Renaissance
DENTAL · VISION · LIFE · DISABILITY

DENTAL BENEFITS FOR:
Garrison Forest School, Inc.

**EFFECTIVE DATE:** January 01, 2027

# DENTAL BENEFIT HIGHLIGHTS

## Voluntary Dental PPO - **Low**

| | VOLUNTARY DENTAL PPO - Low PAYS | |
|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK |
| **Diagnostic & Preventive Services**<br>Diagnostic and Preventive Services — includes exams, cleanings, fluoride, and space maintainers<br>Brush Biopsy — to detect oral cancer<br>Radiographs — X-rays<br>Sealants — to prevent decay of permanent teeth | 100% | 100% |
| **Basic Services**<br>Emergency Palliative Treatment — to temporarily relieve pain<br>Other Basic Services — misc. services<br>Periodontic Services — to treat gum disease<br>Minor Restorative Services — fillings<br>Endodontic Services — root canals<br>Oral Surgery Services — extractions and dental surgery | 80% | 80% |
| **Major Services**<br>Major Restorative Services — crowns and veneers<br>Relines and Repairs — to bridges and dentures<br>Prosthodontic Services — bridges, implants, and dentures | 50% | 50% |
| **Orthodontics**<br>Orthodontic Services — braces (up to age 19) | 50% | 50% |
| **ADDITIONAL PLAN INFORMATION** | | |
| Allowed Amounts — in-network and out-of-network providers | PPO Fee | PPO Fee |
| Calendar Year Maximum — per person per Calendar Year Maximum. Applies to all services except orthodontic services. Includes Early Ortho Max Extender. | $2,500 | $2,500 |
| Orthodontic Lifetime Maximum | $1,500 | |
| Calendar Year Deductible — per person/per family. Does not apply to any Diagnostic & Preventive Services | $50/$150 | |

Services are included in our Major Services Guarantee. For more information see next page.

FIND AN IN-NETWORK DENTIST AT:
**MYRENPROVIDERS.COM**

**NOTE:** Proposal subject to final underwriting approval. This proposal is not valid without all pages. This is not a policy and the descriptions of the policy(ies) are in summary form. If a discrepancy exists, the policy(ies) will control in all instances. For a complete description of benefits, exclusions, limitations, reduction of benefits, and/or terms under which the policy(ies) may be continued in force or discontinued, please refer to the policy(ies). Rates and Volumes quoted are based on the census provided. Final rates are determined by the Company's underwriting guidelines and final enrollment.

## ADDITIONAL DENTAL PROPOSAL INFORMATION

**Waiting Period:** None

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

**Deductible:** Per person total per Calendar Year limited to a maximum family deductible per Calendar Year. Does not apply to any Diagnostic & Preventive Services

**Early Ortho Max Extender:** Services performed in the dental office related to "Early Orthodontic" treatment will be counted toward your Annual Maximum, rather than your Orthodontic Maximum.

**Major Services Guarantee:** Benefits for Endodontic, Major Restorative, or Prosthodontic services received from an in-network dentist, will be paid up to 100% of the repair or equivalent replacement of the covered services, as deemed reasonable and appropriate at the sole discretion of Renaissance, for as long as you remain insured under the certificate. Replacement solely for cosmetic or aesthetic reasons is not included. To qualify for this guarantee, you must receive at least one Diagnostic & Preventive exam and cleaning each benefit year after the initial benefit was received.]

## RATING REQUIREMENTS

**Minimum Enrollment:** 50 percent or 61 subscribers

**Client Contributions:** 0% for employee and 0% for dependent(s)

**Maximum Number of Divisions:** Ten

**Rates are valid for 90 days from:** October 27, 2026

Once eligible, individuals and their eligible dependents must enroll for coverage under this plan document within 30 days from the date upon which such individuals or eligible dependents become eligible for benefits. An individual properly enrolls for coverage by completing all enrollment forms required by RLHICA and submitting such forms to the planholder. If the individual 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 individual or eligible dependent must wait until the next Open Enrollment Period to enroll.

## RATING ASSUMPTIONS

The rates are based on the census data provided to us. If the census data changes by more than 10%, these rates are not valid.

Rates do not include any applicable state claims taxes. The Rates are valid only for effective date noted above and are guaranteed for 2 years non-retention contract

Self-billing is not allowed and you agree to pay as invoiced each month.

Standard subscriber materials will be provided to you to distribute to your members. These include the Summary of Dental Plan Benefits, Certificate, and reference cards.

Printed provider directories are not included. You can find a participating provider on our website at **MyRenProviders.com**.

Benefit eligibility for children under age 26 are determined by employer.

**The Plan Specifications Are Subject To The Following Exclusions And Limitations:** Payment will not be made for procedures to replace a missing tooth or teeth that were lost prior to becoming a Certificate Holder or Eligible Dependent under this Policy. Oral Exams are payable twice any Benefit Year. Prophylaxes are payable twice any Benefit Year. Fluoride treatments are payable once any Benefit Year up to age 14. People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment. Bitewing Radiographs are payable once any Benefit Year and Full Mouth Radiographs are payable once any 5 year period. Sealants are payable only for the occlusal surface of first and second permanent molars once any 3 year period up to age 14. The surface must be free from decay and restorations. Space Maintainers are payable once a lifetime up to age 14. Crowns, Inlays, Veneers, Bridgework and Dentures are payable once any 10 year period. Implants are payable once a lifetime.

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