



# MAX

## Choice Plans

Our MAX Choice Plans allow individuals two affordable plan designs with benefits that increase over time.

### Plan options:

#### MAXChoicePlus

The MAX Choice Plus dental plan promotes the value of maintaining good oral health practices year after year with our most generous annual maximum with *NO waiting periods*. Individuals that visit an out-of-network dentist receive a higher level of reimbursement versus our MAX Choice option.

#### Benefit Highlights Overview:

	Plan Pays*		
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
Diagnostic and Preventive	100%	100%	<b>100%</b>
Basic Services	40%	80%	<b>90%</b>
Major Services	20%	50%	<b>60%</b>
Orthodontics**	10%	25%	<b>50%</b>
Annual Maximum	\$1,000	\$2,000	<b>\$3,000</b>
Annual Deductible	\$50/\$150	\$50/\$150	<b>\$50/\$150</b>

\*Out-of-network fees paid at 80<sup>th</sup> percentile.

\*\*Up to age 19.

#### MAXChoice

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

#### Benefit Highlights Overview:

	Plan Pays*		
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
Diagnostic and Preventive	100%	100%	<b>100%</b>
Basic Services	40%	80%	<b>90%</b>
Major Services	20%	50%	<b>60%</b>
Orthodontics**	10%	25%	<b>50%</b>
Annual Maximum	\$1,200	\$1,200	<b>\$1,200</b>
Annual Deductible	\$50/\$150	\$50/\$150	<b>\$50/\$150</b>

\*When going to a PPO dentist. Out-of-network fees are paid based on PPO Fee Schedule.

\*\*Up to age 19.

## Both plans feature:

### Escalating benefit levels that increase over three years.



#### NO waiting periods on any services:

Preventive Care: Preventive procedures covered at 100%

Basic Services: Immediate coverage that escalates to 90% in the third year

Major Services: Immediate coverage that escalates to 60% in the third year

Orthodontics: Coverage up to age 19 that escalates to 50% in the third year



#### Both MAX Choice Plus and MAX Choice provide widespread access to care:

Both plans have access to over 200,000 nationally credentialed dental PPO provider access points. While you may save the most money by visiting a dentist in our vast network, you are welcome to visit any licensed dentist in the country.

#### MAX Choice Plus:

Individuals may visit any dentist, but will receive the best benefits by seeing a dentist who participates in the Renaissance PPO network. Individuals who choose to visit an out-of-network dentist will have claims paid at higher level of reimbursement (80<sup>th</sup> percentile) versus our basic MAX Choice offering.

#### MAX Choice PPO MAC (Maximum Allowable Charge):

Individuals may visit any dentist, but will receive the best benefits by seeing a dentist who participates in the Renaissance PPO network. Individual claims will be paid based on Renaissance Dental's PPO Fee Schedule. This means individuals seeking the lowest out-of-pocket costs should visit a PPO dentist.



#### Excellent customer service:

Our dedicated customer service representatives are available to address any questions.



#### Online assistance:

Our online tools allow easy access to benefits information. Individuals can find a participating dentist, check benefits and amounts used toward maximums or deductibles, print ID cards and more.

## What is World Travelers of America?

World Travelers of America membership provides discounts to benefits and services like theme parks and zoos, hotels, auto, cruise and vacation condos, travel insurance and much more. Individuals must become a member of the World Travelers in order to purchase this dental insurance plan. World Travelers will communicate member information to you via email or by visiting [www.worldtravelers.org](http://www.worldtravelers.org).

## Renaissance Dental—Experience that matters!

At Renaissance Dental, it is our goal to bring quality to all we do by providing flexible, innovative plans and exceptional customer service. We are proud of our A- rating from A.M. Best Company and lead the industry with online tools that make it easy to access and manage information. Our more than 55 years of experience in dental claims processing within the Renaissance Family of Companies has taught us how to innovate, improve operating efficiency and manage costs. We pass the benefits of our experience along to our clients in the form of savings.

