

PREPARED FOR: United Battery Systems Inc 32033

Benefit Summary

COINSURANCE	In-Network/Out-of-Network
Preventive	100%/100%
Basic	80%/80%
Major	50%/50%

DEDUCTIBLE	In-Network/Out-of-Network
Individual	\$25 Calendar Year
Family	3x individual deductible
Waived for	Preventive/Diagnostic services

PLAN FEATURES	
Annual Maximum	\$1500 (maximum per calendar year)
Reasonable/Customary (Out of Network)	80%
Oral Surgery	Major
Endodontics	Major
Periodontics	Major
Orthodontia	NA
Ortho Lifetime Max	NA

PREVENTIVE
Clinical oral exams (once per six consecutive month period)
Cleanings (once per six consecutive month period)
Emergency Treatment
X-rays (bitewings, once per 12 consecutive months; full mouth, once every 60 consecutive month period)
Fluoride Treatment

BASIC
Restorations and Fillings
Simple Extractions
Sealants

MAJOR
Inlays and Crowns
Bridges & Dentures

Maximum Rollover Benefit \$1500	If at least one Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$749 in that Benefit Year, \$375 will carry over to the next Benefit Year's Maximum Payment. This amount will accumulate from one Benefit Year to the next, but will not exceed \$1,250
	<i>This is a brief summary of coverage; available upon request is a complete listing of the terms, conditions, and limitations.</i> CONFIDENT is developed and managed by cbg of Minneapolis, MN (888.327.8880) Underwritten by Renaissance Life & Health Insurance Company,

Renaissance Life & Health Insurance Company of America
Renaissance Group Dental Preferred Provider Certificate
Summary of Dental Plan Benefits
For Group#32033
United Battery Systems, Inc.

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

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)	100%	0%	100%	0%
Brush Biopsy – Used to detect oral cancer	100%	0%	100%	0%
Basic Services				
Emergency Palliative Treatment - Used to temporarily relieve pain	80%	20%	80%	20%
Radiographs/Diagnostic Imaging/Diagnostic Casts - X-rays as required for routine care or as necessary for the diagnosis of a specific condition	100%	0%	100%	0%
Minor Restorative Services – Used to repair teeth damaged by disease or injury (for example, silver fillings and white fillings)	80%	20%	80%	20%
Simple Extractions – Simple extractions including local anesthesia, suturing, if needed and routine post-operative care	80%	20%	80%	20%
Sealants – Sealants for the occlusal surface of first and second permanent molars	100%	0%	100%	0%
Space Maintainer – To prevent tooth movement	100%	0%	100%	0%
Periodontal Maintenance – Periodontal maintenance following active periodontal therapy	50%	50%	50%	50%
After-Hours Visits – Services performed by a dentist during after-hours visits	80%	20%	80%	20%
Major Services				
Oral Surgery Services – Extractions and dental surgery, including local anesthesia, suturing, if needed, and routine post-operative care	50%	50%	50%	50%
Endodontic Services – Used to treat teeth with diseased or damaged nerves (for example, root canals)	50%	50%	50%	50%
Periodontic Services – Used to treat diseases of the gums and supporting structures of the teeth	50%	50%	50%	50%
Major Restorative Services – Used when teeth can't be restored with another filling material (for example, crowns)	50%	50%	50%	50%
Prosthodontic Services – Used to replace missing natural teeth (for example, bridges, endosteal implants, partial dentures, and complete dentures)	50%	50%	50%	50%
Relines and Repairs – Relines and repairs to fixed bridges, partial dentures, and complete dentures	50%	50%	50%	50%
Other Major Services – Occlusal guards, and limited occlusal adjustments	50%	50%	50%	50%
Orthodontic Services				
Orthodontic Services – Services, treatment, and procedures to correct malposed teeth (for example, braces)	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 – \$1,500 per person per Benefit Year on Diagnostic and Preventive, Basic, and Major Services collectively.

Deductible – \$25 Deductible per person per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year on Basic and Major Services. The Deductible does not apply to services covered at 100%.

Waiting Period - You (and your Eligible Dependents, if covered) will be eligible for coverage on the first day of the month following 60 days after the date for which employment compensation begins.

You (and your Eligible Dependents, if covered) will be eligible for Major benefits covered at 50% 12 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)

Eligibility (Certificate Holder and Eligible Dependents) – All full-time employees of the Policyholder working at least 35 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 and your dependent unmarried Children who have not yet reached their 26th birthday,

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.

You pay the full 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.

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.