changes.

If you have any questions regarding this application or Renaissance, please feel free to contact your Renaissance representative.

(Shaded areas are for Renaissance use only)

Group Number _____

Group Name _____

Requested Effective Date _____ Renewal Date _____

Amount paid by [Employer] for: Employee Coverage _____ Dependent Coverage _____

Can employees opt out of dental plan? Yes No Is there a Section 125 Plan in place? Yes No

Is this a Management carve-out? Yes No or Are any Categories of Service excluded? Yes No

If yes, explain _____ Minimum Participation Requirement (%) _____

Number of Eligible Employees _____ Number of Employees Enrolling _____

New Employee Waiting Period: (check one) **Waived at initial enrollment?** Yes No

First of the month following _____ days OR First day following _____ days OR Date of Hire

Tax Identification Number _____

Group Address _____

City _____ County _____

State _____ Zip Code _____

Telephone () _____ Fax Number () _____

Billing Address (if different from above) _____

City _____ State _____ Zip Code _____

Group Officer Mr. Ms. Dr. _____ Title _____

Group Contact Mr. Ms. Dr. _____ Title _____

E-Mail Address _____ E-Mail Address _____

Send materials to _____

Type of Industry _____ NAICS Code _____ SIC Code _____ OCC Code _____

Previous Carrier None Yes (indicate carrier) _____

Enrollment by Form Electronic Media (specify) _____

Yes, send the following information electronically: Group Policy, Individual Subscriber Certificate and Summary.

Yes, send the following information electronically: Enrollee ID Cards.

By checking the box(es), you are agreeing to receive such materials electronically pursuant to the Terms for Paperless

Delivery attached to this application form. If none selected, all materials will be sent by hard copy.

Other materials requested _____

(additional charges may apply)

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If yes, explain _____

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NAICS Code _____

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Definition of Subscriber (for example: "All full-time employees working at least [25] hours per week.")

Annual Open Enrollment: Policy anniversary date Other _____

BENEFITS

Benefit Plan Type: Indemnity Table of Allowances (attach table) Preferred Provider (PPO)

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	Deductible Applies	Benefit Waiting Period (months)	Indemnity Fee For Service	Preferred Provider (PPO)	
				In-Network	Out-of-Network
(Please attach copy of proposal)					
Diagnostic & Preventive	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Emergency Palliative	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Fluoride	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Prophylaxis (cleanings)	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Space Maintainers	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Bitewing X-rays	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Full Mouth X-rays	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
All Other X-rays	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Brush Biopsy	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Sealants	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Minor Restorative	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Endodontics	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Periodontic Maintenance	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Non-Surgical Periodontics	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Surgical Periodontics	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Relines and Repairs	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Simple Extractions	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Surgical Extractions	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Other Oral Surgery	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Other Basic Services	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Major Restorative	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Bridges	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Dentures	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Implants	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
TMD Treatment	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %
Orthodontic Services	<input type="checkbox"/>	_____	_____ %	_____ %	_____ %

Orthodontic Age Limit : Adult: Yes No

Ortho Maximum Amount: Lifetime Benefit Year \$ _____ \$ _____ \$ _____

Annual Maximum \$ _____ Allowed Amount Percentile % _____

Deductible Amount (Individual/Family) _____ / _____ / _____

Carry Forward Deductible Met From Prior Carrier? Yes No Mid-Year Take Over Yes No

Three-month deductible carryover? Yes No

Prenatal Benefit? Yes No Maximum Rollover? Yes No

Office Visit Fee \$ _____ Applies to: _____

Benefit Year: Calendar Year Other: _____

Evidence Based Dentistry: Yes No

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Classic Fee For Service

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[VISION: Enhanced Plan: Yes No Plus Plan: Yes No]

RATES PER SUBSCRIBER PER MONTH

(check one) 1 Tier 2 Tier 3 Tier 4 Tier

Tier Description	Dental Rates	[Vision Rates
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

ERISA Information Schedule A (Form 5500) required? Yes No

REPORTS REQUIRED (additional charges may apply)

SPECIAL INSTRUCTIONS

AGREEMENT AND RECEIPT

The undersigned [employer] hereby adopts and subscribes to the terms and provisions in the application and to the terms and provisions of the Policy of which this application becomes a part. It is agreed that the [employer] has 15 days from the date of delivery of the Policy to return the Policy to Renaissance's corporate headquarters for a full refund. If the [employer] exercises this right, the Policy will terminate on the Effective Date as if no coverage was ever in force, and all money received will be returned.

In addition to the commissions and/or fees identified specifically for your Plan, the Agency or Agent may qualify for additional compensation payments from Renaissance related to your purchase of a Renaissance Policy. This additional compensation is not charged to your Group. The Group acknowledges and agrees that Agency/Agent of Record has full authority to act on the Group's behalf in all matters concerning the Group's dental benefits administration, including but not limited to contractual matters and changes to the client's Policy.

This application is subject to approval, refusal, or modification in accordance with Renaissance's guidelines. Misrepresentation or fraud will cause this application and subsequent Policy to be null and void from the start. **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.**

Check # _____ in the amount of \$ _____ to be applied as a credit toward the payment of the first month's premium on the proposed Renaissance Policy for which application is made. In case application is not accepted by Renaissance, the payment indicated here will be returned.

Signed this _____ day of _____, 20 _____ at _____

Signature of Authorized Group Official _____ Title _____

Signature of Agent _____ Lic. # _____ State _____

Signature of Renaissance Representative _____

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FOR AGENTS ONLY

Agent Name _____

Agency Name _____

Agent License Number _____

Street Address _____

City _____ County _____ State _____ ZIP Code _____

Telephone () _____ Fax number () _____

E-Mail Address _____

New Agent/Agency? Yes No If yes, attach New Agent Documentation

Commission: Standard Split: 50/50 Other (please indicate) _____

2nd Agent Name (if applicable) _____

Agency Name _____

Agent License Number _____

Street Address _____

City _____ County _____ State _____ ZIP Code _____

Telephone () _____ Fax number () _____

E-Mail Address _____

New Agent/Agency? Yes No If yes, attach New Agent Documentation

General Agent (if applicable) _____

Agency or Agent shall disclose in writing to the client, in advance of the purchase of business, the nature of any compensation the Agency or Agent will or may receive or be eligible to receive from Renaissance in connection with the placement or servicing of the client's business, as well as the nature of any other material business relationship between the Agency or Agent and Renaissance. This requirement is a condition to eligibility for receiving compensation under Renaissance's Agency/Agent compensation program as described in Renaissance's Agency/Agent Agreement. Renaissance will report to Agent's or Agency's designated clients all compensation paid to Agency or Agent for work performed on behalf of such clients. By signing this Application I warrant and represent that I have made full disclosure to the client of any and all compensation I may receive from Renaissance related to the client's purchase of a Renaissance benefit plan.

Signature of Agent _____ Date _____

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Eligibility Enrollment/Update

Group Name _____ Social Security Number _____
Group/Subgroup# _____

Plan Enrollment/Update Information (please indicate type of update and fill in appropriate information)

Type of Update: New Enrollment Reinstatement Change/Correction to Information Termination of Benefits
Group Transfer From: Group/Subgroup# _____ To: Group/Subgroup# _____ Rate Code Change From: To: _____ Effective Date of Change _____ Change is for: Certificate Holder Dependent

Certificate Holder Information (please complete for all enrollments/updates)

First Name _____ MI _____ Last Name _____
Street Address _____ Check if New Address
City _____ State _____ ZIP Code _____ E-mail address _____
Status: Active COBRA Retiree Surviving Job Title _____
Birth Date _____ Date of Hire _____ Coverage Effective Date _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Enrollment/Corrections to Information (please fill in for spouse/dependents for first-time enrollment or corrections)

LEGAL SPOUSE
First Name _____ MI _____ Last Name if different _____
Birth Date _____ SSN _____ Status: Legal Surviving
MM/DD/YYYY

DEPENDENT #1
First Name _____ MI _____ Last Name if different _____
Birth Date _____ SSN _____ Status: Surviving Disabled Other
MM/DD/YYYY

DEPENDENT #2
First Name _____ MI _____ Last Name if different _____
Birth Date _____ SSN _____ Status: Surviving Disabled Other
MM/DD/YYYY

DEPENDENT #3
First Name _____ MI _____ Last Name if different _____
Birth Date _____ SSN _____ Status: Surviving Disabled Other
MM/DD/YYYY

DEPENDENT #4
First Name _____ MI _____ Last Name if different _____
Birth Date _____ SSN _____ Status: Surviving Disabled Other
MM/DD/YYYY

Certificate Holder Name _____ JD

I request coverage under my employer's group insurance plan and authorize my employer to make deductions from my earnings of the required contributions, if any, toward the cost of the coverage. I will be provided a certificate of coverage in either electronic or paper form. The electronic delivery of my certificate of coverage must be pursuant to the Terms for Paperless Delivery (attached to this form). Such terms provide the manner in which I can request a paper copy at any time.

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.

Signature _____ Date _____

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Renaissance Life & Health Insurance Company of America

Renaissance Group Dental Policy

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This Policy is effective the [1st day of January, 20XX] by and between [ABC COMPANY], hereinafter referred to as the Policyholder and RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA, hereinafter referred to as RLHICA.

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Section I. Declarations

The Benefits afforded are only with respect to such benefits as are indicated in this Policy. RLHICA's liability is limited to the Benefits stated herein; subject to all the terms of this Policy having reference thereto.

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A. **Effective Date:** [January 1, 20XX]

B. **First Renewal Date:** [January 1, 20XX]

C. **Group Number:** [0000099-0001]

D. **Eligibility (Certificate Holder and Eligible Dependents):**

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[All full-time employees of the Policyholder working at least [20-40] hours per week, retirees, members of an association or trust, and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985, or similar applicable state law, ("COBRA")]

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[Where two Certificate Holders are eligible under the same group and are legally married to each other, they will be enrolled under one application and will receive Benefits under a single Certificate, without coordination of benefits under the RLHICA Policy.]

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[Eligible Dependents of above-mentioned Certificate Holders are also eligible.]

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[Eligible Dependents including Domestic Partners of above-mentioned Certificate Holders are also eligible.]

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A Domestic Partner is defined as follows:

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- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;
- both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household-the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

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E. Deductible:

[\${0-500}] Deductible per person per Benefit Year, limited to a maximum Deductible of \${75-1500} per family per Benefit Year on Basic and Major Services. [The Deductible does not apply to Diagnostic and Preventive Services.]

[Deductible Carry Over-Any expenses incurred by a Certificate Holder, 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, 20XX through December 31, 20XX] will be applied to the 20XX Benefit Year Deductible with RLHICA. It is the Certificate Holder's responsibility to provide RLHICA with adequate documentation of the Deductible paid under the previous carrier's plan.]

[Policyholder has not selected a Deductible under this Policy.]

F. Covered Services:

RLHICA will pay for Covered Services according to the schedule listed below. RLHICA will base payments on the lesser of the Submitted Amount or the Allowed Amount. If the Submitted Amount is more than the Allowed Amount, the Certificate Holder is not only responsible for paying the Dentist that percentage listed in the "Certificate Holder Pays" column below, but is also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

	<u>RLHICA Pays</u>	<u>Certificate Holder Pays</u>
<u>Diagnostic and Preventive Services</u>		
Diagnostic and Preventive Services	[0 – 100%]	[0 – 100%]
<u>Brush Biopsy</u>	[0 – 100%]	[0 – 100%]
<u>Basic Services</u>		
Emergency Palliative Treatment	[0 – 100%]	[0 – 100%]
<u>Radiographs/Diagnostic Imaging/Diagnostic Casts</u>	[0 – 100%]	[0 – 100%]
Minor Restorative Services	[0 – 100%]	[0 – 100%]
Simple Extractions	[0 – 100%]	[0 – 100%]
Sealants	[0 – 100%]	[0 – 100%]
Periodontal Maintenance	[0 – 100%]	[0 – 100%]
<u>After-Hours Visits</u>	[0 – 100%]	[0 – 100%]
<u>Major Services</u>		
Oral Surgery Services	[0 – 100%]	[0 – 100%]
Endodontic Services	[0 – 100%]	[0 – 100%]
Periodontic Services	[0 – 100%]	[0 – 100%]
Major Restorative Services	[0 – 100%]	[0 – 100%]
Prosthodontic Services	[0 – 100%]	[0 – 100%]
Relines and Repairs	[0 – 100%]	[0 – 100%]
Other <u>Major Services</u>	[0 – 100%]	[0 – 100%]
<u>Orthodontic Services</u>		
Orthodontic Services	[0 – 100%]	[0 – 100%]

[Benefits for Orthodontic Services for Children are payable until the end of the calendar year of a Child's [19th] birthday.]

[Benefits for Orthodontic Services are payable to adult Certificate Holders.]

[Policyholder has not selected Benefits for Orthodontic Services under this Policy.]

Benefits under this Policy will be based on the Allowed Amount method of payment.

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G. Waiting Period:

[All new Certificate Holders (and their Eligible Dependents, if covered above) hired after the Effective Date of the Policy will be eligible for enrollment {on the date for which employment compensation begins.} {[XX] days following the date for which employment compensation begins.} or {on the first day of the month following [90] days after the date for which employment compensation begins.}]

[All Certificate Holders (and their Eligible Dependents, if covered above) will be eligible for Basic, Major and Orthodontic Services {XX} months following the date the Certificate Holder or Eligible Dependent is enrolled under a voluntary group plan. (Eligible Dependents enrolled after the Certificate Holder will have their own waiting period).]

H. Voluntary Plan Limitations:

[Initial installation of bridgework and dentures to replace missing teeth are Covered Services provided the teeth were extracted after the Effective Date.]

I. Maximum Payment:

[\$300 - \$3000] per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively. [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount.]

[\$300-4000] per person per lifetime on Orthodontic Services.]

J. Rate:

[Employee only - \$ [xxx.xx] per month per Certificate Holder.

Employee with one Eligible Dependent - \$ [xxx.xx] per month per Certificate Holder.

Employee with two or more Eligible Dependents - \$ [xxx.xx] per month per Certificate Holder.]

[Rates are contingent upon 100 percent enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Policyholder.]

[Rates are contingent upon [0 – 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0 – 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible group members and their Eligible Dependents as defined in Section I(D) with the cost of coverage for the Certificate Holder paid by the Policyholder, and the cost of coverage for any Eligible Dependent(s) paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0 – 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible group members and their Eligible Dependents as defined in Section I(D) with the cost of coverage paid by the Policyholder and the Certificate Holder and remitted by the Policyholder.]

[The Policyholder pays the full cost of this coverage.] [The Certificate Holder pays the full cost of the coverage.] [The Certificate Holder contributes to the cost of the coverage.]

[Benefits will cease on the last day of the month in which the Certificate Holder's employment is terminated, subject to all applicable laws or regulations.]

K. Benefit Year:

[The Benefit Year shall be based on a calendar year, from January 1 to December 31]

[The Benefit Year shall be based on a Policy Year, from _____ to _____].

L. Identification (ID) Cards:

ID cards are delivered to Policyholder for distribution to Certificate Holders with replacement ID cards mailed to each Certificate Holder's address of record.]

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Renaissance Life & Health Insurance Company of America

Renaissance Group Dental Policy

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This Policy is effective the [1st day of January, 20XX] by and between [ABC COMPANY], hereinafter referred to as the Policyholder and RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA, hereinafter referred to as RLHICA.

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Section I. Declarations

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A. **Effective Date:** [January 1, 20XX]

B. **First Renewal Date:** [January 1, 20XX]

C. **Group Number:** [0000099-0001]

D. **Eligibility (Certificate Holder and Eligible Dependents):**

[All full-time employees of the Policyholder working at least {20-40} hours per week, retirees, members of an association or trust, and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law ("COBRA").]

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[Eligible Dependents of above-mentioned Certificate Holders are also eligible.]

[Eligible Dependents including Domestic Partners of above-mentioned Certificate Holders are also eligible.]

A Domestic Partner is defined as follows:

- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;
- both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household-the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

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E. Deductible:

[\$0 – 500] Deductible per person per Benefit Year limited to a maximum Deductible of \$ [75-1500], per family per Benefit Year on Basic and Major Services. [The Deductible does not apply to Diagnostic and Preventive Services.]

[Deductible Carry Over – Any expenses incurred by a Certificate Holder, 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.]

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[Policyholder has not selected a Deductible under this Policy.]

F. Covered Services:

RLHICA will pay for Covered Services according to the dollar amount listed in the Table of Allowances.