Renaissance Dental is part of the Renaissance Family of Companies that collectively provides dental coverage for more than 11.6 million people paying out nearly \$3 billion for dental care annually.\*

*Marketed by:*

**MWG**  
MARKETING

\* Renaissance internal data, May 2013.

\*\* Savings based on national averages. Actual savings may vary by location.

# MAX Choice Plus

- Benefits that increase over three years
- No waiting periods
- Annual maximum that increases to \$3,000 in the third year
- Includes coverage for orthodontics (up to age 19)
- Select a dentist from our nationwide network of over 200,000 dental access points
- The MAX Choice Plus option allows individuals the freedom to visit any dentist. Out-of-network provider claims are paid at a higher amount than our MAX Choice (PPO MAC) option.

Plan Type: Renaissance PPO

Dental Benefit Highlights:

Coverage effective dates of February 1, 2014, through June 1, 2015

	Plan Pays		
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
<b>Diagnostic &amp; Preventive</b>			
Diagnostic and Preventive Services—including exams and cleanings	100%	100%	100%
Brush Biopsy—to detect oral cancer	100%	100%	100%
<b>Basic Services</b>			
Fluoride Treatment—topical application of fluoride	40%	80%	90%
Bitewing Radiographs—bitewing X-rays	40%	80%	90%
Sealants—to prevent decay of permanent molars	40%	80%	90%
Emergency Palliative Treatment—to temporarily relieve pain	40%	80%	90%
Space Maintainers—to maintain space	40%	80%	90%
<b>Major Services</b>			
All Other Radiographs—other X-rays	20%	50%	60%
Minor Restorative Services—fillings	20%	50%	60%
Periodontic Services—to treat gum disease	20%	50%	60%
Endodontic Services—root canals	20%	50%	60%
Relines and Repairs—to bridges, implants and dentures	20%	50%	60%
Oral Surgery Services—extractions and dental surgery	20%	50%	60%
Major Restorative Services—crowns	20%	50%	60%
Prosthetic Services—bridges, implants and dentures	20%	50%	60%
<b>Orthodontics</b>			
Orthodontic Services—braces	10%	25%	50%
Orthodontic Age Limit	19	19	19
<b>Maximums</b>			
Calendar Year Maximum Payment—applies to Diagnostic & Preventive, Basic and Major Services	\$1,000	\$2,000	\$3,000
Orthodontic Lifetime Maximum	\$1,200	\$1,200	\$1,200
<b>Annual Deductible</b>			
Employee Calendar Year Deductible—per enrollee applies to all services except Diagnostic & Preventive and Orthodontics	\$50	\$50	\$50
Family Calendar Year Deductible—maximum deductible charged per family applies to all services except Diagnostic & Preventive and Orthodontics	\$150	\$150	\$150
<b>Allowed Amounts</b>			
In-network Providers	PPO Fee	PPO Fee	PPO Fee
Out-of-network Providers	80 <sup>th</sup> Percentile	80 <sup>th</sup> Percentile	80 <sup>th</sup> Percentile

# MAXChoice

- Benefits that increase over three years
- No waiting periods
- Generous annual maximum of \$1,200
- Includes coverage for orthodontics (up to age 19)
- Select a dentist from our nationwide network of over 200,000 dental access points
- Freedom to choose any dentist, however individual claims will be paid based on Renaissance Dental's PPO Fee Schedule. This means individuals seeking the lowest out-of-pocket costs should visit a PPO dentist.

Plan Type: Renaissance PPO MAC  
Dental Benefit Highlights:

