



DENTAL QUOTE FOR:
EVERENCE CUSTOMERS

DENTAL BENEFIT HIGHLIGHTS

	DENTAL LOW PLAN PAYS	
	IN-NETWORK	OUT-OF-NETWORK
Diagnostic & Preventive Services Diagnostic and Preventive Services — includes exams and cleanings Emergency Palliative Treatment — to temporarily relieve pain Brush Biopsy — to detect oral cancer Bitewing Radiographs — bitewing X-rays Full Mouth Radiographs — panoramic and full mouth X-rays	100%	100%
Basic Services All Other Radiographs — other X-rays Other Basic Services — misc. services Periodontic Services — to treat gum disease Minor Restorative Services — fillings Endodontic Services — root canals Oral Surgery Services — extractions and dental surgery	50%	50%
Major Services* Major Restorative Services — crowns and veneers Relines and Repairs — to bridges and dentures Prosthodontic Services — bridges, implants, and dentures	50%	50%
ORTHODONTICS Orthodontic Services — braces	Not Covered	Not Covered
ADDITIONAL PLAN INFORMATION		
Allowed Amounts — in-network and out-of-network providers	PPO Fee	90th Percentile
Calendar Year Maximum — per person per Calendar Year Maximum. Applies to all services except orthodontic services.	\$1,000	\$1,000
Orthodontic Lifetime Maximum	Not Covered	
Calendar Year Deductible — Does not apply to any Diagnostic & Preventive Services in-network and out-of-network.	\$50	

*There is a 12-month waiting period for all services in the Major Services category.

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

To enroll or get a quote, visit www.Everence.com/60plusplans
For questions, please call Everence Member Services at **800-348-7468 ext. 2460**.

PLAN AVAILABLE IN: GA, IL, TX, WA

Note: This is not your certificate of insurance and the description of benefits is in summary form. Certificates will have exclusions and limitations that may limit coverage. If a discrepancy exists, the certificate will control in all instances. For a complete description of benefits, exclusions and limitations, please refer to your certificate or visit www.insurancetpa.com/everence-exclusions-and-limitations.

The premium rate may vary depending on the plan selected. The coverage has a term of one year and will automatically renew (upon payment of required premium) unless terminated in accordance with the certificate provisions. Coverage may be terminated for reasons stated in the certificate. Coverage ceases upon termination of your certificate. Plans and products referred to herein may not be available in all states or jurisdictions.

Underwritten by Renaissance Life & Health Insurance Company of America, Indianapolis, IN, and in New York by Renaissance Life & Health Insurance Company of New York, Binghamton, NY. Both companies may be reached at PO Box 1596, Indianapolis, IN 46206.

DENTAL BENEFIT HIGHLIGHTS

	HIGH DENTAL PAYS	
	IN-NETWORK	OUT-OF-NETWORK
Diagnostic & Preventive Services Diagnostic and Preventive Services — includes exams and cleanings Emergency Palliative Treatment — to temporarily relieve pain Brush Biopsy — to detect oral cancer Radiographs — X-rays	100%	100%
Basic Services Other Basic Services — misc. services Periodontal Maintenance — cleanings by a specialist Minor Restorative Services — fillings Simple Extractions — non-complicated extractions	80%	80%
Major Services* All Other Periodontic Services — to treat gum disease Endodontic Services — root canals All Other Oral Surgery Services — complex extractions and dental surgery Major Restorative Services — crowns and veneers Relines and Repairs — to bridges and dentures Prosthodontic Services — bridges, implants, and dentures	50%	50%
ORTHODONTICS Orthodontic Services — braces	Not Covered	Not Covered
ADDITIONAL PLAN INFORMATION		
Allowed Amounts — in-network and out-of-network providers	PPO Fee	90th Percentile
Calendar Year Maximum — per person per Calendar Year Maximum. Applies to all services except orthodontic services.	\$1,000	\$1,000
Orthodontic Lifetime Maximum	Not Covered	
Calendar Year Deductible — Does not apply to any Diagnostic & Preventive Services in-network and out-of-network.	\$50	

*There is a 12-month waiting period for all services in the Major Services category.

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