<u>Covered Services</u>	<u>RLHICA Pays</u> <u>See Table of Allowances</u>	<u>Certificate Holder Pays</u>
<u>Diagnostic and Preventive Services</u>		
Diagnostic and Preventive Services		
[<u>Brush Biopsy</u>]		
<u>Basic Services</u>		
Emergency Palliative Treatment		
Radiographs/Diagnostic Imaging/ <u>Diagnostic Casts</u>		
Minor Restorative Services		
Simple Extractions		
Sealants		
Periodontal Maintenance		
After-Hours Visits		
<u>Major Services</u>		
Oral Surgery Services		
Endodontic Services		
Periodontic Services		
Major Restorative Services		
Prosthodontic Services		
Relines and Repairs		
<u>Other Major Services</u>		
<u>Orthodontic Services</u>		
<u>Orthodontic Services</u>		

[Benefits for Orthodontic Services for Children are payable until the end of the calendar year of a Child's [19th] birthday.]

[Benefits for Orthodontic Services are payable to adult Certificate Holders.]

[Policyholder has not selected Benefits for Orthodontic Services under this Policy.]

Benefits under this Policy will be based on the Table of Allowances method of payment.

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<#>[All new Certificate Holders (and their Dependents, if covered above) added to the covered group and hired after the effective starting date of the Policy will be eligible for enrollment (on the date for which employment compensation begins.) compensation or (the fi ...]

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G. Waiting Period:

[All new Certificate Holders (and their Eligible Dependents, if covered above) hired after the Effective Date of the Policy will be eligible for enrollment {on the date for which employment compensation begins.} {XX days following the date for which employment compensation begins.} or {on the first day of the month following 90 days after the date for which employment compensation begins.}]

[All Certificate Holders (and their Eligible Dependents, if covered above) will be eligible for Basic, Major and Orthodontic Services {XX} months following the date the Certificate Holder or Eligible Dependent is enrolled under a voluntary group plan. (Eligible Dependents enrolled after the Certificate Holder will have their own waiting period).]

H. Voluntary Plan Limitations:

[Initial installation of bridgework and dentures to replace teeth missing are Covered Services provided the teeth were extracted after the Effective Date.]

I. Maximum Payment:

[{\$300 - \$3000}] per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively.] [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount].

[{\$300 - \$4000}] per person per lifetime on Orthodontic Services.]

J. Rate:

Employee only - \$xxx.xx per month per Certificate Holder.

[Employee with one Eligible Dependent - \$xxx.xx per month per Certificate Holder.

Employee with two or more Eligible Dependents - \$xxx.xx per month per Certificate Holder.]

[Rates are contingent upon 100 percent enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Policyholder.]

[Rates are contingent upon [0 - 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0 - 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible group members and their Eligible Dependents as defined in Section I(D) with the cost of coverage for the Certificate Holder paid by the Policyholder, and the cost of coverage for any Eligible Dependent(s) paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0 - 100%] Minimum Enrollment—as agreed upon by and between RLHICA and the Policyholder—of the eligible groups members and their Eligible Dependents as defined in Section I(D) with the cost of coverage paid by the Policyholder and the Certificate Holder and remitted by the Policyholder.]

[The Policyholder pays the full cost of this coverage.] [The Certificate Holder pays the full cost of the coverage.] [The Certificate Holder contributes to the cost of the coverage.]

[Benefits will cease on the last day of the month in which the Certificate Holder's employment is terminated, subject to all applicable laws or regulations.]

K. Benefit Year:

[The Benefit Year shall be based on a calendar year, from January 1 to December 31]

[The Benefit Year shall be based on a Policy Year, from _____ to _____].

L. Identification (ID) Cards:

[ID cards are delivered to Policyholder for distribution to Certificate Holders with replacement ID cards mailed to each Certificate Holder's address of record.]

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Renaissance Life & Health Insurance Company of America

Renaissance Group Dental Certificate Summary of Dental Plan Benefits For Group# [0000099-0001] [ABC COMPANY]

This Summary of Dental Plan Benefits is part of, and should be read in conjunction with, your Group Dental Certificate. Your Group Dental Certificate will provide you with additional information about your RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA ("RLHICA") coverage, including information about exclusions and limitations.

Benefit Year – [January 1 through December 31]
[_____ to _____]

Covered Services	RLHICA Pays	You Pay
Diagnostic and Preventive Services		
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)	[0%-100%]	[0%-100%]
Brush Biopsy – Used to detect oral cancer	[0%-100%]	[0%-100%]
Basic Services		
Emergency Palliative Treatment - Used to temporarily relieve pain	[0%-100%]	[0%-100%]
Radiographs/Diagnostic Imaging/Diagnostic Casts - X-rays as required for routine care or as necessary for the diagnosis of a specific condition	[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%]
Simple Extractions – Simple extractions including local anesthesia, suturing, if needed and routine post-operative care	[0%-100%]	[0%-100%]
Sealants – Sealants for the occlusal surface of first and second permanent molars	[0%-100%]	[0%-100%]
Periodontal Maintenance – Periodontal maintenance following active periodontal therapy	[0%-100%]	[0%-100%]
After-Hours Visits – Services performed by a dentist during after-hours visits	[0%-100%]	[0%-100%]
Major Services		
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%]
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals)	[0%-100%]	[0%-100%]
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth	[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%]
Prosthetic Services – Used to replace missing natural teeth (for example, bridges, endosteal implants, partial dentures, and complete dentures)	[0%-100%]	[0%-100%]
Relines and Repairs – Relines and repairs to fixed bridges, partial dentures, and complete dentures	[0%-100%]	[0%-100%]
Other Major Services – Occlusal guards, and limited occlusal adjustments	[0%-100%]	[0%-100%]
Orthodontic Services		
Orthodontic Services – Services, treatment, and procedures to correct malposed teeth (for example, braces) {including Orthodontic Services for Children to the age of [19]} {including Orthodontic Services for adults}}	[0%-100%]	[0%-100%]

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

Maximum Payment – [[\$300 - \$3000], per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively.] [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount].

[[\$300 – 4000], per person per lifetime on Orthodontic Services,]

Deductible – [[\$0 – \$500], Deductible per person per Benefit Year limited to a maximum Deductible of \$[75 – 1500] per family per Benefit Year on Basic and Major Services,] [The Deductible does not apply to Diagnostic and Preventive Services,]

[Deductible Carry Over – Any expenses incurred by you 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, 20XX through December 31, 20XX] will be applied to the 20XX Benefit Year Deductible with RLHICA. It is your responsibility to provide RLHICA with adequate documentation of the Deductible paid under the previous carrier's plan.]

[Policyholder has not selected a Deductible under this Policy.]

Waiting Period – [You (and your Eligible Dependents, if covered) hired after the Effective Date will be eligible for enrollment {on the date for which employment compensation begins.} [XX days following the date for which employment compensation begins.} or {on the first day of the month following [0-90] days after the date for which employment compensation begins.}]

[You (and your Eligible Dependents, if covered) will be eligible for coverage for [Basic, Major or Orthodontic] Services [XX] months following the date you or your Eligible Dependents enrolled {under a voluntary group plan.} (Eligible Dependents enrolled after your date of enrollment will have their own waiting period.)]

Voluntary Plan Limitations – [Initial installation of bridgework and dentures to replace teeth missing is covered provided the teeth were extracted after the Effective Date of coverage.]

Eligibility (Certificate Holder and Eligible Dependents) – [All full-time employees of the Policyholder working at least {20-40} hours per week, retirees, members of an association or trust and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985, or similar applicable state law (“COBRA”).]

[Also eligible are your Legal Spouse, your dependent unmarried Children who have not yet reached their 25th birthday, if the Child is (1) dependent upon you {and your Domestic Partner as defined below} for support and (2) is a full-time student or part-time student.]

[Where two individuals are eligible under the same group and are legally married to each other, they will be enrolled under one application and will receive Benefits under a single Certificate without coordination of benefits under the Policy.]

[The Policyholder pays the full cost of this coverage.] [You pay the full cost of this coverage.] [You contribute to the cost of this coverage.]

[Benefits will cease on the last day of the month in which your employment is terminated, subject to all applicable laws or regulations.]

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A Domestic Partner is defined as follows:

- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;
- both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household-the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

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Method of Payment – Payment for Covered Services will be based on the Table of Allowances method of payment.

Maximum Payment – [{\$300 - \$3000}, per person per Benefit Year on **Diagnostic and Preventive, Basic, and Major Services** collectively.] [Payments made by **RLHICA** for **Diagnostic and Preventive Services** will not apply to the **annual** Maximum Payment amount].

[{\$300 – 4000} per person per lifetime on **Orthodontic Services**.]

Deductible - [{\$0 – 500}, **Deductible** per person per Benefit Year limited to a maximum **Deductible** of [{\$75 – 1500} per family per Benefit Year on **Basic and Major Services**.] [The **Deductible** does not apply to **Diagnostic and Preventive Services**.]

[Deductible Carry Over – Any expenses incurred by **you** 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, 20XX through **December** 31, 20XX} will be applied to the 20XX Benefit Year **Deductible** with RLHICA. It is **your** responsibility to provide RLHICA with adequate documentation of the **Deductible** paid under the previous carrier's plan.]

[Policyholder has not selected a Deductible under this Policy.]

Waiting Period – [**You** (and **your Eligible** Dependents, if covered) **are** hired after the **Effective Date** will be eligible for enrollment {on the date for which employment compensation begins.} {XX days following the date for which **employment compensation begins**.} or {on the first day of the month following [90] days after the date for which employment compensation begins.}]

[**You** (and **your Eligible** Dependents, if covered) will be eligible for coverage for **Basic and Major Services** {XX} months following the date **you or your Eligible Dependents** enrolled {under a voluntary group plan.} (**Eligible Dependents enrolled after your date of enrollment will have their own waiting period**).

Voluntary Plan Limitations [Initial installation of bridgework and dentures to replace teeth missing is covered provided the teeth were extracted after the effective date of your coverage.]

Eligibility (Certificate Holder and Eligible Dependents) – [All full-time employees of the **Policyholder** working at least {20-40} hours per week, **retirees**, members of an association or trust, and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 **or similar applicable state law** (“COBRA”).]

[Also eligible are your **Legal Spouse** {or **Domestic Partner**}, your dependent unmarried **Children** who have not yet reached their 25th birthday, if the **Child** is (1) dependent upon you {and **your Domestic Partner as defined below**} for support and (2) is a full-time student or part-time student.]

[Where two **individuals** are eligible under the same group and are legally married to each other, they will be enrolled under one application and will receive **Benefits** under a single **Certificate** without coordination of benefits under the **Policy**.]

[The **Policyholder** pays the full cost of this coverage.] [**You** pay the full cost of this coverage.] [**You** contribute to the cost of this coverage.]

[**Benefits** will cease on the last day of the month in which **your** employment is terminated, subject to all applicable laws or regulations.]

A Domestic Partner is defined as follows:

- each party is the sole **Domestic Partner** of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for **Domestic Partner** coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;

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- both parties are in a relationship of mutual support, caring, and commitment and intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household-the partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

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Renaissance Life & Health Insurance Company of America
Renaissance Group Dental Preferred Provider Policy

This Policy is effective the [1st day of January, 20XX] by and between [ABC COMPANY,] hereinafter referred to as the Policyholder and RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA, hereinafter referred to as RLHICA.

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 [All new Certificate Holders (and their Dependents, if covered above) added to the covered group and hired after the effective starting date of the Policy will be eligible for enrollment on the {date for which employment compensation begins.} compensationor {the first day of the month following «0-90» days after the date for which employment compensation begins.}]¶
 [All Certificate Holders (and their Dependents, if covered above) will be eligible for Basic and Major Services coverage for Class {II-IV} Benefits {6-12} months following the date the Certificate Holders enrolled.]

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Section I. Declarations

The Benefits afforded are only with respect to such benefits as are indicated in this Policy. RLHICA's liability is limited to the Benefits stated herein; subject to all the terms of this Policy having reference thereto.

A. Effective Date: [January 1, 20XX]

B. First Renewal Date: [January 1, 20XX]

C. Group Number: [000099-001]

D. Eligibility (Certificate Holder and Eligible Dependents):

[All full-time employees of the Policyholder working at least [20-40] hours per week, retirees, members of an association or trust, and all individuals who are eligible for and elect Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law ("COBRA"),]

[Where two Certificate Holders are eligible under the same group and are legally married to each other, they will be enrolled under one application card and will receive Benefits under a single Certificate without coordination of benefits under the RLHICA Policy.]

[Eligible Dependents of above-mentioned Certificate Holders are also eligible.]

[Eligible Dependents including Domestic Partners of above mentioned Certificate Holders are also eligible.]

A Domestic Partner is defined as follows:

- each party is the sole Domestic Partner of the other;
- each party is at least 18 years of age or older and competent to enter into a contract in the state in which they reside;
- both parties currently share a common legal residence and have shared said residence for at least six months prior to application for Domestic Partner coverage;
- neither party is married to anyone or related to the other by adoption or blood to a degree of closeness that would otherwise bar marriage in the state in which they legally reside;
- both parties are in a relationship of mutual support, caring, and commitment and they intend to remain in such a relationship in the indefinite future;
- both parties are jointly responsible for basic living expenses (basic living expenses are defined as the cost of basic food, shelter, and any other expenses of the common household. The partners need not contribute equally or jointly to the payment of these expenses as long as they agree that both are responsible for them); and
- neither party filed a Termination of Domestic Partnership within the preceding nine months.]

E. Deductible:

[\$(0-500) Deductible per person per Benefit Year limited to a maximum Deductible of \$(75-1500), per family per Benefit Year on {Diagnostic and Preventive, Basic, Major or Orthodontic} Services. [The Deductible does not apply to Diagnostic and Preventive or Orthodontic Services.]

[Deductible Carry Over-Any expenses incurred by a Certificate Holder, 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, 20XX through December 31, 20XX} will be applied to the 20XX Benefit Year Deductible with RLHICA. It is the Certificate Holder's responsibility to provide RLHICA with adequate documentation of the Deductible paid under the previous carrier's plan.]

[Policyholder has not selected a Deductible under this Policy.]

F. Covered Services:

RLHICA will pay for Covered Services according to the schedule listed below. RLHICA will base payments on the lesser of the Submitted Amount or the Allowed Amount. If the Submitted Amount for an Out-of-Network Dentist is more than the Allowed Amount, the Certificate Holder is not only responsible for paying the Dentist that percentage listed in the "Certificate Holder Pays" column below, but is also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

	In-Network		Out-of-Network	
	RLHICA Pays	Certificate Holder Pays	RLHICA Pays	Certificate Holder Pays
<u>Diagnostic and Preventive Services</u>				
Diagnostic and Preventive Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
<u>[Brush Biopsy]</u>	[0-100%]	[0-100%]	[0-100%]	[0-100%]
<u>Basic Services</u>				
Emergency Palliative Treatment	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Radiographs/Diagnostic Imaging/ <u>Diagnostic Casts</u>	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Minor Restorative Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Simple Extractions	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Sealants	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Periodontal Maintenance	[0-100%]	[0-100%]	[0-100%]	[0-100%]
After-Hours Visits	[0-100%]	[0-100%]	[0-100%]	[0-100%]
<u>Major Services</u>				
Oral Surgery Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Endodontic Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Periodontic Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Major Restorative Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Prosthetic Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]
Relines and Repairs	[0-100%]	[0-100%]	[0-100%]	[0-100%]
<u>Other Major Services</u>	[0-100%]	[0-100%]	[0-100%]	[0-100%]
<u>Orthodontic Services</u>				
Orthodontic Services	[0-100%]	[0-100%]	[0-100%]	[0-100%]

[Benefits for Orthodontic Services for Children are payable until the end of the calendar year of a Child's [19th] birthday.]

[Benefits for Orthodontic Services are payable to adult Certificate Holders.]

[Policyholder has not selected Benefits for Orthodontic Services under this Policy.]

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G. Waiting Period:

[All new Certificate Holders (and their Eligible Dependents, if covered above) hired after the Effective Date of the Policy will be eligible for enrollment {on the date for which employment compensation begins.} {XX days following the date for which employment compensation begins.} or {on the first day of the month following [90] days after the date for which employment compensation begins.}]

[All Certificate Holders (and their Eligible Dependents, if covered above) will be eligible for Basic, Major and Orthodontic Services {XX} months following the date the Certificate Holder or Eligible Dependent is enrolled under a voluntary group plan. (Eligible Dependents enrolled after the Certificate Holder will have their own waiting period).]

H. Voluntary Plan Limitations:

[Initial installation of bridgework and dentures to replace missing teeth are Covered Services provided the teeth were extracted after the Effective Date.]

I. Method of Benefit Payment:

For services rendered or items provided by an In-Network Dentist, the Allowed Amount is a pre-negotiated fee that the provider has agreed to accept as payment in full. [For services rendered or items provided by an Out-of-Network Dentist, RLHICA determines the Allowed Amount using statistically valid claims data submitted to RLHICA and its affiliates which show the most frequently charged fees by providers in the same geographic areas for comparable services or supplies. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association.] RLHICA will base Benefits 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 Certificate Holder is not only responsible for paying the Dentist that percentage listed in the "Certificate Holder Pays" column, but is also responsible for paying the Dentist the difference between the Submitted Amount and the Allowed Amount.

