

# 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:

	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%	60%	80%
Bitewing Radiographs—bitewing X-rays	40%	60%	80%
Sealants—to prevent decay of permanent molars	40%	60%	80%
Emergency Palliative Treatment—to temporarily relieve pain	40%	60%	80%
Space Maintainers—to maintain space	40%	60%	80%
<b>Major Services</b>			
All Other Radiographs—other X-rays	20%	40%	50%
Minor Restorative Services—fillings	20%	40%	50%
Periodontic Services—to treat gum disease	20%	40%	50%
Endodontic Services—root canals	20%	40%	50%
Relines and Repairs—to bridges, implants and dentures	20%	40%	50%
Oral Surgery Services—extractions and dental surgery	20%	40%	50%
Major Restorative Services—crowns	20%	40%	50%
Prosthetic Services—bridges, implants and dentures	20%	40%	50%
<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