



in partnership with

Renaissance®  
Dental & Vision

A photograph of an elderly couple smiling and laughing together. The man is on the left, wearing a white shirt, and the woman is on the right, wearing a white shirt and a straw hat. They are both looking towards the right side of the frame. The background is a bright, sunny outdoor setting.

Superior Dental Solutions—  
*Two Affordable Plan Options with  
Benefits that Increase Over Time!*



## What are *Superior Dental Solutions*

Our dental plans offer individuals affordable options with benefits that increase over time to ensure you and your family can maintain a healthy lifestyle. Complete your benefits package by easily adding our vision plan to maximize the value of your benefits with one combined budget-friendly rate.

Membership in the National Associated Buying Services Association (NABSA) is required to enroll in the Superior Dental Solutions plans offered. NABSA provides members information about consumer rights, makes available various discounted goods and services, provides information about sound business practices and opportunities, educates members in matters of personal financial planning, and promotes health awareness programs. NABSA will communicate member information via email and via information on its website.



## Who is *Renaissance*

Renaissance underwrites the Superior dental and vision plan options and is part of the Renaissance Family of Companies, which has more than 60 years of experience and collectively provides dental coverage for more than 13.1 million people paying out nearly \$3 billion for dental care annually.\*



## Widespread *Access to Care*

Both dental plans have access to over 300,000 nationally credentialed dental offices.\* 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.

Plus, Renaissance Vision administered by VSP® Vision Care gives you access to the VSP Choice Network with more than 33,000 eye doctors nationwide making it the largest national network of independent eye doctors.\*\* Network doctors deliver personalized care and the best choices in eyewear—all at the lowest out-of-pocket costs.

\*Renaissance Internal Data, 2016

\*\* VSP Internal Data, 2017



## Superior *Dental Benefit* Overviews:

### Plan I

Superior Dental Plan I promotes the value of maintaining good oral health practices year after year with our most generous benefits, allowed maximum and benefits that increase over time. Plus, members can enjoy their benefits immediately with ***NO waiting periods*** on any services.

#### Plan I Benefit Overview:

	Plan I Pays		
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
Diagnostic & Preventive	100%	100%	<b>100%</b>
Basic Services	60%	70%	<b>80%</b>
Major Services	20%	30%	<b>50%</b>
Benefit Year Maximum	\$1,000	\$2,000	<b>\$3,000</b>
Lifetime Deductible*	\$100/person	\$100/person	<b>\$100/person</b>
Allowed Amounts			
In-Network/ Out-of-Network	PPO Fee/PPO Fee		

\* Does not apply to diagnostic and preventive services

### Plan II

Individuals will save the most money by visiting a dentist who participates in our nationwide PPO network. Superior Dental Plan II gives you added flexibility if you visit an out-of-network dentist by paying claims at a higher level of reimbursement than our Plan I (PPO MAC) plan option. Plus, members can enjoy their benefits immediately with ***NO waiting periods*** on any services.

#### Plan II Benefit Overview:

	Plan II Pays		
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
Diagnostic & Preventive	100%	100%	<b>100%</b>
Basic Services	30%	50%	<b>70%</b>
Major Services	10%	25%	<b>40%</b>
Benefit Year Maximum	\$1,000	\$1,200	<b>\$1,500</b>
Benefit Year Deductible*	\$50/person	\$50/person	<b>\$50/person</b>
Allowed Amounts			
In-Network/ Out-of-Network	PPO Fee/ 80 <sup>th</sup> Percentile		

\* Does not apply to diagnostic and preventive services



## Superior Dental Plan *Options:*

### Plan I Dental Benefit Summary:

Plan I Dental Benefit Summary:	Plan I Pays		
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
Diagnostic and Preventive Services			
Diagnostic and Preventive Services—exams, cleanings and fluoride Brush Biopsy—to detect oral cancer Bitewing Radiographs—bitewing X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment—to temporarily relieve pain Simple Extractions—non-complicated extractions Sealants—to prevent decay of permanent molars Minor Restorative Services—to prevent decay of permanent molars Other Basic Services—misc. services	60%	70%	80%
Major Services			
All Other Radiographs—other X-rays Periodontic Services—to treat gum disease Endodontics Services—root canals Prosthodontic Services—bridges, implants and dentures Relines and Repairs—to bridges and dentures Oral Surgery Services—extractions and dental surgery Major Restorative Services—crowns and veneers	20%	30%	50%
Benefit Year Maximum and Deductible			
Maximum Payment—per person, per benefit year	\$1,000	\$2,000	\$3,000
Individual Deductible—per person, per lifetime <i>Applies to all services except diagnostic and preventive services</i>	\$100	\$100	\$100
Family Deductible—per family, per benefit year <i>Applies to all services except diagnostic and preventive service</i>	Unlimited		
Allowed Amounts			
In-Network Providers and Out-of Network	PPO Fee		