Coverage effective dates of February 1, 2014, through June 1, 2015

	Plan Pays		
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
<b>Diagnostic &amp; Preventive</b>			
Diagnostic and Preventive Services—includes exams and cleanings	100%	100%	100%
Brush Biopsy—to detect oral cancer	100%	100%	100%
<b>Basic Services</b>			
Fluoride Treatment—topical application of fluoride	40%	80%	90%
Bitewing Radiographs—bitewing X-rays	40%	80%	90%
Sealants—to prevent decay of permanent molars	40%	80%	90%
Emergency Palliative Treatment—to temporarily relieve pain	40%	80%	90%
Space Maintainers—to maintain space	40%	80%	90%
<b>Major Services</b>			
All Other Radiographs—other X-rays	20%	50%	60%
Minor Restorative Services—fillings	20%	50%	60%
Periodontic Services—to treat gum disease	20%	50%	60%
Endodontic Services—root canals	20%	50%	60%
Relines and Repairs—to bridges, implants and dentures	20%	50%	60%
Oral Surgery Services—extractions and dental surgery	20%	50%	60%
Major Restorative Services—crowns	20%	50%	60%
Prosthetic Services—bridges, implants and dentures	20%	50%	60%
<b>Orthodontics</b>			
Orthodontic Services—braces	10%	25%	50%
Orthodontic Age Limit	19	19	19
<b>Maximums</b>			
Calendar Year Maximum Payment—applies to Diagnostic & Preventive, Basic and Major Services	\$1,200	\$1,200	\$1,200
Orthodontic Lifetime Maximum	\$1,200	\$1,200	\$1,200
<b>Annual Deductible</b>			
Employee Calendar Year Deductible—per enrollee applies to all services except Diagnostic & Preventive and Orthodontics	\$50	\$50	\$50
Family Calendar Year Deductible—maximum deductible charged per family applies to all services except Diagnostic & Preventive and Orthodontics	\$150	\$150	\$150
<b>Allowed Amounts</b>			
In-network Providers	PPO Fee	PPO Fee	PPO Fee
Out-of-network Providers	PPO Fee	PPO Fee	PPO Fee

# MAX Choice Plan Rates

Rating Areas			
<b>Area 1</b>	AL, DC, KY, MS, MT, WV		
<b>Area 2</b>	AR, KS, LA, NC, ND, NE, PA, SC, TN, VA		
<b>Area 3</b>	GA, HI, IA, IN, MD, NM, SD, TX, WY		
<b>Area 4</b>	CO, FL, ME, MN, MO, OH, OK, RI, VT		
<b>Area 5</b>	CT, DE, MA, MI, NY, WI		
<b>Area 6</b>	AZ, ID, NV, OR, UT		
<b>Area 7</b>	AK, CA, NJ, WA		
MAX Choice Plus			
Rates per member per month	Member only	Member + one dependent	Member + two or more dependents
<b>Area 1</b>	\$ 32.81	\$ 58.82	\$ 82.60
<b>Area 2</b>	\$ 35.91	\$ 64.78	\$ 91.21
<b>Area 3</b>	\$ 39.35	\$ 71.41	\$100.74
<b>Area 4</b>	\$ 43.16	\$ 78.76	\$111.34
<b>Area 5</b>	\$ 47.39	\$ 86.92	\$123.10
<b>Area 6</b>	\$ 52.10	\$ 95.96	\$136.14
<b>Area 7</b>	\$ 57.32	\$106.02	\$150.63
MAX Choice			
Rates per member per month	Member only	Member + one dependent	Member + two or more dependents
<b>Area 1</b>	\$ 23.49	\$ 41.54	\$ 61.48
<b>Area 2</b>	\$ 25.60	\$ 45.62	\$ 67.74
<b>Area 3</b>	\$ 27.92	\$ 50.16	\$ 74.69
<b>Area 4</b>	\$ 30.50	\$ 55.18	\$ 82.41
<b>Area 5</b>	\$ 33.37	\$ 60.76	\$ 90.97
<b>Area 6</b>	\$ 36.55	\$ 66.96	\$100.46
<b>Area 7</b>	\$ 40.08	\$ 73.83	\$111.02



# Your VSP Vision Benefits



Welcome to VSP® Vision Care. We'll help keep you and your eyes healthy through personalized care from a doctor you can trust.

Your eyes say a lot about you and can even tell your VSP doctor about you. During your WellVision® Exam, your VSP doctor will look for vision problems and signs of health conditions too.