J. Maximum Payment:

[{\$300 - \$3,000} per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services, collectively.] [Payments made by RLHICA for Diagnostic and Preventive Services will not apply to the annual Maximum Payment amount].

[{\$300-4,000} per person per lifetime on Orthodontic Services.]

K. Rate:

[Employee only - \${xxx.xx} per month per Certificate Holder.]

[Employee with one Eligible Dependent - \${xxx.xx} per month per Certificate Holder.]

[Employee with two or more Eligible Dependents - \${xxx.xx} per month per Certificate Holder.]

[Rates are contingent upon 100 percent enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Policyholder.]

[Rates are contingent upon [0-100%] Minimum Enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the entire cost of coverage paid by the Certificate Holder and remitted by the Policyholder.]

[Rates are contingent upon [0-100%] Minimum Enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the cost of coverage for the Certificate Holder paid by the Policyholder, and the cost of coverage for any Eligible Dependent(s) paid by the Certificate Holder and remitted by the Policyholder.]

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[For services rendered by Out-of-Network Dentists, RLHICA determines this amount using statistically valid claims data submitted to RLHICA and affiliates based on the [60-90] percentile of the most frequently charged fees by providers in the same geographic areas for comparable services and/or supplies. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association.] [For services rendered by Out-of-Network Dentists, RLHICA determines this amount based on the pre-negotiated fees agreed to by In-Network Dentists in your geographic area.]¶

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[Rates are contingent upon [0-100%] Minimum Enrollment of the eligible group members and their Eligible Dependents as defined in Section I(D) with the cost of coverage shared between the Policyholder and the Certificate Holder and remitted by the Policyholder.]

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[The Policyholder pays the full cost of this coverage.] [The Certificate Holder pays the full cost of the coverage.] [The Certificate Holder contributes to the cost of the coverage.]

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[Benefits will cease on the last day of the month in which the Certificate Holder's employment is terminated, subject to all applicable laws or regulations.]

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L. Benefit Year:

[The Benefit Year shall be based on a calendar year, from January 1, to December 31.]

[The Benefit Year shall be based on a Policy Year, from _____ to _____].

M. Identification (ID) Cards:

ID cards are delivered to Policyholder for distribution to Certificate Holders with replacement ID cards mailed to each Certificate Holder's address of record.]

Deleted: [The Benefit Year shall be based on a Policy Year, from {January-December} 1, 20xx to {January-December} 31, 20xx.]

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**Renaissance
Group Dental Policy**

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[P.O. Box 30381 • Lansing, Michigan 48909-7881 • 888-358-9484 • www.RenaissanceDental.com]

Deleted: [P.O. Box 738 • Greenwood, Indiana 46142 • 888-358-9484 • www.RenaissanceDental.com] ¶

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**RENAISSANCE
GROUP DENTAL POLICY**

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Table of Contents

Section I. Declarations..... 1
Section II. Definitions..... 4
Section III. Eligibility for Coverage 5
Section IV. Continuation of Coverage..... 7
Section V. Benefits..... 8
Section VI. Exclusions and Limitations..... 12
Section VII. Claims..... 13
Section VIII. Agreements 14
Section IX. General Terms 15
Section X. Term and Termination..... 16
Section XI. Coordination of Benefits..... 17
Section XII. Miscellaneous Provisions 19

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This Policy is a legal contract between the Policyholder and Renaissance Life & Health Insurance Company of America ("RLHICA"). **Read your Policy carefully.**

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Renaissance Life & Health Insurance Company of America

Attention: Renaissance Administration
[P.O. Box 30381
Lansing, Michigan 48909-7881
Administrative Direct Line: 1-800-745-7509
Customer Service Direct Line: 1-888-358-9484]

Important Cancellation Information-Please Read Section X Entitled, "Term and Termination"

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Section II. Definitions

- A. **Allowed Amount** – means the maximum dollar amount upon which RLHICA will base Benefits. RLHICA determines the Allowed Amount using statistically valid claims data submitted to RLHICA and its affiliates which show the most frequently charged fees by providers in the same geographic areas for comparable services or supplies. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association. (This definition is only applicable if the Allowed Amount method for Benefits is shown in the Declarations Section).
- B. **Benefit Year** – means the calendar year, unless the Policyholder elects the Policy Year to serve as the Benefit Year. The Benefit Year is specified in the Declarations Section.
- C. **Benefits** – means payment for Covered Services.
- D. **Certificate Holder** – means all people who:
- are certified as being eligible by the Policyholder;
 - are members of the group specified in the Declarations Section; and
 - are enrolled by RLHICA to receive Benefits under the Policy.
- E. **Child or Children** – means the Certificate Holder’s natural children, stepchildren, adopted children, or foster children placed in the foster home; or children by virtue of legal guardianship during the waiting period for legal adoption or guardianship.
- An unmarried child of the Certificate Holder who has not yet reached the end of the calendar year of his or her 19th birthday; or
 - An unmarried Child that meets all of the following criteria: (1) is under the age of [25]; (2) is a resident of the same state as the Certificate Holder, [or] [and] is a full-time student; (3) is dependent upon Certificate Holder or the Certificate Holder’s Legal Spouse for support; and (4) does not have coverage, other than coverage as a dependent, under another dental insurance plan; or
 - An unmarried Child of the Certificate Holder or the Certificate Holder’s legal spouse if, pursuant to a court decree, the Certificate Holder or the Certificate Holder’s legal spouse is financially responsible for the medical, health, or dental care of the Child; or
 - An unmarried Child of the Certificate Holder 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 Certificate Holder 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 Certificate Holder has the burden of establishing that the Child continues to meet the two criteria specified above. If requested by RLHICA, the Certificate Holder shall submit medical reports confirming that the Child meets the two criteria specified above.
- F. **Coinsurance** – means the percentage of the Allowed Amount for Covered Services that the Certificate Holder must pay toward treatment.
- G. **Completion Date** - means the date that treatment is complete. Treatment is complete:
- for dentures and partial dentures, on the delivery date;
 - for crowns and bridgework, on the permanent cementation date;
 - for root canals and periodontal treatment, on the date of the final procedure that completes treatment.
- H. **Copayment** – means the dollar amount that the Certificate Holder must pay toward treatment.
- I. **Covered Service(s)** – means the unique dental service(s) selected for coverage as described in the Declarations Section and subject to the terms and conditions of this Policy.

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- J. Deductible** – means the amount an individual and/or a family must pay toward Covered Services before RLHICA begins paying for those services under this Policy. If the Policyholder has selected a Deductible, it will be indicated in the Declarations Section.
- K. Dentist** – means a person licensed to practice dentistry in the state or jurisdiction in which dental services are rendered.
- L. Eligible Dependent** – means (a) the Certificate Holder’s Legal Spouse, (b) the Certificate Holder’s Child(ren); and (c) any other dependents who meet the criteria for eligibility set forth in the Declarations Section. If dependent coverage has been selected, it will be indicated in the Declarations Section.
- M. Legal Spouse** – means a person who is any of the following: (a) the spouse of the Certificate Holder through a marriage legally recognized by the state in which this Policy was issued; or (b) the partner of the Certificate Holder through a civil union legally recognized by the state in which this Policy was issued [.]]; or] [(c) the Domestic Partner of the Certificate Holder, so long as the requirements listed in the Declarations Section are met and proof that those requirements are met is provided to RLHICA at its request].
- N. Limiting Age** – means the age at which a Child of the Certificate Holder is no longer eligible for Benefits under this Policy pursuant to the definition of Child above.
- O. Maximum Payment** – means the maximum dollar amount RLHICA will pay in any Benefit Year or lifetime for Covered Services. The Maximum Payments are specified in the Declarations Section.
- P. Open Enrollment Period** – means the period of time as determined by the Policyholder, during which an eligible person as indicated in the may enroll or be enrolled to receive Benefits.
- Q. Policy** – means this document, including, if applicable, the application, any appendices, supplements, riders, successor agreements, or renewals now or hereafter issued or executed.
- R. Policyholder** – means the employer, organization, or plan sponsor who holds the contract with RLHICA.
- S. Policy Year** – means the 12 month period beginning on the first Effective Date of the Policy and each 12 month renewal period thereafter.
- T. Rate** – means the amount, per Certificate Holder and Certificate Holder class, the Policyholder agrees to pay RLHICA each month. This amount, or the information necessary to compute it, is specified in the Declarations Section.
- U. RLHICA** – means Renaissance Life & Health Insurance Company of America.
- V. Submitted Amount** – means the fee a Dentist bills to RLHICA for a specific service or item.
- W. Table of Allowances** – means the maximum amount allowed per procedure as determined by the Policyholder. (If the Table of Allowances method for Benefits has been selected by the Policyholder, it will be indicated in the Declarations Section).

Section III. Eligibility for Coverage

A. General Eligibility Rules

No person will be eligible for Benefits under this Policy unless the Policyholder has either currently enrolled that person as a Certificate Holder or currently listed that person as an Eligible Dependent and unless the enrollment or listing is allowed under this Policy.

B. Effective Date of Eligibility

1. Initial Effective Date: All Certificate Holders on the Effective Date of this Policy are immediately eligible for Benefits. If Eligible Dependents of the Certificate Holder are covered by this Policy, their eligibility commences on the same date as the Certificate Holder.

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- Deleted: , a life, accident, and health insurer that underwrites health benefit programs
- Deleted: <#>Renaissance Classic – means RLHICA’s Allowed Amount or Table of Allowances dental benefits program.¶
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- Deleted: <#>Unless the eligibility requirements stated in the Declarations Section are different, an Eligible Dependent is:¶
<#>The legal spouse of the Certificate Holder; or ¶
<#>An unmarried child of the Certificate Holder who has not yet reached the end of the calendar year of his or her 19th birthday; or ¶
<#>An unmarried Child that meets all of the following criteria: (1) is under the age of [25]; (2) is a resident of the same state as the Certificate Holder, [or] [and] is a full-time student; (3) is dependent upon Certificate Holder or the Certificate Holder’s Legal Spouse for support; and (4) does not have coverage, other than coverage as a dependent, under another dental insurance plan; or, ¶
<#>An unmarried Child of the Certificate Holder or the Certificate Holder’s legal spouse if, pursuant to a court decree, the Certificate Holder or the Certificate Holder’s legal spouse is financially responsible for the medical, health, or dental care of the Child; or ¶
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- <#>An unmarried Child of the Certificate Holder who has reached the end of the calendar year of his or her 19th birthday and is both (1) incapable of self-sustaining ...
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2. **After the initial Effective Date:** For all Certificate Holders (and their Eligible Dependents, if ~~dependent coverage is selected~~) not associated with the Policyholder on the initial Effective Date of this Policy, eligibility for Benefits will begin, unless otherwise stated, as follows:

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a. Newly hired or rehired employees: Date for which employment compensation begins or, if applicable, that date plus the number of days specified as a waiting period in the Declarations Section;

b. Spouse: Date of marriage, civil union or domestic partnership;

c. Newborn: A dependent Child born while this coverage is in force for a Certificate Holder 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;

d. Foster children, legal adoptions or guardianships: Date the Child is placed in the foster home or with the Certificate Holder, at which time this Child will be covered on the same basis as a natural child. A child adopted on or after the Certificate Holder's Effective Date will be covered from the date of the filing of a petition for adoption if the Certificate Holder 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;

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e. Stepchild: Date that the Child's natural parent becomes an Eligible Dependent;

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f. **Special Enrollment Periods:** For dental benefits not provided under a group health plan providing only dental benefits and where the dental benefits are "integral" to the group health plan (i.e., where dental benefits are not "excepted benefits" under the IRC Section 9832(c)), the date required under the special enrollment provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, Section 701(f), and IRC Section 9801(f).

For the special enrollment periods provided under ERISA Section 701(f)(3)(A)(i) and IRC Section 9801(f)(3)(A)(i), relating to the loss of coverage under a state Medicaid program or a subsidy under either of those programs under ERISA Section 701(f)(3)(A)(ii) and IRC Section 9801(f)(3)(A)(ii), the enrollment period will be 60 days following the loss of coverage under either state program or the date you are determined to be eligible for a premium assistance subsidy. For coverage under ERISA Section 701(f)(3)(A)(ii) and IRC Section 9801(f)(3)(A)(ii) on account of eligibility for a premium assistance subsidy, the group health plan must be "Qualified Employer-Sponsored Coverage," which means that (i) the Plan constitutes creditable coverage for HIPAA purposes, (ii) the Policyholder's contribution toward the cost of any premium or premium equivalent is at least 40 percent, and (iii) the coverage under the group health plan is available on a non-discriminatory basis under IRC Section 105(h);

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g. All others: Date that RLHICA approves in writing the enrollment or listing of those people, unless compelled by a court or administrative order to otherwise provide Benefits for a Child or Eligible Dependent.

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Once eligible, Certificate Holders and their Eligible Dependents must enroll for coverage under this Policy within 30 days from the date upon which such Certificate Holder or Eligible Dependents become eligible for Benefits under the terms of Section III B immediately above. A Certificate Holder properly enrolls for coverage by completing all enrollment forms required by RLHICA and submitting such forms to the Policyholder. If the Certificate Holder or Eligible Dependent is not properly enrolled for coverage within 30 days from the date upon which he/she becomes eligible for Benefits, then such Certificate Holder or Eligible Dependent must wait until the next Open Enrollment Period to enroll.

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C. Termination of Eligibility

Eligibility for Benefits will terminate for all Certificate Holders and Eligible Dependents under this Policy at the earlier of:

1. The termination of this Policy; or
2. The last day of the month for which payment has been made if the Policyholder fails to make the payments required by this Policy.

Eligibility of an individual Certificate Holder, and of the Eligible Dependents of that Certificate Holder, will also terminate if that Certificate Holder ceases to be a Certificate Holder as defined by this Policy. An Eligible Dependent's eligibility also terminates upon lack of compliance with the eligibility requirements of this Policy.

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D. Conversion to an Individual Policy

A person whose eligibility under this Policy is terminated or who loses coverage under this Policy may be eligible to apply for an individual direct payment policy. Any request to obtain such a policy will be subject to applicable state law.

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Section IV. Continuation of Coverage

A. Loss of Eligibility During Treatment

1. If a Certificate Holder and/or Eligible Dependent lose eligibility while receiving dental treatment, only Covered Services received while that individual was eligible under the Policy will be payable.
2. Certain procedures begun before the loss of eligibility 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 difference between RLHICA's payment and the total fee for those procedures is the Certificate Holder's responsibility.

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B. Continuation Coverage – COBRA

The other provisions of this Policy notwithstanding, eligibility for Benefits will continue for an individual who is required to be provided with and elects continuation coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 or similar applicable state law ("COBRA") provided:

1. The Certificate Holder or Eligible Dependent elects COBRA coverage under this Policy;
2. Continuation coverage is required to be provided under COBRA;
3. The Policyholder notifies RLHICA that the individual is eligible for Benefits under COBRA.

Continuation coverage shall only be in effect up to the first day of the month after the individual notifies the Policyholder that he or she no longer wants coverage from RLHICA, the date a COBRA premium payment was due and was not remitted by the end of the COBRA Grace Period or until the end of the individual's continuation coverage period, whichever occurs first.

Further, coverage shall only remain in effect until the last day of the month for which payment has been made to RLHICA by the Policyholder, provided, however that any payment for COBRA continuation coverage received during a period that is 30 days following the date the COBRA premium payment was due (the "COBRA Grace Period") will provide continuation coverage from the due date. An individual's coverage may be retroactively reinstated for the 60 day COBRA "election" period if the Policyholder pays the applicable Rate for the period within the 45-day period following the date of the COBRA election. RLHICA may continue coverage, if legally required.

Continuation coverage will not continue beyond the termination of this Policy.

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The other provisions of this Policy notwithstanding, a Child's attainment of the Limiting Age does not terminate his or her eligibility under this Policy if the Child is both:¶
<#>incapable of self-sustaining employment because of mental or physical condition; and,¶
<#>chiefly dependent upon the Certificate Holder for support and maintenance.¶

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The individual is responsible for the costs of any service provided after an individual is no longer eligible for continuation coverage under this [Section IV B](#). Proper and timely notification [by the Policyholder](#) should be given to RLHICA to [terminate](#) the individual's coverage. [The Policyholder will be liable to RLHICA for any Rate payments due on account of any untimely, improper or inaccurate notice.](#)

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The monthly Rate that the Policyholder must pay on behalf of any individual who is provided coverage under this [Section IV B](#) will be based on the COBRA continuation coverage rates then in effect during that month.