## Plan II Dental Benefit Summary:

Plan II Dental Benefit Summary:	Plan II Pays		
	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year
Diagnostic and Preventive Services			
Diagnostic and Preventive Services—exams, cleanings and fluoride Brush Biopsy—to detect oral cancer Bitewing Radiographs—bitewing X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment—to temporarily relieve pain Simple Extractions—non-complicated extractions Sealants—to prevent decay of permanent molars Minor Restorative Services—to prevent decay of permanent molars Other Basic Services—misc. services	30%	50%	70%
Major Services			
All Other Radiographs—other X-rays Periodontic Services—to treat gum disease Endodontics Services—root canals Prosthodontic Services—bridges, implants and dentures Relines and Repairs—to bridges and dentures Oral Surgery Services—extractions and dental surgery Major Restorative Services—crowns and veneers	10%	25%	40%
Benefit Year Maximum and Deductible			
Maximum Payment—per person, per benefit year	\$1,000	\$1,200	\$1,500
Individual Deductible—per person, per benefit year <i>Applies to all services except diagnostic and preventive services</i>	\$50		
Family Deductible—per family, per benefit year <i>Applies to all services except diagnostic and preventive services</i>	Unlimited		
Allowed Amounts			
In-Network Providers /Out-of Network Allowed Amounts	PPO Fee/80th Percentile		



## Vision *Benefit Overview:*

Renaissance Vision coverage is administered by VSP. With more than 78 million members and 33,000 doctors nationwide, VSP boasts the largest national network of independent eye doctors.\*\* VSP Choice Network doctors deliver personalized care and the best choices in eyewear—all at the lowest out-of-pocket costs.

### Vision Coverage Through VSP Vision Choice Network:

The best eye doctors provide the best care. VSP carefully chooses eye doctors based on their professional licensing, work history, education, professional liability and ethics. Vision members will receive quality care with an eye exam from a VSP doctor.

- **Certified Care**—Optometrists are Therapeutic Pharmaceutical Agent (TPA) certified and ophthalmologists are American Board of Ophthalmology (ABO) certified.
- **Excellent Standards**—The VSP credentialing process complies with the National Committee for Quality Assurance (NCQA) standards.

Vision Benefit Summary:	In-Network Coverage	
	Copay	Frequency
WellVision Exam—focuses on eye overall wellness	\$10	Annually
Prescription Glasses	\$25	Every 24 Months
Frames—\$130 allowance for a wide selection of frames <i>20 percent savings on the amount over your allowance</i>	Included with prescription glasses	
Lenses—single, lined bifocal and trifocal lenses <i>Polycarbonate lenses for dependent children</i>		
Lens Enhancements—standard/premium/custom progressive lenses. <i>An average savings of 20-25 percent on other lens enhancements.</i>	Standard/Premium/Custom \$55 / \$95-\$105 / \$150-\$175	
Contacts ( <i>instead of glasses</i> )—\$130 allowance for contacts <sup>2</sup> <i>Evaluation &amp; fitting-medically necessary covered in full after \$25 copay</i>	Up to \$60 <i>Applies to evaluation &amp; fitting</i>	
Extra Savings		
<ul style="list-style-type: none"><li>• Glasses/Sunglasses—20 percent savings on additional glasses/sunglasses <i>Including lens enhancements from any VSP doctor within 12 months of your WellVision exam</i></li><li>• Contacts—15 percent savings on a contact lens exam (<i>fitting &amp; evaluation</i>)</li><li>• Laser Vision Correction—Average 15 percent off the regular price or 5 percent off the promo price <i>Only available from contracted facilities.</i></li></ul>		
Out-of-Network Coverage		
<ul style="list-style-type: none"><li>• Exam—up to \$45</li><li>• Single Vision Lenses—up to \$30</li><li>• Lined Trifocal Lenses—up to \$65</li><li>• Contacts—up to \$105</li><li>• Frames—up to \$70</li><li>• Lined Bifocal or Progressive Lenses—up to \$50</li></ul>		

\*\*VSP internal data. 2)Copay does not apply.



## Dental and Vision *Monthly Premiums:*

*Effective Date: November 1, 2017 through October 1, 2018*

	Plan I Monthly Premiums		
TX ZIP Code Areas	Member only	Member + 1 dependent	Member & 2+ dependents
TX Area 1	\$39.25	\$72.49	\$114.27
TX Area 2	\$43.16	\$79.98	\$126.27

Plan II Monthly Premiums		
Member only	Member + 1 dependent	Member & 2+ dependents
\$37.56	\$69.62	\$113.23
\$42.12	\$78.40	\$127.67

*Note: ZIP code area factors below. Rates above also include a \$3.00 per month fee for membership in National Associated Buying Services Association (NABSA).*

Renaissance Vision Monthly Premiums		
Member only	Member + 1 dependent	Member & 2+ dependents
\$8.34	\$16.67	\$26.84

**Texas ZIP Code Area Factors:** *(if your zip code is not listed use the state area factor)*

Texas Area 1: All Other ZIP Codes

Texas Area 2: 733, 750-754, 760-762, 764, 770, 772-775, 786-787, 789, 797:

## For More Information:

The Brokerage, Inc.

800-442-4915

[dental@thebrokerageinc.com](mailto:dental@thebrokerageinc.com)



FOR TEXAS USE ONLY

*\*Renaissance Internal Data, 2016 \*\*VSP Internal Data, 2017*

*Note: Rates also include a \$3.00 per month fee. Membership in the National Associated Buying Services Association is required to enroll in this plan. Should you decide to enroll in this plan, you will be prompted during the enrollment process to confirm your acceptance for the membership in NABSA.*

The enclosed summaries are samples of benefits. Policies have exclusions and limitations that may limit coverage. For complete coverage details, please refer to your policy. Dental and Vision products are underwritten by Renaissance Life & Health Insurance Company of America, PO Box 1596, Indianapolis, IN 46206.