## Getting started is a breeze.

- **Find the right VSP doctor for you.** You'll find plenty to choose from at [vsp.com](http://vsp.com) or by calling **800.877.7195**.
- **Already have a VSP doctor?** Make an appointment today and tell them you're a VSP member.
- **Check out your coverage and savings.** Visit [vsp.com](http://vsp.com) to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! We'll handle the rest – no ID card necessary or claim forms to complete.

Visit the Eyecare Discovery Center at [vsp.com](http://vsp.com) for eye health articles, videos, and interactive games.

**Keep your eyes healthy  
and your vision clear.  
Make your appointment today!**

**Contact VSP** | [vsp.com](http://vsp.com)  
800.877.7195



Benefits Association, Inc. and VSP provide you an affordable eyecare plan.

### Your Coverage from a VSP Doctor

**WellVision Exam®** focuses on your eye health and overall wellness

- \$10 copay ..... **every 12 months**

#### Prescription Glasses

- \$20 copay
- Lenses..... **every 12 months**
- Single vision, lined bifocal, and lined trifocal lenses
  - Polycarbonate lenses for dependent children
- Frame..... **every 24 months**
- \$130 allowance for frame of your choice
  - 20% off the amount over your allowance

~OR~

#### Contact Lens Care

- **No copay** ..... **every 12 months**
- \$130 allowance for contacts and the contact lens exam (fitting and evaluation). This additional exam ensures proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained.

Current soft contact lens wearers may qualify for a special program that includes a contact lens evaluation and initial supply of replacement lenses.

### Extra Discounts and Savings

#### Glasses and Sunglasses

- 20% off lens options like progressives and scratch-resistant and anti-reflective coatings
- 20% off additional glasses and sunglasses, including lens options\*

#### Contacts\*

- 15% off cost of contact lens exam (fitting and evaluation)

#### Laser Vision Correction

- Average 15% off the regular price or 5% off the promotional price from contracted facilities

\* Available from any VSP doctor within 12 months of your last eye exam

### Your Contribution

<b>Employee Only</b> .....	<b>\$10.69</b>
<b>Employee + One Dependent</b> .....	<b>\$20.39</b>
<b>Employee + Family</b> .....	<b>\$32.23</b>

You get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider, call us at 800.877.7195.

#### Out-of-Network Reimbursement Amounts:

Exam .....	Up to \$34
Single vision lenses .....	Up to \$17
Lined bifocal lenses .....	Up to \$30
Lined trifocal lenses .....	Up to \$43
Frame.....	Up to \$38.25
Contacts .....	Up to \$100

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

# Renaissance Dental MAX Choice and MAX Choice Plus Enrollment Card

**Plan Selection:**      **MAX Choice**                      **MAX Choice Plus**

**Type of Coverage:**    **Member**      **Member + 1**      **Member + Family**    **Optional**

**Vision:**                                      **Yes**                                      **No**

## Method of Payment

<b>Primary Enrollee:</b>					<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually
Last Name	First Name	MI			<input type="checkbox"/> <b>BANKDRAFT:</b> This is my authorization for Morgan-White Administrators, Inc. to draft payments from my checking account for payment of applicable premiums, dues and/or fees associated with the plan option selected. Below is the Routing Number and Checking Account number for the account on which drafts are to be drawn.
Street					<b>Name of Bank:</b> _____
City	State			Zip	<b>Name as it appears on Check:</b>
Email Address					<b>Routing Number (Bottom Left Corner of Check)</b> _____
Social Security Number	Home Phone	Birthday	Sex		<b>Account Number (2<sup>nd</sup> set of numbers on bottom)</b> _____
<b>LIST ALL DEPENDENTS TO BE COVERED BELOW</b>					<b>Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
					<b>Credit Card Number:</b>
Spouse:					_____
Dependent:					<b>Exp. Date:</b> _____ / _____
Dependent:					<b>Security Code:</b> _____
Dependent:					<b>(3 digit code on back of Card)</b>
Dependent:					
Dependent:					

I understand and agree that (1) coverage shall not take effect unless the enrollment has been accepted and approved and (2) the agent does not have the authority to make or alter any contract or waive any of the Company's other rights or requirements.

Association Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Agent Use Only**

Agent Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_