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An individual who continues coverage will be considered to be either a Certificate Holder or an Eligible Dependent under this Policy and the dental care certificate as long as coverage is provided under this [Section IV B](#). RLHICA does not assume any of the obligations assigned by COBRA to the Policyholder or any employer (including the obligation to notify potential beneficiaries of their rights or options under COBRA), and the Policyholder agrees that it will perform those obligations in full.

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Not all employers are subject to the continuation coverage requirements contained in COBRA. For those that are not, the above language in [Section IV B](#) does not apply. Employers should consult with their legal counsel to determine how and when the law applies.

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C. Continuation Coverage – Death of Certificate Holder

[Upon the death of the Certificate Holder, coverage for Eligible Dependents \(if any\) shall continue for a period of 90 days, subject to the termination provisions found in Section III or Section X of this Policy.](#)

D. Continuation Coverage – Eligible Dependents

[Eligible Dependents may elect to continue coverage under this Policy in the event of the divorce, retirement or death of the Certificate Holder. To elect coverage, Eligible Dependents should contact the Certificate Holder's employer or organization immediately following the occurrence of one of the above-mentioned events.](#)

E. Continuation Coverage – Total Disability

[In the event this Policy is terminated for any reason, the Benefits paid pursuant to this Policy shall continue for a period of 90 days in the event of total disability \(on the date of such termination\) of the Certificate Holder or an Eligible Dependent.](#)

Section V. Benefits

COVERED SERVICES

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RLHICA agrees to provide Benefits to Certificate Holders and Eligible Dependents under the policies and procedures of RLHICA and under the terms and conditions of this Policy, including, but not limited to, the [categories of services](#), exclusions and limitations listed below.

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Unless otherwise specified in the [Declarations Section](#), [Covered Services](#) may be divided into the following [categories](#), and are subject to the exclusions and limitations listed below. **Please see the [Declarations Section](#) for Benefits, exclusions and limitations applicable under your Policy.**

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A detailed list of the Benefits provided under this Policy is available upon request by the Policyholder. All time limitations are measured either from the last date of service in any RLHICA Plan or, at the request of the Policyholder, from the last date of service in any dental Plan.

DIAGNOSTIC AND PREVENTIVE SERVICES

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<#>Diagnostic and Preventive Services: ¶

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

- i. [\[Topical fluoride treatments are payable \[twice\] in any Benefit Year for Children under age \[14\]:\]](#)

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- ii. Oral examinations submitted as a consultation or evaluation are payable [twice] in any Benefit Year, whether provided under one or more RLHICA Plans;
- iii. Prophylaxes including periodontal maintenance procedures are payable [twice] in any Benefit Year;
- iv. Bitewing X-rays are payable once in any Benefit Year;
- v. Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age [14];
- 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 Certificate Holder;
- vii. RLHICA will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology or pathology) and caries susceptibility tests and all charges for the same will be the responsibility of the Certificate Holder, unless otherwise indicated in the Declarations Section or in this Policy.

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- Deleted: Benefits for space
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[Brush Biopsy

Oral brush biopsy procedure and laboratory analysis used to detect oral cancer, an important tool that identifies and analyzes precancerous and cancerous cells.]

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[BASIC SERVICES

Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain is not a Covered Service when done in conjunction with any services except X-rays, tests or examinations.

Radiographs (X-rays)/Diagnostic Imaging/Diagnostic Casts

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

- 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 [5] 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. Cephalometric films, oral/facial images or diagnostic casts are not payable, except in conjunction with Orthodontic Services, and all charges for the same will be the responsibility of the Certificate Holder;
- v. Posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable and all charges for the same will be the responsibility of the Certificate Holder.

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Minor Restorative Services

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

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

Simple Extractions

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

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Sealants

Sealants are payable only for the occlusal surface of first permanent molars for Children under age [9] and second permanent molars for Children under age [14]. The surface must be free from decay and restorations. Sealants are a Benefit payable once in any [3] year period.

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Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures [to treat diseases of the gums and supportive structures of the teeth](#), along with benefits for prophylaxes, including periodontal maintenance procedures, are payable [twice] in any Benefit Year.

Deleted: Full mouth debridement will be payable once in the Certificate Holder's lifetime.

Other Basic Services

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After hours visits, not to exceed once per Benefit Year.

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MAJOR SERVICES

Oral Surgery Services

[Surgical](#) extractions and dental surgery, including local anesthesia, suturing, if needed, and routine post-operative care [are](#) subject to the following exclusions and limitations:

- i. RLHICA will not make payment for the following services [and items](#) and all charges for the same will be the responsibility of the Certificate Holder unless otherwise specified in the Declarations Section: appliances, restorations, X-rays or [other](#) services for the diagnosis or treatment of temporomandibular disorders ("TMD") [including myofunctional therapy](#);
- ii. RLHICA will not make payment for the following [services and items](#) and all charges for the same will be the responsibility of the Certificate Holder: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

Deleted: , and all charges for the same will be the responsibility of the Certificate Holder: correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.¶ <#>RLHICA will not make payment for the following benefits and services, and all charges for the same will be the responsibility of the Certificate Holder: 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. ¶ RLHICA will not make payment for the following benefits and services,

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Endodontic Services

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

- i. [Endodontic](#) therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in any 24 month period;
- ii. [Root](#) canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth;
- iii. RLHICA will not make payment for [pulp caps](#) and all charges for the same will be the responsibility of the Certificate Holder.

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Maxillofacial Prosthetics

RLHICA will not make payment for maxillofacial prosthetics [and all charges for the same will be the responsibility of the Certificate Holder](#).

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Deleted: Benefits for prophylaxes, including periodontal prophylaxes are payable twice in any Benefit Year.

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Periodontic Services

The treatment of diseases of the gums and supporting structures of the teeth [is](#) subject to the following exclusions and limitations:

- i. Full mouth debridement will be payable [once in the Certificate Holder's [or Eligible Dependent's](#) lifetime];
- ii. [Scaling and](#) root planing are payable once per area in any 24 month period;
- iii. Periodontal surgery is payable once per area in any 3 year period.

Major Restorative Services

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. Indirect restorations including porcelain/ceramic substrate, porcelain/resin processed to metal and cast restorations (including crowns and onlays) and associated procedures such as cores and post and core substructures on the same tooth are payable once in any [7] year period;
- ii. Substructures and indirect restorations, including porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children under age 12 and all charges for the same will be the responsibility of the Certificate Holder;
- iii. Optional treatment: If the Certificate Holder 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. The Certificate Holder will be responsible for the difference in cost;
- iv. 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 Certificate Holder will be responsible for any additional charges;
- v. RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown;
- vi. RLHICA will not make payment for dentistry for aesthetic reasons and all charges for the same will be the responsibility of the Certificate Holder;
- vii. Veneers are not a Covered Service and all charges for the same will be the responsibility of the Certificate Holder.

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Prosthodontic Services

Services and appliances that replace missing natural teeth (such as fixed bridges, endosteal implants, partial dentures, and complete dentures) are subject to the following exclusions and limitations:

- i. One complete upper and one complete lower denture is payable once in any [7] year period;
- ii. A partial denture, fixed bridge, and any associated services are payable once in any [7] year period;
- iii. Fixed bridges, endosteal implants and cast metal partial dentures are not payable for Children under age [16] and all charges for the same will be the responsibility of the Certificate Holder;
- iv. Optional treatment: If the Certificate Holder 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. The Certificate Holder will be responsible for the difference in cost;
- v. Services for tissue conditioning are payable twice per denture unit in any 3 year period;
- vi. Endosteal implants are allowed once per tooth, per lifetime. RLHICA will not make payment if the implant is placed within [7] years following prosthodontic or major restorative services involving that tooth and all charges for the same will be the responsibility of the Certificate Holder;
- vii. RLHICA will not make payment for specialized implant surgical techniques, removal of an implant, implant maintenance procedures, or implant repairs and all charges for the same will be the responsibility of the Certificate Holder unless otherwise specified in the Declarations Section;
- viii. RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: lost, missing or stolen appliances of any type; temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachment copings or myofunctional therapy;
- ix. RLHICA will not make payment for procedures to replace a missing tooth or teeth that were lost prior to becoming a Certificate Holder or Eligible Dependent under this Policy and all charges for the same will be the responsibility of the Certificate Holder.

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Relines and Repairs

Relines and repairs to fixed bridges, partial dentures and complete dentures. A reline or a complete replacement of denture base material is limited to once in any [3] year period per appliance.

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Other Major Services

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i. An occlusal guard is payable only once per Certificate Holder's or Eligible Dependent's lifetime;

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ii. Limited occlusal adjustments are limited to [3] in a [5] year period;

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iii. RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: repair, relines or adjustments of occlusal guards.

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ORTHODONTIC SERVICES

No person will be eligible for Orthodontic Services under this Policy unless Orthodontic Services are provided for in the Declarations Section. Services, treatment, and procedures to correct malposed teeth (for example, braces), are subject to the following exclusions and limitations:

Deleted: <#>Office visits during regularly scheduled hours are payable once per Benefit Year.¶

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i. RLHICA's payment for Orthodontic Services will be limited to the lifetime Maximum Payment specified in the Declarations Section of this Policy;

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ii. Orthodontic Services are payable until the end of the calendar year of the [19th] birthday of a Certificate Holder or Eligible Dependent unless otherwise specified in the Declarations Section;

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iii. RLHICA's payment for Orthodontic Retention Services (removal of appliances, construction and placement of retainer) is included in its payment of overall Orthodontic Services. If a Dentist bills these services separately, payment will be denied.

iv. 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;

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

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vi. RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: lost, missing or stolen appliances of any type or replacement or repair of an orthodontic appliance.]

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Section VI. Exclusions and Limitations

Exclusions:

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

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1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Services that are received from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX of the Social Security Act, that is, Medicaid;

Deleted: Benefits or services

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

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

4. Charges for completion of forms or submission of claims;

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

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6. Services, items or supplies that are specialized techniques, as determined by RLHICA;
7. Services, items or supplies that are investigational in nature, including services, items or supplies required to treat complications from investigational procedures, as determined by RLHICA;
8. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or other licensed provider under the scope of his or her license as permitted by applicable state law;
9. Services, items or supplies excluded by the policies and procedures of RLHICA;
10. Services, items or supplies which are not rendered in accordance with accepted standards of dental practice, as determined by RLHICA;
11. Services, items or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of RLHICA coverage;
12. Services, items or supplies received as a result of dental disease, defect or injury due to an act of war, declared or undeclared;
13. Services, items or supplies that are generally covered under a hospital, surgical/medical or prescription drug program;
14. Services, items or supplies that are not within the categories of Benefits that have been selected by the Policyholder and are not covered in this Policy;
15. Prescription drugs, non-prescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards, house/extended care facility visits, mounted occlusal analysis, complete occlusal adjustments, enamel microabrasions, odontoplasty or bleaching;
16. Correction of congenital or developmental malformations, cosmetic surgery or dentistry for aesthetic reasons as determined by RLHICA;
17. Any appliance, restoration or surgical procedure used to (a) change vertical dimension; (b) restore or maintain occlusion; (c) replace tooth structure lost as a result of abrasion, attrition, abfraction or erosion; or (d) splint or stabilize teeth for periodontal reasons.

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Limitations:

In addition to the limitations listed above in the Benefits Section, the following limitations apply under this Policy, unless otherwise specified in the Declarations Section:

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

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Section VII. Claims

A. Claim Forms

Upon request, RLHICA 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 such request, 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.

Deleted: <#>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.

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B. 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 (1) year from the time specified unless the claimant was legally incapacitated.

C. Payment of Claims

Upon receipt of all required claim information and in accordance with prompt payment of claim laws, RLHICA shall notify claimant within [30] days of receipt of claim as to whether the claim has been processed for payment, denied, or deemed incomplete. If the claim is denied, RLHICA shall provide specific notice. If the claim is incomplete, RLHICA shall provide a description of all information needed.

Section VIII. Agreements

A. RLHICA Agrees:

1. To make no payments from the money received from the Policyholder for any services rendered to a person who is not eligible for Benefits provided, however, that RLHICA receives timely information from the Policyholder regarding the eligibility of each Certificate Holder and Eligible Dependent as set forth in Section VIII B.2;
2. To make payments in the following manner for Covered Services provided to the Certificate Holder 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 applicable. RLHICA will send payment either to the Certificate Holder who is responsible for paying the Dentist whatever he or she charges, or directly to the Dentist if the Certificate Holder or Eligible Dependent has assigned Benefits to the Dentist who rendered Covered Services under this Policy;
3. Consistent with any applicable law, protecting the confidentiality of a patient's health records, data or information to provide standard reports to the Policyholder upon request for no additional charge and to provide agreed to non-standard reports on a time and materials basis;
4. To provide to the Policyholder, for submission to the Certificate Holder, a standard certificate of the Benefits provided pursuant to this Policy;
5. That no agent has authority to change the Policy or waive any of its provisions and that no change in the Policy shall be valid unless approved by an officer of RLHICA and evidenced by endorsement on the Policy, or by amendment to the Policy signed by the Policyholder and RLHICA;
6. To provide the Policyholder 60 days prior written notice of any adjustment in Rates, Benefits, or Copayments payable under this Policy. Such adjustments may be made by RLHICA to correct potential adverse group experience resulting from the following:
 - a. Information provided upon enrollment proves to be in error;

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- b. Terms and provisions of the Policy are violated; or
- c. Initial size or composition of the group changes to the extent it adversely affects the Rates.

If the Policyholder refuses to accept this adjustment, RLHICA may implement the adjustment or an alternative adjustment or cancel this Policy.

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B. Policyholder Agrees:

1. To pay RLHICA the monthly Rate specified in the Declarations Section of this Policy, in advance, unless otherwise specified in the Declarations Section. If payment is not received by the due date, RLHICA shall have the right to suspend claims processing;
2. To list as Certificate Holders all eligible employees or members of the Policyholder and, if covered, all Eligible Dependents of those Certificate Holders, to the extent required under the Policy. The Policyholder will provide RLHICA an accurate monthly statement of the total number and names of all Certificate Holders and, if applicable, all Eligible Dependents;
3. To permit RLHICA, by its auditors or other authorized representatives, on reasonable advance written notice, to inspect the Policyholder's records to verify the accuracy of lists of Certificate Holders and Eligible Dependents submitted to RLHICA. Clerical errors or delays in keeping or relaying data will not invalidate eligibility that would otherwise be validly in force or continue eligibility that would otherwise be validly terminated, if, after discovery of the errors or delays, an equitable adjustment of the Policyholder's payment can be made in a reasonable period of time;
4. To collect and pay to RLHICA any amounts that the Policyholder's Certificate Holders are required to pay to RLHICA under this Policy or any written employment contracts, including amounts for COBRA continuation coverage. Any amounts not collected will be the responsibility of the Policyholder.

Should the Policyholder collect any amounts paid by Certificate Holders and not remit them to RLHICA in a timely fashion, with the result being an eligible person's coverage is lost, the Policyholder, not RLHICA, will be liable for any Benefits to which the person may have been entitled but for the Policyholder's tardy remittance or failure to remit, unless, after discovery of the errors or delays, an equitable adjustment of the Policyholder's payment can be made in a reasonable period of time;
5. To pay for any agreed to non-standard reports on a time and materials basis;
6. To provide each Certificate Holder with a standard certificate of the Benefits provided under this Policy and all privacy notices as may be required pursuant to any applicable federal or state law, at such intervals as may be required by law from time to time. RLHICA will provide said documents to the Policyholder for copying and distribution, at the Policyholder's expense.

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Section IX. General Terms

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A. Contesting Validity of Policy

After 2 years from the Effective Date, only fraudulent misstatements in the application may be used to void the Policy or deny any claim for loss incurred or disability starting after the 2 year period. This provision shall be read in conjunction with state insurance laws and is not applicable in all jurisdictions and may only apply to non-payment of premium after 2 years from the issue date. Nothing in the foregoing shall be deemed to preclude the assertion at any time of defenses based upon a person's ineligibility for coverage under the Policy or based on any other provisions of the Policy.

Deleted: <#>Entire Contract¶
This Policy, with the application and attached papers, is the entire contract between the Policyholder and RLHICA. No change in this Policy will be effective until approved by an officer of RLHICA. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.¶

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B. Grace Period

This Policy has a 31-day grace period (the "Grace Period"). This provision means that if a premium installment is not paid on or before the date it is due, it may be paid during the following 31 days. The Grace Period will not apply if, at least 30 days before the premium due date, RLHICA has delivered or

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mailed to the Policyholder's last address shown in RLHICA's records, written notice of RLHICA's intent not to renew this Policy. During the Grace Period, the Policy will stay in force.

C. Reinstatement

If the premium installment is not paid before the Grace Period ends, the Policy will lapse. Later acceptance of the premium by RLHICA, or by an agent authorized to accept payment without requiring an application for reinstatement, will reinstate this Policy. If RLHICA or its agent requires an application, the Policyholder will be given a conditional receipt for the premium. If the application is approved, the Policy will be reinstated as of the approval date. Lacking such approval, the Policy will be reinstated on the 45th day after the date of the conditional receipt unless RLHICA has previously written the Policyholder of its disapproval. 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. In all other respects, the rights of the Policyholder and RLHICA will remain the same, subject to any provisions noted on or attached to the reinstated Policy. Any premiums RLHICA accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

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D. Physical Examination

RLHICA, at its own expense, shall have the right and opportunity to examine the person of the Certificate Holder or Eligible Dependent when and as often as it may reasonably require during the pendency of a claim hereunder where it is not prohibited by law.

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E. 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 otherwise provided by applicable state law. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given. This provision does not preclude the Policyholder or Certificate Holder from seeking a decision from a jury trial once all administrative appeals have been exhausted.

Deleted: <#>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.¶

<#>Incorporation by Reference¶

This Policy shall not contain any provision purporting to make any portion of the charter, rules, constitution, or bylaws of RLHICA a part of this Policy unless the portion is set forth in full in this Policy, except in the case of the incorporation of, or reference to, a statement of rates, statement of classification of risks, or short-rate table filed with the State Department of Insurance.¶

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Deleted: on hold status if the Policyholder fails to make a required payment before the expiration of the grace period. In the event RLHICA chooses to terminate

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Section X. Term and Termination

This Policy shall remain in full force and effect for the initial term of one (1) year from the Effective Date and may be renewed for subsequent one year terms beginning on the First Renewal Date as specified in the Declarations Section. RLHICA will give the Policyholder at least 45 days advance notice of cancellation, expiration, or nonrenewal. RLHICA shall have the option of terminating this Policy if:

- A. The Policyholder fails to make a required payment prior to expiration of the Grace Period specified; or
- B. RLHICA elects to cancel pursuant to Section VIII(A)6 of this Policy; or
- C. The Policyholder fails to furnish RLHICA with accurate enrollment data pursuant to Section VIII(B)2; or
- D. The Policyholder permits voluntary enrollment of Certificate Holders and/or their Eligible Dependents unless otherwise specified in the Declarations Section; or
- E. The Policyholder refuses to allow RLHICA (by its auditors or other authorized representatives) to inspect the Policyholder's records to verify the accuracy of the Certificate Holder and Eligible Dependent list pursuant to Section VIII(B)3; or
- F. The Policyholder has otherwise breached this Policy.

The Policyholder may cancel this Policy if the Policyholder provides RLHICA with 30 days written notice of intent to cancel.

The Policyholder is entitled to a Grace Period of 31 days for the payment of any premium installment due except the first, during which period the Policy will remain in force. RLHICA is not obligated to pay claims incurred during this Grace Period until it receives the premium due.

Section XI. Coordination of Benefits

All of the Benefits under this Policy, if applicable, will be subject to a Coordination of Benefits (“COB”) provision that is designed to provide maximum coverage, but not to exceed 100 percent of the total fee for a given treatment.

1. Applicability

- a. This COB provision applies to This Plan when a Certificate Holder or the Certificate Holder’s Eligible dependent has health care coverage under more than one Plan. “Plan” and “This Plan” are defined below.
- b. If this COB provision applies, the order of benefit determination rules should be looked at first. These rules determine whether the Benefits of This Plan are determined before or after those of another Plan. The Benefits of This Plan:
 - i. Shall not be reduced when, under the order of benefit determination rules, This Plan determines its Benefits before another Plan; but
 - ii. May be reduced when, under the order of benefits determination rules, another Plan determines its benefits first. The above reduction is described in Paragraph 4, “Effect on the Benefits of This Plan.”

2. Definitions

- a. “Allowable Expense” means an expense covered under this Policy when the item of expense is covered at least in part by one or more Plans covering the person for whom the claim is made.

When a Plan provides benefits in the form of services, the reasonable cash value of each service rendered will be considered both an Allowable Expense and a benefit paid.
- b. “Claim Determination Period” means a calendar year. However, it does not include any part of a year during which a person has no coverage under This Plan, or any part of a year before the date this COB provision or a similar provision takes effect.
- c. “Plan” is any of these which provides benefits or services for, or because of, medical or dental care or treatment:
 - i. Group insurance or group-type coverage, whether insured or uninsured. This includes prepayment, group practice or individual practice coverage. It also includes coverage other than school accident-type coverage.
 - ii. Coverage under a governmental plan or coverage required or provided by law. This does not include a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time).

Each contract or other arrangement for coverage under (i) or (ii) is a separate Plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate Plan.
- d. “Primary Plan/Secondary Plan:” The order of benefit determination rules state whether This Plan is a Primary Plan or Secondary Plan as to another Plan covering the person.

When This Plan is a Primary Plan, its Benefits are determined before those of the other Plan and without considering the other Plan’s benefits.

When This Plan is a Secondary Plan, its Benefits are determined after those of the other Plan and may be reduced because of the other Plan’s benefits.

When there are more than two Plans covering the person, This Plan may be a Primary Plan as to one or more other Plans, and may be a Secondary Plan as to a different Plan or Plans.

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e. "This Plan" means the dental coverage established for the Certificate Holders and their Eligible Dependents pursuant to this Policy.

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3. Order Of Benefit Determination Rules

a. General. When there is a basis for a claim under This Plan and another plan, This Plan is a Secondary Plan which has its Benefits determined after those of the other Plan, unless:

- i. The other plan has rules coordinating its benefits with those of This Plan; and
- ii. Both those rules and This Plan's rules, in subparagraph b. below, require that This Plan's Benefits be determined before those of the other Plan.

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b. Rules. This Plan determines its order of Benefits using the first of the following rules which applies:

i. Non-Dependent/Dependent. The benefits of the Plan which covers the person as an employee, member, or subscriber (that is, other than as a dependent) are determined before those of the Plan which covers the person as a dependent; except that: if the person is also a Medicare beneficiary, and as a result of the rule established by Title XVIII of the Social Security Act and implementing regulations, Medicare is:

- (a) Secondary to the Plan covering the person as a dependent and;
- (b) Primary to the Plan covering the person as other than a dependent (e.g. a retired employee), then the order of benefit determination is reversed so that the Plan covering the person as an employee, member, subscriber or retiree is secondary and the other Plan is primary.

ii. Dependent Child/Parents not Separated or Divorced. Except as stated in subparagraph b.(iii) below, when This Plan and another Plan cover the same Child as a dependent of different persons, called "parents:"

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- (a) The benefits of the Plan of the parent whose birthday falls earlier in a year are determined before those of the Plan of the parent whose birthday falls later in that year; but,
- (b) If both parents have the same birthday, the benefits of the Plan which covered the parents longer are determined before those of the Plan which covered the other parent for a shorter period of time.

However, if the other Plan does not have the rule described in (a) immediately above, but instead has a rule based upon the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

iii. Dependent Child/Parents Separated or Divorced. If two or more Plans cover a person as a dependent Child of divorced or separated parents, benefits for the Child are determined in this order:

- (a) First, the Plan of the parent with custody of the Child;
- (b) Then, the Plan of the spouse of the parent with the custody of the Child;
- (c) Then, the Plan of the parent not having custody of the Child; and
- (d) Then, the Plan of the spouse of the parent not having custody of the Child.

If the other Plan does not have this subparagraph b (iii) and if, as a result, the Plans do not agree on the order of benefits, this subparagraph b (iii) shall be ignored.

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However, if the specific terms of a court decree state that one of the parents is responsible for the health care expense of the Child, and the entity obligated to pay or provide the benefits of the Plan of that parent has actual knowledge of those terms, the benefits of that Plan are determined first. The Plan of the other parent shall be the Secondary Plan. This subparagraph does not apply with respect to any Claim Determination Period or Plan year during which any benefits are actually paid or provided before the entity has that actual knowledge.

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If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the Child, the Plans covering the Child shall be subject to the order of benefit determination contained in subparagraph b (ii) above.

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iv. Active/Inactive Employee. The benefits of a Plan which covers a person as an employee who is neither laid off nor retired (or as that employee's dependent) are determined before those of a Plan which covers that person as a laid off or retired employee (or as that employee's dependent). If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this subparagraph b (iv) is ignored.

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v. Continuation Coverage. If a person whose coverage is provided under a right of continuation pursuant to federal law (i.e., COBRA) or state law also is covered under another Plan, the benefits of the Plan covering the person as employee, member, or subscriber (or that person's dependent) shall be determined before the benefits under the continuation coverage. If the other Plan does not have this rule and if, as a result, the Plans do not agree on the order of benefits, this subparagraph b (v) shall be ignored.

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vi. Longer/Shorter Length of Coverage. If none of the above rules determines the order of benefits, the benefits of the plan which covered an employee, member, or subscriber longer are determined before those of the Plan which covered that person for the shorter term.

4. Effect On The Benefits Of This Plan

a. When This Paragraph Applies. This Paragraph 4. applies when, in accordance with Paragraph 3. "Order of Benefit Determination Rules," This Plan is a Secondary Plan as to one or more other Plans. In that event the Benefits of This Plan may be reduced under this Paragraph 4. Such other Plan or Plans are referred to as "the other Plans" in subparagraph b. immediately below.

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b. Reduction in This Plan's Benefits. The Benefits of This Plan will be reduced when the sum of:

i. The Benefits that would be payable for the Allowable Expense under This Plan in the absence of this COB provision; and

ii. The benefits that would be payable for the Allowable Expenses under the other Plans, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made; exceeds those Allowable Expenses in a Claim Determination Period. In that case, the Benefits of This Plan will be reduced so that they and the benefits payable under the other Plans do not total more than those Allowable Expenses.

When the Benefits of This Plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of This Plan.

5. Right To Receive And Release Needed Information

Certain facts are needed to apply these COB rules. RLHICA has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person subject in all events, to all provisions of applicable law. RLHICA need not tell, or get the consent of, any person to do this. Each person claiming Benefits under This Plan must give RLHICA any facts it needs to pay the claim.

6. Facility Of Payment

A payment made under another plan may include an amount which should have been paid under This Plan. If it does, RLHICA may pay that amount to the organization which made that payment.

That amount will then be treated as though it were a Benefit paid under This Plan. RLHICA will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services.

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7. Right Of Recovery

If the amount of the payments made by RLHICA is more than it should have paid under this COB provision, it may recover the excess from one or more of the following:

- a. The persons it has paid or for whom it has paid;
- b. Insurance companies; or
- c. Other organizations.

The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

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RLHICA will provide to the Policyholder for submission to the Certificate Holder a standard certificate of the Benefits provided under this Policy. The certificate entitles the Certificate Holders and their Eligible Dependents the right to receive care from a Dentist of their choice.

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Section XII. Miscellaneous Provisions

- A.** This Policy together with the application is the entire contract between the Policyholder and RLHICA. No agent has authority to change any part of this Policy. No changes to this Policy will be effective until approved in writing by an officer of RLHICA. This approval must be noted on or attached to the Policy. RLHICA shall have the discretion to assign its rights and responsibilities under this Policy to an affiliated entity. If RLHICA chooses to assign its rights and responsibilities, it shall assign them to an appropriately licensed entity capable of performing similar functions at similar levels as RLHICA. RLHICA shall serve written notice of the assignment to Policyholder and said notice shall provide the name and address of the assignee. Except as otherwise provided herein, neither this Policy nor any part of it shall be assigned by Policyholder without the prior written consent of RLHICA and any attempt at assignment by Policyholder without such consent by RLHICA shall be null and void. Subject to the foregoing limitation, this Policy shall be binding upon the parties and their respective successors and assigns.
- B.** In the absence of fraud, all statements, made by the Policyholder or by the Certificate Holders or Eligible Dependents, shall be deemed to be representations and not warranties.
- C.** If this Policy is in violation of the laws of the State in which this Policy was issued, this Policy shall be held valid but shall be construed as provided in such laws. When any provision in this Policy is in conflict with such laws, the rights, duties and obligations of the RLHICA, the Policyholder, Certificate Holder and Eligible Dependents shall be governed by such laws.
- D.** Dentists providing services are independent contractors, and neither the Policyholder nor RLHICA will be liable for any act or omission of any Dentist, his or her employees or agents or any person providing dental or other professional services under this Policy.
- E.** All Dentists, Certificate Holders, and Eligible Dependents, by performing or receiving services under this Policy, are bound by all its terms.
- F.** No materials will be published or distributed by the Policyholder concerning this Policy until the material is first approved by RLHICA.
- G.** Unless otherwise provided in this Policy, RLHICA will not honor and no payment will be made for services, items or supplies if a claim for those services, items or supplies has not been received by RLHICA within 12 months after the date that the services, items or supplies are provided.
- H.** RLHICA and Policyholder agree to defend, indemnify and hold harmless the other and its directors, officers and employees (who are acting in the course of their employment, but not as claimants) from any loss, cost, or expense (including reasonable attorney fees and court costs) resulting from or arising out of or in connection with its breach of this Policy or any negligent act or omission of any of its directors, officers or employees unless liability for such act or omission is expressly assigned elsewhere in this Policy.
- I.** While the Certificate Holder and/or Eligible Dependent are covered by RLHICA, the Certificate Holder and/or Eligible Dependent agree to provide RLHICA with any information it needs to process the claims and administer the Benefits. This includes allowing RLHICA to have access to his or her dental records.

Deleted: RLHICA will enroll as Certificate Holders all eligible employees of the Policyholder and list, if covered, all Eligible Dependents of those Certificate Holders, to the extent required under this Policy. The Policyholder will provide RLHICA an accurate monthly statement of the total number and names of all Certificate Holders and, if applicable, all Eligible Dependents

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- J.** The RLHICA Board of Directors or its delegee will establish procedures for resolving all questions raised by a Dentist, a Policyholder, a Certificate Holder, or an Eligible Dependent in regard to claims for dental Benefits allowed or rejected under the terms of this Policy. These procedures 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 these procedures will be final and binding on the Dentist, the Policyholder, the Certificate Holder, and the Eligible Dependent; provided, however that Certificate Holders and Eligible Dependents may exercise their legal rights after this determination as described in the Claims Appeal Procedure.
- K.** RLHICA may from time to time provide additional services or coverages by rider or other notice. Those additional services or coverages may be withdrawn at any time after notice given by RLHICA.
- L.** Any notice required or permitted to be given pursuant to this Policy will be considered given if in writing and personally delivered, or if in writing and deposited in the United States mail with postage prepaid, addressed to the person at their last address of record.
- M.** No agent has authority to change any part of this Policy. No changes to this Policy will be valid unless approved in writing by an officer of RLHICA. The Policyholder must do whatever is necessary to enable RLHICA to exercise its rights and do nothing to prejudice them. If the Policyholder recovers damages from any party or through any coverage named above, the Policyholder must reimburse RLHICA from that recovery to the extent of payments made under the Policy.
- N.** If RLHICA pays for services, items or supplies that were sought or received under fraudulent, false, or misleading pretenses or circumstances, pays a claim that contains false or misrepresented information, or pays a claim that is determined to be fraudulent due to the acts of the Policyholder, Certificate Holder and/or Eligible Dependent, it may recover that payment from the Policyholder, Certificate Holder, and/or Eligible Dependent. The Policyholder, Certificate Holder, and/or Eligible Dependent authorizes RLHICA to recover any payment determined to be based on false, fraudulent, misleading, or misrepresented information by deducting that amount from any payments properly due to the Policyholder, Certificate holder, and/or Eligible Dependent. RLHICA will provide an explanation of the payment being recovered at the time the deduction is made.
- O.** Neither RLHICA (including its agents, directors, officers and employees) nor Policyholder shall be liable for delays in performance due to circumstances beyond their reasonable control. Each party shall be excused from performance under this Policy and shall have no liability to the other party for any period during which it is prevented from performing any of its obligations (other than payment obligations), in whole or in part, as a result of delays caused by the other party or by an act of God, war, terrorism, civil unrest, civil disturbance, court order, labor dispute, or other cause beyond is reasonable control, including failures or fluctuations in electrical power, heat, light, or telecommunications and such nonperformance shall not be a default under or grounds for termination of this Policy.
- P.** 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.
- Q.** Services and/or Benefit payments to Certificate Holders or Eligible Dependents are for the personal benefit of those people and cannot be transferred or assigned. Notwithstanding any other provision of this Policy, however, a Certificate Holder or Eligible Dependent may assign Benefit payments to the Dentist who rendered Covered Services under this Policy. A payment made pursuant to such assignment shall discharge the obligation of RLHICA with respect to the amount of insurance so paid.
- R.** This Policy is subject to change if, in the future, federal and state laws and regulations require RLHICA or the Policyholder to comply with such laws and regulations. Should any such change to this Policy be necessary by law, the Policyholder will receive written notice from RLHICA informing the Policyholder of the reasons for any change to the Policy and the process by which the Policyholder will receive an amended Policy.

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Moved up [2]: All of the Benefits under this Policy, if applicable, will be subject to a Coordination of Benefits provision that is designed to provide maximum coverage, but not to exceed 100 percent of the total fee for a given treatment.¶

<#>Applicability¶

<#>This Coordination of Benefits ("COB") provision applies to This Plan when a Certificate Holder or the Certificate Holder's covered dependent has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.¶

<#>If this COB provision applies, the order of benefit determination rules should be looked at first. These rules determine whether the Benefits of This Plan are determined before or after those of another plan. The Benefits of This Plan.¶

<#>Shall not be reduced when, under the order of benefit determination rules, This Plan determines its Benefits before another plan; but¶

<#>May be reduced when, under the order of benefits determination rules, another plan determines its benefits first. The above reduction is described in Section 4. "Effect on the Benefits of This Plan."¶

<#>Definitions¶

<#>"Allowable Expense" means an expense covered as a benefit under this Policy when the item of expense is covered at least in part by one or more plans covering the person for whom the claim is made.¶

When a plan provides benefits in the form of services, the reasonable cash value of each service rendered will be considered both an Allowable Expense and a benefit paid.¶

<#>"Claim Determination Period" means a calendar year. However, it does not include any part of a year during which a person has no coverage under This Plan, or any part of a year before the date this COB provision or a similar provision takes effect.¶

<#>"Plan" is any of these which provides benefits or services for, or because of, medical or dental care or treatment.¶

<#>Group insurance or group-type coverage, whether insured or uninsured. This includes prepayment, group practice or individual practice coverage. It also ...

Deleted: Accepted as witnessed by the signatures below, all terms and provisions of this Policy are effective as of the effective date set forth in the Declarations Section.¶

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Accepted:

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

BY: _____ DATE: _____
____ President and CEO

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Thomas J. Fleszar

POLICYHOLDER

BY: _____ BY: _____
Authorized Signature Witnessed By

TITLE: _____ TITLE: _____

DATE: _____ DATE: _____

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**Renaissance
Arkansas Group Dental
Certificate**

[P.O. Box [30381](#) • [Lansing, Michigan 48909-7881](#) • 888-358-9484 • [www.RenaissanceDental.com](#)]

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RENAISSANCE ARKANSAS GROUP DENTAL CERTIFICATE

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Table of Contents

Summary of Dental Plan Benefits	1
I. Renaissance Group Dental Certificate	4
II. Definitions.....	4
III. General Eligibility Rules	6
IV. Benefits	7
V. Exclusions and Limitations	10
VI. Accessing Your Benefits	11
VII. Questions and Answers.....	12
VIII. Coordination of Benefits	13
IX. Disputed Claims Procedure	16
X. Termination of Coverage.....	17
XI. Continuation of Coverage.....	17
XII. General Conditions	18

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Important Cancellation Information – Please Read [Section X](#) Entitled, “Termination of Coverage”

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THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company. Title II NCAC 12.0843 and Section 17.E.

NOTE: This [Group Dental Certificate](#) should be read in conjunction with the Summary of Dental Plan Benefits that is provided with the Certificate. The Summary of Dental Plan Benefits lists the specific provisions of your group dental plan. Your group dental plan is a legal contract between the Policyholder and [Renaissance Life & Health Insurance Company of America \(“RLHICA”\)](#).

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READ YOUR [GROUP DENTAL CERTIFICATE](#) CAREFULLY

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PLEASE NOTE: 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.

I. Renaissance Group Dental Certificate

RLHICA issues this Renaissance Group Dental Certificate to you, the Certificate Holder. The Certificate is a summary of your dental benefits coverage. It reflects and is subject to the agreement between RLHICA and your employer or organization (the "Policyholder").

The Benefits provided under This Plan may change if any state or federal laws change.

RLHICA agrees to provide Benefits as described in this Certificate.

All the provisions in the following pages, read in conjunction with the Summary of Dental Plan Benefits and all attachments and addendums, form a part of this document as fully as if they were stated over the signature below.

IN WITNESS WHEREOF, this Certificate is executed by an authorized officer of RLHICA.

Robert P. Mulligan
President and CEO

Home Office:

RENAISSANCE LIFE & HEALTH INSURANCE
COMPANY OF AMERICA

Attn: Renaissance Administration
[P.O. Box 30381
Lansing, Michigan 48909-7881

Administrative Direct Line: 1-800-745-7509
Customer Service Direct Line: 1-888-358-9484]

II. Definitions

Adverse Benefit Determination

Means any denial, reduction or termination of the Benefits for which you filed a claim or a failure to provide or to make payment (in whole or in part) of the Benefits you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which Benefits are otherwise provided was experimental or investigational, or was not medically necessary or appropriate.

Allowed Amount

Means the maximum dollar amount upon which RLHICA will base Benefits. RLHICA determines the Allowed Amount using statistically valid claims data submitted to RLHICA and its affiliates which show the most frequently charged fees by providers in the same geographic areas for comparable services or supplies. The claims data and fees are updated periodically using the most current codes and nomenclature developed and maintained by the American Dental Association. (This definition is only applicable if the Allowed Amount method for Benefits is shown in the Summary of Dental Plan Benefits Section).

Benefit Year

Means the calendar year, unless your employer or organization elects the Policy Year to serve as the Benefit Year. The Benefit Year is specified in the Summary of Dental Plan Benefits Section.

Benefits

Means payment for Covered Services.

Certificate

Means this document. RLHICA will provide dental Benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the Policy. Changes to the Certificate will be in the Summary of Dental Plan Benefits Section.

Certificate Holder

Means you, when your employer or organization certifies to RLHICA that you are eligible to receive Benefits under This Plan.

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Child(ren)

Means your natural children, stepchildren, adopted children, foster children or children by virtue of legal guardianship during the waiting period for legal adoption or guardianship who are or meet one of the following:

- Your unmarried child(ren) who has not yet reached his or her 25th birthday; or,
- Your unmarried child(ren) who: (a) is under the age of [25]; (b) [is a resident of the same state as the you] [or] [and] is a full-time student; (c) [is dependent upon you or your Legal Spouse for support]; and (d) does not have coverage, other than coverage as a dependent, under another dental insurance Plan; or,
- Your unmarried child(ren) or the child(ren) of your Legal Spouse if, pursuant to a court decree you or your Legal Spouse is financially responsible for the dental care of the child; or
- Your unmarried child(ren) who has reached the end of the calendar year of his or her 19th birthday and is both (a) incapable of self-sustaining employment by reason of a mental or physical condition and (b) chiefly dependent upon you for support and maintenance. In the event that RLHICA denies a claim for the reason that the child has attained the Limiting Age for dependent children, you have the burden of establishing that the child continues to meet the two criteria specified above. If requested by RLHICA, you must submit medical reports confirming that the child meets the two criteria specified above.

Coinsurance

Means the percentage of the Allowed Amount for Covered Services that you will have to pay toward treatment.

Completion Dates

Means the date that treatment is complete. Treatment is complete:

- for dentures and partial dentures, on the delivery date;
- for crowns and bridgework, on the permanent cementation date;
- for root canals and periodontal treatment, on the date of the final procedure that completes treatment.

Copayment

Means the dollar amount you must pay toward treatment.

Covered Services

Means the unique dental services selected for coverage by your employer or organization under This Plan. The Summary of Dental Plan Benefits Section lists your Covered Services.

Deductible

Means the amount an individual and/or a family must pay toward Covered Services before RLHICA begins paying for those services. The Summary of Dental Plan Benefits Section lists the Deductible that applies to you, if any.

Dentist

Means a person licensed to practice dentistry in the state or jurisdiction in which dental services are rendered.

Eligible Dependent

Means (a) your Legal Spouse; (b) your Child(ren); and (c) any other dependents who meet the criteria for eligibility set forth in the Summary of Dental Plan Benefits Section. If dependent coverage has been selected, it will be indicated in the Summary of Dental Plan Benefits Section.

Legal Spouse

Means a person who is any of the following: (a) your spouse through a marriage legally recognized by the State in which the Policy was issued; (b) your partner through a civil union legally recognized by the State in which the Policy was issued, [.] [; or] [(c) your Domestic Partner so long as the requirements listed in the Summary of Dental Plan Benefits Section are met and proof that those requirements are met is provided to RLHICA at its request.].

Limiting Age

Means the age at which a Child of yours is no longer eligible for Benefits under This Plan pursuant to the definition of Child above.

Maximum Payment

Means the maximum dollar amount RLHICA will pay in any Benefit Year or lifetime for Covered Services. (See the Summary of Dental Plan Benefits Section.)

Open Enrollment Period

Means the period of time during which an eligible person as indicated in the Summary of Dental Plan Benefits Section may enroll or be enrolled to receive Benefits.

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<#>Your unmarried Children who are not greater than 19 years old; or, ¶
<#>Your unmarried Children for whom you or your legal spouse are financially responsible for medical, health, or dental care under terms of a court decree; or, ¶
<#>Your unmarried Children that meet all of the following criteria: (1) are under the age of [25]; (2) are a resident of the same state as You, [or] [and] is a full-time student; (3) are dependent upon You or Your Legal Spouse for support; and (4) does not have coverage, other than coverage as a dependent, under another dental insurance plan; or, ¶
Your Children who are greater than 19 years old and (1) incapable of self-sustaining employment by reason of a mental or physical condition and (2) chiefly dependent upon the Certificate Holder for support and maintenance. In the event that RLHICA denies a claim under this Plan for the reason that the child

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Means a non-seasonal person who works on a full-time basis with a normal work week of 30 or more hours and who is otherwise eligible for coverage, but does not include a person who works on a part-time, temporary, or substitute basis. ¶

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Policy

Means the insurance contract for the provision of Benefits to you and your Eligible Dependents between RLHICA and your employer or organization.

Policy Year

Means the 12 month period beginning on the first Effective Date of the Policy and each 12 month renewal period thereafter.

Predetermination

Means a voluntary and optional process where, at the request of you, your Eligible Dependent or Dentist, RLHICA issues a written estimate of dental benefits which may be available for a proposed dental service under the terms of your coverage.

Predetermination is provided for informational purposes only and is not required in advance of obtaining dental care or as a prerequisite or condition for approval of future dental benefits payment. The benefits estimate provided on a Predetermination notice is determined based on the benefits available for you or your Eligible Dependent on the date the notice is issued, and is not a guarantee of future dental benefits payment.

Availability of dental benefits at the time a dental service is completed depends on factors such as, but not limited to, eligibility for Benefits, annual or lifetime Maximum Payments, coordination of benefits, Policy and Dentist status, Policy limitations and other provisions. A request for a Predetermination is not a claim for Benefits or a preauthorization, precertification or other reservation of future Benefits.

RLHICA

Means Renaissance Life & Health Insurance Company of America.

Submitted Amount

Means the fee a Dentist bills to RLHICA for a specific service or item.

Summary of Dental Plan Benefits

Means a list of the specific provisions of This Plan and is a part of this Certificate.

Table of Allowances

Means the maximum amount allowed per procedure as determined by your employer or organization and RLHICA. (If the Table of Allowances method for

Benefits has been selected by your employer or organization, it will be reflected in the Summary of Dental Plan Benefits Section).

This Plan

Means the dental coverage as provided for you and your Eligible Dependents pursuant to this Certificate.

III. General Eligibility Rules

- A. You are not eligible for Benefits unless you are either currently enrolled in This Plan or currently listed as an Eligible Dependent.
- B. Effective Date of Eligibility
 - 1. **Initial Effective Date:** All Certificate Holders and Eligible Dependents on the Effective Date of the Policy are immediately eligible for Benefits.
 - 2. **After the initial Effective Date:** For all Certificate Holders (and their Eligible Dependents) not associated with the employer or organization on the initial Effective Date of the Policy, eligibility for Benefits will begin, unless otherwise stated as follows:
 - a. Newly hired or rehired employees: Date for which employment compensation begins. Or, if applicable, that date plus the number of days specified as a waiting period in the Summary of Dental Plan Benefits Section;
 - b. Spouse: Date of marriage, civil union or domestic partnership;
 - c. Newborn: Benefits begin on the Child's actual date of birth, including conditions due to congenital malformation. A notice of birth together with the additional premium must be submitted to us within 90 days of the birth in order to continue coverage beyond the 90-day period.
 - d. Foster children, legal adoptions or guardianships: Date the Child is placed in the foster home or with the Certificate Holder; at which time this Child will be covered on the same basis as a natural child;
 - e. Stepchild: Date that the Child's natural parent becomes an Eligible Dependent;
 - f. All others: Date that RLHICA approves in writing the enrollment or listing of those people, unless compelled by a court or

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Those potentially life-threatening claims as defined in the U.S. Department of Labor Regulations at 29 CFR 2560.503-1(M)(1)(L). Any such claims that may arise under this dental coverage are not considered to be Pre-Service Claims and are not subject to any Predetermination requirements. ¶

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RLHICA's Allowed Amount or Table of Allowance Benefits program. Your employer or organization may select the Allowed Amount or the Table of Allowance method of payment. To determine which method of payment applies to your Plan, please see the Summary of Dental Plan Benefits. ¶

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Deleted: . 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. However, the coverage shall begin from the moment of birth if the petition and application for coverage is filed within 60 days after the ...

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administrative order to otherwise provide Benefits for a Child or Eligible Dependent.

This Plan, including, but not limited to, the categories of services, exclusions and limitations listed below.

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Once eligible, you and your Eligible Dependents must enroll for coverage within 30 days from the date upon which you or your Eligible Dependents become eligible for Benefits under the terms of Section III B immediately above. You and your Eligible Dependents may properly enroll for coverage by completing all enrollment forms required by RLHICA and submitting such forms to your employer or organization. If you and your Eligible Dependents are not properly enrolled for coverage within 30 days from the date upon which you and your Eligible Dependents become eligible for Benefits, then you and/or your Eligible Dependents must wait until the next Open Enrollment Period to enroll.

Unless otherwise specified in the Summary of Dental Plan Benefits Section, Covered Services may be divided into the following categories and are subject to the exclusions and limitations listed below. **Please see the Summary of Dental Plan Benefits Section for the Benefits, exclusions and limitations applicable under This Plan.**

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A detailed list of the Benefits provided under This Plan is available upon request. All time limitations are measured either from the last date of service in any RLHICA plan or, at the request of your employer or organization, from the last date of service in any dental Plan.

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DIAGNOSTIC AND PREVENTIVE SERVICES

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

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Diagnostic and Preventive Services
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C. Termination of Eligibility

Eligibility for Benefits will terminate for you and your Eligible Dependents under This Plan at the earlier of:

Deleted: all Certificate Holders
Deleted: their dependents

1. The termination of the Policy; or
2. The last day of the month for which payment has been made if the employer or organization fails to make the payments required by their Policy.

- (i) Topical fluoride treatments are payable [twice] in any Benefit Year for Children under age [14];
- (ii) Oral examinations submitted as a consultation or evaluation are payable [twice] in any Benefit Year, whether provided under one or more RLHICA Plans;

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Deleted: Benefits for oral evaluations rendered
Deleted: exam

Your eligibility, and that of your Eligible Dependents, will also terminate if you cease to be a Certificate Holder as defined in the Summary of Dental Plan Benefits Section. An Eligible Dependent's eligibility also terminates upon lack of compliance with the eligibility requirements of the Policy.

- (iii) Prophylaxes, including periodontal maintenance procedures, are payable [twice] in any Benefit Year;
- (iv) Bitewing X-rays are payable once in any Benefit Year;

Deleted: Plan
Deleted: Benefits for prophylaxes
Deleted: but not more than once in any six (6) month period.

- (v) Space maintenance services are payable once per lifetime, per area on posterior teeth, for Children under age [14];

Deleted: Benefits for space
Deleted: this Plan

D. Conversion to an Individual Policy

A person whose eligibility is terminated or who loses coverage may be eligible to apply for an individual direct payment policy with RLHICA. Any request to obtain such a policy will be subject to applicable state law. Please contact RLHICA to obtain further information.

- (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 your responsibility;

Deleted: In no event will eligibility for any person covered under the Plan continue beyond the date RLHICA is advised by the employer or organization to terminate that person's eligibility.
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- (vii) RLHICA will not make payment for tests and laboratory examinations (including, but not limited to cytology, bacteriology or pathology) and caries susceptibility tests and all charges for the same will be your responsibility, unless otherwise indicated in the Summary of Dental Plan Benefits Section or in this Certificate.

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IV. Benefits

COVERED SERVICES

RLHICA agrees to provide Benefits to you and your Eligible Dependents under the policies and procedures of RLHICA and under the terms and conditions of

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Brush Biopsy

Oral brush biopsy procedure and laboratory analysis used to detect oral cancer, an important tool that identifies and analyzes precancerous and cancerous cells.

BASIC SERVICES

Emergency Palliative Treatment

Emergency treatment to temporarily relieve pain is not a Covered Service when done in conjunction with any services except X-rays, tests or examinations.

Radiographs (X-rays)/Diagnostic Imaging/Diagnostic Casts

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

- (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 [5] 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) Cephalometric films, oral/facial images or diagnostic casts are not payable except in conjunction with Orthodontic Services and all charges for the same will be your responsibility;
- (v) Posterior-anterior or lateral skull and facial bone survey, sialography, temporomandibular joint films (including arthrograms) or tomographic films are not payable and all charges for the same will be your responsibility.

Minor Restorative Services

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

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

Simple Extractions

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

Sealants

Sealants are payable only for the occlusal surface of first permanent molars for Children under age [9] and second permanent molars for Children under age [14]. The surface must be free from decay and restorations. Sealants are a Benefit payable once in any [3] year period.

Periodontal Maintenance Following Therapy

Periodontal maintenance following active periodontal therapy procedures to treat diseases of the gums and supportive structures of the teeth, along with benefits for prophylaxes, including periodontal maintenance procedures, are payable [twice] in any Benefit Year.

Other Basic Services

After hours visits, not to exceed once per Benefit Year.

MAJOR SERVICES

Oral Surgery Services

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

- (i) RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility unless otherwise specified in the Summary of Dental Plan Benefits Section: appliances, restorations, X-rays or other services for the diagnosis or treatment of temporomandibular disorders ("TMD") including myofunctional therapy;
- (ii) RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility: charges related to hospitalization or general anesthesia and/or intravenous sedation for restorative dentistry or surgical procedure unless a specified need is shown.

Endodontic Services

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

- (i) Endodontic therapy, endodontic retreatment, and apicoectomy/periradicular services are payable once per tooth in any 24 month period;

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<#>RLHICA will not make payment for the following benefits and services. All charges for the same will be your responsibility: any appliance or surgical procedure used to:¶
<#>change vertical dimension ¶
<#>restore or maintain occlusions ¶
<#>replace tooth structure lost as a result of abrasion, attrition or erosion; and, ¶
<#>splint or stabilize teeth for periodontal reasons ¶
RLHICA will not make payment for the following benefits and services. All

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(ii) Root canal fillings on primary teeth are limited to primary teeth without succedaneous (replacement) teeth;

You will be responsible for any additional charges;

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(iii) RLHICA will not make payment for pulp caps and all charges for the same will be your responsibility.

(v) RLHICA will not make payment for the following services and items and all charges for the same will be the responsibility of the Certificate Holder: 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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Maxillofacial Prosthetics

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

(vi) RLHICA will not make payment for dentistry for aesthetic reasons and all charges for the same will be your responsibility;

Deleted: : pulp caps, maxillofacial prosthetics or myofunctional therapy

Deleted: : any appliance or surgical procedure used to

Periodontic Services

The treatment of diseases of the gums and supporting structures of the teeth is subject to the following exclusions and limitations:

(vii) Veneers are not a Covered Service and all charges for the same will be your responsibility.

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(i) Full mouth debridement will be payable [once in your or your Eligible Dependent's lifetime];

Prosthodontic Services
Services and appliances that replace missing natural teeth (such as fixed bridges, endosteal implants, partial dentures, and complete dentures) are subject to the following exclusions and limitations:

Deleted: Benefits for prophylaxes, including periodontal prophylaxes and oral evaluations are payable twice in any Benefit Year. ...ull mouth

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(ii) Scaling and root planing are payable once per area in any 24 month period;

(i) One complete upper and one complete lower denture is payable once in any [7] year period for any individual;

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(iii) Periodontal surgery is payable once per area in any 3 year period.

(ii) A partial denture, fixed bridge, and any associated services are payable once in any [7] year period;

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Major Restorative Services

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:

(iii) Fixed bridges, endosteal implants, and cast metal partial dentures are not payable for Children under age [16] and all charges for the same will be your responsibility;

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(i) Indirect restorations including porcelain/ceramic substrate, porcelain/resin processed to metal and cast restorations (including crowns and onlays) and associated procedures such as cores and post and core substructures on the same tooth are payable once in any [7] year period;

(iv) Optional treatment: if you or your 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. You are responsible for the difference in cost;

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(ii) Substructures and indirect restorations, including porcelain/ceramic substrate, porcelain/resin processed to metal, and cast restorations are not payable for Children under age 12 and all charges for the same will be your responsibility;

(v) Services for tissue conditioning are payable twice per denture unit in any 3 year period;

(iii) Optional treatment: if you or your 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. You are responsible for the difference in cost;

(vi) Endosteal implants are allowed once per tooth, per lifetime. RLHICA will not make payment if the implant is placed within [7] years following prosthodontic or major restorative services involving that tooth and all charges for the same will be your responsibility;

(iv) Inlays, regardless of the material used: RLHICA will pay only the applicable amount that it would have paid for a resin-based composite restoration.

(vii) RLHICA will not make payment for specialized implant surgical techniques, removal of an implant, implant maintenance procedures or implant repairs, and all charges for the same will be your responsibility unless otherwise specified in the Summary of Dental Plan Benefits Section;

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- (viii) RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility: lost, missing or stolen appliances of any type; temporary, provisional or interim prosthodontic appliances; precision or semi-precision attachments, copings or myofunctional therapy;
- (ix) RLHICA will not make payment for procedures to replace a missing tooth or teeth that were lost prior to becoming a Certificate Holder or Eligible Dependent under the Policy and all charges for the same will be your responsibility.

- (iv) 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;
- (v) 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 for payment ends on the last day of the month in which the patient was last treated;
- (vi) RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility: lost, missing, or stolen appliances of any type or replacement or repair of an orthodontic appliance.

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Relines and Repairs

Relines and repairs to fixed bridges, partial dentures and complete dentures. A reline or a complete replacement of denture base material is limited to once in any [3] year period per appliance.

Other Services

The Summary of Dental Plan Benefits Section lists any other Benefits that may have been selected.

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Other Major Services

- (i) An occlusal guard is payable once in your or your Eligible Dependent's lifetime;
- (ii) Limited occlusal adjustments are limited to [3] in a [5] year period;
- (iii) RLHICA will not make payment for the following services and items and all charges for the same will be your responsibility: repair, relines or adjustments of occlusal guards.

V. Exclusions and Limitations

Exclusions

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

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ORTHODONTIC SERVICES

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

- (i) RLHICA's payment for Orthodontic Services will be limited to the lifetime Maximum Payment specified in the Summary of Dental Plan Benefits Section;
- (ii) Orthodontic Services are payable until the end of the calendar year of the [19th] birthday of you or your Eligible Dependent unless otherwise specified in the Summary of Dental Plan Benefits Section;
- (iii) RLHICA's payment for Orthodontic Retention Services (removal of appliances, construction and placement of retainer) is included in its payment of overall Orthodontic Services. If a Dentist bills these services separately, payment will be denied.

1. Services for injuries or conditions paid pursuant to Workers' Compensation or Employer's Liability laws. Services that are received from any government agency, political subdivision, community agency, foundation or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX of the Social Security Act, that is, Medicaid;
2. Services or appliances started prior to the date the person became eligible under This Plan, excluding orthodontic treatment in progress (if a Covered Service);
3. Charges for failure to keep a scheduled visit with the Dentist;
4. Charges for completion of forms or submission of claims;
5. Services, items or supplies for which no valid dental need can be demonstrated, as determined by RLHICA;
6. Services, items or supplies that are specialized techniques, as determined by RLHICA;

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- 7. Services, items or supplies that are investigational in nature, including services, items or supplies required to treat complications from investigational procedures, as determined by RLHICA;
- 8. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or other licensed provider under the scope of his or her license or other licensed provider;
- 9. Services, items or supplies excluded by the policies and procedures of RLHICA;
- 10. Services, items or supplies which are not rendered in accordance with accepted standards of dental practice, as determined by RLHICA;
- 11. Services, items or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of RLHICA coverage;
- 12. Services, items or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared;
- 13. Services, items or supplies that are generally covered under a hospital, surgical/medical or prescription drug program;
- 14. Services, items or supplies that are not within the categories of Benefits that have been selected by your employer or organization and are not covered in This Plan;
- 15. Prescription drugs, non-prescription drugs, premedications, localized delivery of chemotherapeutic agents, relative analgesia, non-intravenous conscious sedation, therapeutic drug injections, hospital visits, desensitizing medicaments and techniques, behavior management, athletic mouthguards, house/extended care facility visits, mounted occlusal analysis, complete occlusal adjustments, enamel microabrasions, odontoplasty or bleaching;
- 16. Correction of congenital or developmental malformations, cosmetic surgery or dentistry for aesthetic reasons as determined by RLHICA;
- 17. Any appliance or surgical procedure used to: (a) change vertical dimension; (b) restore or maintain occlusion; (c) replace tooth structure lost as a result of abrasion, attrition, abfraction or erosion; or (d) splint or stabilize teeth for periodontal reasons.

Limitations

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

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

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VI. Accessing Your Benefits

To access your Benefits, follow these steps:

1. Please read this Certificate, including the Summary of Dental Plan Benefits Section carefully to become familiar with the Benefits and provisions of This Plan;
2. Make an appointment with your Dentist and tell him or her that you have coverage with RLHICA. If the dental office needs a claim form, you may obtain one from your employer, organization, or plan administrator. If your Dentist is not familiar with This Plan or has any questions regarding This Plan, have him or her contact RLHICA by writing Attention: [Customer Services Department, P.O. Box 738, Greenwood, Indiana 46142 or by calling the toll-free number, 1-888-358-9484];
3. After receiving your dental treatment, you or the dental office staff will file a claim form, completing the information portion with:
 - a. Your full name and address;
 - b. Your Social Security number;

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- c. The name and date of birth of the person receiving dental care; and
- d. The group's name and number.

Upon request, RLHICA will furnish to you, 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 such request, you will be deemed to have complied with the requirements of This Plan as to proof of loss upon submitting, within the time frame for filing proofs of loss as described below, written proof covering the occurrence, the character and the extent of the loss for which claim is made.

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 (1) year from the time specified unless the claimant was legally incapacitated.

Claims, adjustment requests, and completed information requests should be mailed to:

RLHICA
P.O. Box 17250
Indianapolis, IN 46217

After receiving all required claim information, RLHICA will pay all Benefits due for Covered Services as soon as received and within 30 days. If applicable, failure to pay within that period shall entitle you to interest at the state prescribed rate per annum from the 30th day. Interest amounts less than [one dollar (\$1.00)] will not be paid.

Payment for services rendered is sent to either (1) you, and it is your responsibility to make full payment to the Dentist; or (2) directly to the Dentist if you or your Eligible Dependent have assigned Benefits to the Dentist who rendered Covered Services under This Plan.

Upon the payment of a claim under This Plan, any premium then due and unpaid or covered by any note or written order may be deducted therefrom.

If you file a claim for a Benefit that relates to a service that has already been rendered, and you receive notice of an Adverse Benefit Determination, RLHICA will notify you or your authorized representative of the Adverse Benefit Determination within a reasonable period of time, but not later than 30 days after receipt of the claim. RLHICA may extend this period by up to 15 days if RLHICA determines that the extension is necessary due to matters out of RLHICA's control.

If RLHICA determines that an extension is necessary, it will notify you before the end of the original 30 day period of the circumstances requiring the extension and the date by which RLHICA expects to render a decision. If such an extension is necessary because you did not submit all the information necessary to decide the claim, the notice of extension will specifically describe the additional information required. You will have at least 45 days to provide the requested information. If you deliver the information within the time specified, the 15 day extension period will begin after you provide the information.

Note: 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.

If you have any questions about This Plan, please check with your employer, organization, or plan administrator or you may call RLHICA's [Customer Services Department toll-free at 1-888-358-9484]. You may also write to RLHICA's [Customer Services Department, P.O. Box 738, Greenwood, IN 46142]. When writing to RLHICA please include your name, the group's name and number, the Certificate Holder's Social Security number, and your daytime telephone number.

Deleted: 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

Deleted: at its home office or to RLHICA's agent. Notice should include the name of the Certificate Holder and the group number.¶
 RLHICA, upon receipt of a notice of claim,

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VII. Questions and Answers

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May I choose any Dentist?

Yes, you are free to choose any Dentist, as long as the Dentist is licensed to practice dentistry in the state or jurisdiction in which you receive care.

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Will RLHICA send payment to the Dentist or will I receive payment?

RLHICA will either send payment to you or directly to the Dentist if you have assigned Benefit payments to the Dentist who rendered Covered Services.

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When does my dental coverage begin?

See Waiting Period in the Summary of Dental Plan Benefits, Section. This Plan will cover only those dental services received after you become eligible.

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How much of the dental bill do I pay?

It depends on whether your employer or organization selected the Allowed Amount or the Table of Allowances payment method. If the "Allowed Amount" payment method has been selected, RLHICA will pay a certain percentage of the amount for each Covered Service, depending on the type of service rendered. Those Allowed Amounts are listed in the Summary of Dental Plan Benefits

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Section. If the Submitted Amount is more than the Allowed Amount for a specific Covered Service, then you are responsible for paying the Dentist that percentage listed in the "You Pay" column, as well as for paying the Dentist the difference between the Submitted Amount and the Allowed Amount. On the other hand, if your employer or organization selected the "Table of Allowances" payment method, RLHICA will only pay up to a specific dollar amount that is listed for each Covered Service in the Table of Allowances, which is listed in [the Summary of Dental Plan Benefits Section](#).

In either case, you are responsible for the Copayment shown on your [explanation of benefits](#) plus any charges for optional treatment or specific exclusions / limitations of [This Plan](#).

Am I covered for all dental services?

No, [the Summary of Dental Plan Benefits Section](#) describes the dental services that are covered by [This Plan](#). Please read them carefully. The exclusions and limitations govern these covered dental services.

What if my spouse is covered by another plan?

If you are covered by more than one dental Plan, your out-of-pocket costs may be reduced or eliminated. Please see Section VIII Coordination of Benefits. It is important to tell your Dentist about any other dental coverage so that claims are submitted properly.

VIII. Coordination of Benefits

COORDINATION OF THE GROUP CONTRACT'S BENEFITS WITH OTHER BENEFITS

[All of the Benefits under this Certificate, if applicable, will be subject to a Coordination of Benefits \("COB"\) provision that is designed to provide maximum coverage, but not result in payment of more than 100 percent of the total fee for a given treatment.](#)

A. APPLICABILITY

1. This COB provision applies to This Plan when [you or your Eligible Dependent](#) has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.
2. If this COB provision applies, the order of benefit determination rules should be looked at first. These rules determine whether the Benefits of This Plan are determined before or

after those of another Plan. The Benefits of This Plan:

- a. Shall not be reduced when, under the order of benefit determination rules, This Plan determines its Benefits before another Plan; but
- b. May be reduced when, under the order of benefits determination rules, another Plan determines its benefits first. The above reduction is described in [Paragraph D](#). "Effect on the Benefits of This Plan."

B. DEFINITIONS

1. "Allowable Expense" means an expense covered under this Certificate when the item of expense is covered at least in part by one or more Plans covering the person for whom the claim is made.

When a Plan provides [payment for services](#), the reasonable cash value of each service rendered will be considered both an Allowable Expense and a benefit paid.

2. "Claim Determination Period" means a calendar year. However, it does not include any part of a year during which a person has no coverage under This Plan, or any part of a year before the date this COB provision or a similar provision takes effect.
3. "Plan" is any of these which provides benefits or services for, or because of, medical or dental care or treatment:
 - a. Group insurance or group-type coverage, whether insured or uninsured. This includes prepayment, group practice or individual practice coverage. It also includes coverage other than school accident-type coverage;
 - b. Coverage under a governmental plan or coverage required or provided by law. This does not include a state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended from time to time).

Each contract or other arrangement for coverage under (a) or (b) is a separate Plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate Plan.

4. "Primary Plan/Secondary Plan:" The order of benefit determination rules state whether This

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Plan is a Primary Plan or Secondary Plan as to another Plan covering the person.

When This Plan is a Primary Plan, its Benefits are determined before those of the other Plan and without considering the other Plan's benefits.

When This Plan is a Secondary Plan, its Benefits are determined after those of the other Plan and may be reduced because of the other Plan's benefits.

When there are more than two Plans covering the person, This Plan may be a Primary Plan as to one or more other Plans, and may be a Secondary Plan as to a different Plan or Plans.

5. [“This Plan” means the dental coverage provided for you and your Eligible Dependents pursuant to this Certificate.](#)

C. ORDER OF BENEFIT DETERMINATION RULES

1. General. When there is a basis for a claim under This Plan and another [Plan](#), This Plan is a Secondary Plan which has its Benefits determined after those of the other Plan, unless:

- a. The other Plan has rules coordinating its benefits with those of This Plan; and
- b. Both those rules and This Plan's rules, in [subparagraph \(C\)\(2\)](#) below, require that This Plan's Benefits be determined before those of the other Plan.

2. Rules. This Plan determines its order of Benefits using the first of the following rules which applies:

- a. Non-Dependent/Dependent. The benefits of the Plan which covers the person as an employee, member, or subscriber (that is, other than as a dependent) are determined before those of the Plan which covers the person as a dependent; except that: if the person is also a Medicare beneficiary, and as a result of the rule established by Title XVIII of the Social Security Act and implementing regulations, Medicare is:

- (i) Secondary to the Plan covering the person as a dependent and;
- (ii) Primary to the Plan covering the person as other than a dependent (e.g., a retired employee), then the order of benefit determination is

reversed so that the Plan covering the person as an employee, member, subscriber or retiree is secondary and the other Plan is primary.

- b. Dependent Child/Parents not Separated or Divorced. Except as stated in [subparagraph \(C\)\(2\)\(c\)](#) below, when This Plan and another Plan cover the same Child as a dependent of different persons, called “parents:”
- (i) The benefits of the Plan of the parent whose birthday falls earlier in a year are determined before those of the Plan of the parent whose birthday falls later in that year; but
- (ii) If both parents have the same birthday, the benefits of the Plan which covered the parents longer are determined before those of the Plan which covered the other parent for a shorter period of time.

However, if the other Plan does not have the rule described in [subparagraph \(C\)\(2\)\(b\)\(i\)](#) immediately above, but instead has a rule based upon the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

- c. Dependent Child/Parents Separated or Divorced. If two or more Plans cover a person as a dependent Child of divorced or separated parents, benefits for the Child are determined in this order:

- (i) First, the Plan of the parent with custody of the Child;
- (ii) Then, the Plan of the spouse of the parent with custody of the Child;
- (iii) Then, the Plan of the parent not having custody of the Child; and
- (iv) Then, the Plan of the spouse of the parent not having custody of the Child.

If the other Plan does not have this [subparagraph \(C\)\(2\)\(c\)](#) and if, as a result, the Plans do not agree on the order of benefits, this [subparagraph \(C\)\(2\)\(c\)](#) shall be ignored.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care expense of the Child, and the entity obligated to pay or provide the benefits of the Plan of that parent

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has actual knowledge of those terms, the benefits of that Plan are determined first. The Plan of the other parent shall be the Secondary Plan. This [subparagraph](#) does not apply with respect to any Claim Determination Period or Plan year during which any benefits are actually paid or provided before the entity has that actual knowledge.

If the specific terms of the court decree state that the parents shall share joint custody, without stating that one of the parents is responsible for the health care expenses of the Child, the Plans covering the Child shall be subject to the order of benefit determination contained in [subparagraph \(C\)\(2\)\(b\) above](#).

d. Active/Inactive Employee. The benefits of a Plan which covers a person as an employee who is neither laid off nor retired (or as that employee's dependent) are determined before those of a Plan which covers that person as a laid off or retired employee (or as that employee's dependent). If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this [subparagraph \(C\)\(2\)\(d\)](#) is ignored.

e. Continuation Coverage. If a person whose coverage is provided under a right of continuation pursuant to federal law (*i.e.*, COBRA) or state law also is covered under another Plan, the benefits of the Plan covering the person as employee, member, or subscriber (or that person's dependent) shall be determined before the benefits under the continuation coverage. If the other Plan does not have this rule and if, as a result, the Plans do not agree on the order of benefits, this [subparagraph \(C\)\(2\)\(e\)](#) shall be ignored.

f. Longer/Shorter Length of Coverage. If none of the above rules determines the order of benefits, the benefits of the Plan which covered an employee, member, or subscriber longer are determined before those of the Plan which covered that person for the shorter term.

D. EFFECT ON THE BENEFITS OF THIS PLAN

1. When This [Paragraph](#) Applies. This [Paragraph](#) D. applies when, in accordance with [Paragraph](#)

C. "Order of Benefit Determination Rules," This Plan is a Secondary Plan as to one or more other Plans. In that event the Benefits of This Plan may be reduced under this [Paragraph D](#). Such other Plan or Plans are referred to as "the other Plans" in [subparagraph \(D\)\(2\)](#) immediately below.

2. Reduction in This Plan's Benefits. The Benefits of This Plan will be reduced when the sum of:

- a. The Benefits that would be payable for the Allowable Expense under This Plan in the absence of this COB provision; and
- b. The Benefits that would be payable for the Allowable Expenses under the other Plans, in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made; exceeds those Allowable Expenses in a Claim Determination Period. In that case, the Benefits of This Plan will be reduced so that they and the benefits payable under the other Plans do not total more than those Allowable Expenses.

When the Benefits of This Plan are reduced as described above, each benefit is reduced in proportion. It is then charged against any applicable benefit limit of This Plan.

E. RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

Certain facts are needed to apply these COB rules. RLHICA has the right to decide which facts it needs. It may get needed facts from or give them to any other organization or person [subject in all events, to all provisions of applicable law](#). RLHICA need not tell, or get the consent of, any person to do this. Each person claiming Benefits under This Plan must give RLHICA any facts it needs to pay the claim.

F. FACILITY OF PAYMENT

A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, RLHICA may pay that amount to the organization which made that payment.

That amount will then be treated as though it were a Benefit paid under This Plan. RLHICA will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable cash value of the benefits provided in the form of services.

G. RIGHT OF RECOVERY

If the amount of the payments made by RLHICA is more than it should have paid under this COB

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provision, it may recover the excess from one or more of [the following](#):

1. The persons it has paid or for whom it has paid;
2. Insurance companies; or
3. Other organizations.

The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

IX. Disputed Claims Procedure

[If you receive notice of an Adverse Benefit Determination, and if you think that RLHICA incorrectly denied all or part of your claim, you or your Dentist should contact RLHICA's Customer Services Department and ask them to check the claim to make sure it was processed correctly. You may do this by calling the toll-free number, \[1-888-358-9484\] and speaking to a telephone advisor. You may also mail your inquiry to the Customer Services Department at P.O. Box 738, Greenwood, IN 46142.\]](#)

[When writing, please enclose a copy of your explanation of benefits and describe the problem. Be sure to include your name, telephone number, the date, and any information you would like considered about your claim. This inquiry is not required and should not be considered a formal request for review of a denied claim. RLHICA provides this opportunity for you to describe problems and submit explanatory information that might indicate your claim was improperly denied and allow RLHICA to correct any errors quickly and without delay.](#)

[Whether or not you have asked RLHICA informally to recheck its initial determination, you can submit your claim to a formal review through the Disputed Claims Appeal Procedure described below.](#)

[If you receive notice of an Adverse Benefit Determination, you, or your authorized representative, should seek a review as soon as possible, but you must file your request for review within 180 days of the date on which you receive your notice of the Adverse Benefit Determination which you are asking RLHICA to review.](#)

[To request a formal review of your claim, send your request in writing to:](#)

[Dental Director](#)
[Renaissance Dental - RLHICA](#)
[P.O. Box 738](#)
[Greenwood, IN 46142](#)

[Please include your name and address, the Certificate Holder's Social Security number, the reason why you believe your claim was wrongly denied, and any other information you believe supports your claim. You also have the right to review This Plan and any documents related to it. If you would like a record of your request and proof that it was received by RLHICA, you should mail it certified mail, return receipt requested.](#)

[The Dental Director, or any other person\(s\) reviewing your claim, will not be the same as, nor will they be subordinate to, the person\(s\), who initially decided your claim. The reviewer will grant no deference to the prior decision about your claim, but rather will assess the information, including any additional information that you have provided, as if he/she were deciding the claim for the first time. The reviewer's decision will take into account all comments, documents, records and other information relating to your claim even if the information was not available when your claim was initially decided.](#)

[If the decision is based, in whole or in part, on a dental or medical judgment \(including determinations with respect to whether a particular treatment, drug, or other item is experimental, investigational or not medically necessary or appropriate\), the reviewer will, as necessary, consult a dental health care professional with appropriate training and experience. The dental health care professional will not be the same individual, or that person's subordinate, consulted during the initial determination.](#)

[The reviewer will make his/her determination on review within \[60\] days of his/her receipt of your request. If your claim is denied on review \(in whole or in part\), you will be notified in writing. The notice of an Adverse Benefit Determination during the Disputed Claims Appeal Procedure will meet the requirements described below under the heading "Manner and Content of Notice."](#)

[Manner and Content of Notice](#)

[Your notice of an Adverse Benefit Determination will inform you of the specific reasons\(s\) for the denial, the pertinent Policy provisions\(s\) on which the denial is based, the applicable review procedures for dental claims, including applicable time limits, and that you are entitled to access, free of charge, upon request, all documents, records and other information relevant to your claim. The notice will also contain a description of any additional materials necessary to complete your claim, an explanation of why such materials are necessary, and a statement that you have a right to bring a civil action in](#)

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First, you or your Dentist should contact RLHICA's Customer Services Department and ask them to check the claim to make sure it was processed correctly. You may do this by calling the toll-free number, 1-888-358-9484 and speaking to a telephone advisor. You may also mail your inquiry to the Customer Services Department at P.O. Box 738, Greenwood, IN 46142. ¶

When writing, please enclose a copy of your Explanation of Benefits and describe the problem. Be sure to include your name, telephone number, the date, and any information you would like considered about your claim. This inquiry is not required and should not be considered a formal request for review of a denied claim. RLHICA provides this opportunity for you to describe problems and submit explanatory information that might indicate your claim was improperly denied and allow RLHICA to correct this error quickly and without delay.¶

If your claim is still denied, you can submit your claim for a formal review through the Disputed Claims Procedure. Send your request in writing and mail it certified mail, return receipt requested, to:¶

Dental Director¶
RLHICA¶
P.O. Box 738¶
Greenwood, IN 46142¶

You may also contact the Consumer Services Division of the Arkansas Department of Insurance, 1200 W. Third Street, Little Rock, AR 72201-1904.¶ Please include your name and address, the Certificate Holder's Social Security number, the reason you believe the claim was wrongly denied, and any other information you would like considered about the claim.¶

Please refer to the Disputed Claims Procedures Addendum for a complete description of the procedures applicable to your claim and your right to appeal if your initial claim is denied.

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court if you receive an Adverse Benefit Determination after your claim has been completely reviewed according to this Disputed Claims Appeal Procedure. The notice will also reference any internal rule, guideline, protocol, or similar document or criteria relied on in making the Adverse Benefit Determination, and will include a statement that a copy of such rule, guideline or protocol may be obtained upon request at no charge. If the Adverse Benefit Determination is based on a matter of medical judgment or medical necessity, the notice will also contain an explanation of the scientific or clinical judgment on which the determination was based, or a statement that a copy of the basis for the scientific or clinical judgment can be obtained upon request at no charge.

If you (a) need the assistance of a governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer, you may also contact the Consumer Services Division of the Arkansas Department of Insurance, 1200 W. Third Street, Little Rock, AR 72201-1904.

X. Termination of Coverage

RLHICA must give your employer or organization at least 60 days advance notice of cancellation, expiration, nonrenewal, or change in rates. In the event RLHICA chooses to terminate the Policy due to nonpayment of premium, RLHICA will give your employer or organization notice of the termination within 45 days after the premium due date. The effective date of such termination shall be the first day of the period for which the premium is due.

Your RLHICA coverage may be automatically terminated:

1. When your employer or organization advises RLHICA to terminate your coverage;
2. On the last day of the month for which your employer or organization has failed to pay RLHICA;
3. Or for any other reason stated in the Policy.

A person whose eligibility is terminated may be eligible to transfer to an individual direct payment contract with RLHICA. Please contact RLHICA to obtain further information.

XI. Continuation of Coverage

A. Loss of Eligibility During Treatment

1. If you and/or an Eligible Dependent lose eligibility while receiving dental treatment, only those Covered Services received while you and/or your Eligible Dependent were eligible under the Policy will be payable.
2. Certain procedures begun before the loss of eligibility 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 difference between RLHICA's payment and the total fee for those procedures is your responsibility.

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B. Continuation Coverage – COBRA

If your employer or organization is required to comply with provisions under the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") and your coverage would otherwise end, you and/or your covered Eligible Dependents may have the right under certain circumstances to continue coverage in the group health plans sponsored by your employer or organization, at your expense, beyond the time coverage would normally end.

COBRA continuation coverage may be available if your coverage or a covered Eligible Dependent's coverage would otherwise end because of one of the following COBRA qualifying events:

1. Voluntary or involuntary termination of employment for any reason other than your gross misconduct;
2. Reduction in the number of hours worked so that you are no longer an eligible employee under the terms of the group health plan;
3. Divorce or legal separation;
4. Death;
5. Loss of dependent status under the terms of the group health plan; or
6. You become entitled to Medicare (if applicable).

If you are called to active duty in the armed forces of the United States, you and your covered Eligible Dependents may also have continuation coverage

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Other provisions of the Plan notwithstanding, a Child's attainment of the Limiting Age does not terminate his or her eligibility if the Child is both:¶
<#>incapable of self-sustaining employment because of mental or physical condition; and,¶
<#>chiefly dependent upon the Certificate Holder for support and maintenance.¶

Deleted: If you believe you are eligible for Continuation Coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), or other federal law, please contact your employer, organization, or plan administrator

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Deleted: In no event will eligibility for any person covered under this program continue beyond the date RLHICA is advised by your employer or organization to terminate eligibility.¶

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rights under the Uniformed Services Employment and Reemployment Rights Act ("USERRA").

If you believe you are entitled to continuation coverage either under COBRA or USERRA, you should contact your employer or organization to receive additional information about your rights and to learn more about the applicable procedures for applying for such continuation coverage.

C. Continuation Coverage – Death of Certificate Holder

Upon the death of the Certificate Holder, coverage for Eligible Dependents (if any) shall continue for a period of 90 days, subject to the termination provisions found in Section III and Section X of this Certificate.

D. Continuation Coverage – Eligible Dependents

Eligible Dependents may elect to continue coverage under this Certificate in the event of the divorce, retirement or death of the Certificate Holder. To elect coverage, Eligible Dependents should contact the Certificate Holder's employer or organization immediately following the occurrence of one of the above-mentioned events.

E. Continuation Coverage – Total Disability

In the event the Policy is terminated for any reason, the Benefits paid pursuant to the Policy shall continue for a period of 90 days in the event of total disability (on the date of such termination) of the Certificate Holder or an Eligible Dependent.

XII. General Conditions

Change of Status

You must notify RLHICA through your employer or organization, of any event causing a change in the status of an Eligible Dependent. Events that can affect the status of an Eligible Dependent include, but are not limited to, marriage, birth, death, divorce, and entrance into military service.

Assignment

Benefits to you or your Eligible Dependent are for the personal benefit of you or your Eligible Dependent and cannot be transferred or assigned. You or your Eligible Dependent, however, may assign Benefits to the Dentist who rendered Covered Services under This Plan. Benefits paid pursuant to such assignment shall discharge the obligation of RLHICA with respect to the amount of the Benefits so paid.

Subrogation

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.

Obtaining and Releasing Information

While you are covered by RLHICA, you agree to provide RLHICA with any information it needs to process your claims and administer your Benefits. This includes allowing RLHICA to have access to your dental records.

Dentist-Patient Relationship

You and your Eligible Dependents have the freedom to choose any Dentist. Each Dentist maintains the dentist-patient relationship with the patient and is solely responsible to the patient for dental advice and treatment and any resulting liability.

Late Claims Submission

Except as otherwise provided in this Certificate, RLHICA will not honor and no payment will be made for services, items or supplies if a claim for those services, items or supplies has not been received by RLHICA within one year from the date that the services, items or supplies were provided.

Change of Certificate or Policy

No agent has the authority to change any provisions in this Certificate or the provisions of the Policy on which it is based. No changes to this Certificate or the underlying Policy are valid unless approved in writing by an officer of RLHICA.

Note: This Certificate and the Policy are subject to change if, in the future, federal and state privacy laws and regulations require RLHICA or your employer or organization to comply with such laws and regulations. Should any such change to this Certificate or the Policy be necessary by law, you will receive written notice from RLHICA informing you of the reasons for any change to this Certificate or the Policy and the process by which you will receive an amended Certificate or the amended section of this Certificate.

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 otherwise provided by applicable state law. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given. This provision does not preclude the Policyholder or Certificate Holder from seeking a decision from a jury trial once all administrative appeals have been exhausted.

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Representations

In the absence of fraud, all statements made by your employer or organization or by you or your Eligible Dependents, shall be deemed to be representations and not warranties. No such statement shall be used in defense to a claim under the Policy, unless it is contained in a written application.

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