

For World Travelers Of America Members

Two Affordable Plans With Benefits That Increase Over Time

MAX

Choice Plans

What Are MAX Choice Plans?

Our MAX Choice plans offer individuals two affordable plan designs with benefits that increase over time to ensure that you receive a dental plan that is perfect for you and your dependents. To complete your benefits package you can easily add on our Renaissance Vision plan powered by VSP to MAXimize the value of your benefits at one low combined rate.

Membership in World Travelers of America, Inc. is required to enroll in any of the MAX Choice plans offered. 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. World Travelers will communicate member information to you via email or by visiting **WorldTravelers.org**.

Renaissance An Experience That Stands Out

At Renaissance, we work hard every day to provide a benefits experience that stands out by offering innovative plans, affordable pricing, and exceptional customer service. We are proud of our "A" (Excellent) rating from A.M. Best Company and provide tools that make it easy to access and manage information. Our more than 60 years of experience in dental claims processing within the Renaissance Health Service Corporation has taught us how to innovate, improve operating efficiency and manage costs. We pass the benefits of our experience along to our clients by providing affordable benefits and an experience that stands out.

Renaissance is part of the Renaissance Health Service Corporation that collectively provides dental coverage for more than 13.1 million people paying out nearly \$3 billion for dental care annually.¹

MAX Choice Benefit *Highlight Overviews*:

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 and *NO waiting periods*.

Individuals will save the most money by visiting a dentist who participates in our nationwide PPO network. MAX Choice Plus gives you more value if you visit an out-of-network dentist by paying claims at a higher level of reimbursement than our MAX Choice (PPO MAC) plan option.

Dental Benefit Overview:

	Plan Pays ²					
	1 st Year	2 nd Year	3 rd Year			
Diagnostic and Preventive Services	100%	100%	100%			
Basic Services	40%	60%	80%			
Major Services	20%	40%	50%			
Orthodontics ³	10%	25%	50%			
Orthodontic Lifetime Maximum	\$1,200	\$1,200	\$1,200			
Annual Maximum	\$1,000	\$2,000	\$3,000			
Annual Deductible– waived for in-network Diagnostic and Preventive Services	\$50/\$150	\$50/\$150	\$50/\$15			
Allowed Amounts						
In-Network Providers		PPO Fee				

80th Percentile

		-				-		
2	Out_0	f_netwo	·k foos	paid a	t 80th	percentile.	(3)]]	to to age 19
-)	Our U	1 1101100	n juus	ринии	1 00111	percentitie.	5,0	p 10 uzc 17

Out-of-Network Providers

ht Overviews: 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.

Dental Benefit Overview:

	Plan Pays ⁴				
	1 st Year	2 nd Year	3 rd Year		
Diagnostic and Preventive Services	100%	100%	100%		
Basic Services	40%	60%	80%		
Major Services	20%	40%	50%		
Orthodontics ³	10%	25%	50%		
Orthodontic Lifetime Maximum	\$1,200	\$1,200	\$1,200		
Annual Maximum	\$1,200	\$1,200	\$1,200		
Annual Deductible– waived for in-network Diagnostic and Preventive Services	\$50/\$150	\$50/\$150	\$50/\$150		
Allowed Amounts					
In-Network Providers	PPO Fee				
In-Network Providers	PPO Fee				

(3)Up to age 19. (4)When visiting a PPO dentist, out-of-network fees are paid based on PPO Fee Schedule.

Our Plan *Options:* MAXChoicePlus

Dental Benefit Highlights:

	Plan Pays ²		
	1st Year	2nd Year	3rd Year
Diagnostic and Preventive Services			
Diagnostic and Preventive services—includes exams and cleanings	100%	100%	100%
Brush Biopsy—to detect oral cancer	100%	100%	100%
Basic Services			
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%
Major Services			
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%
Endodontics 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%
Prosthodontic Services—bridges, implants and dentures	20%	40%	50%
Orthodontics			
Orthodontic Services—braces ³	10%	25%	50%
Maximums			
Policy Year Maximum Payment—applies to diagnostic and preventive, basic, and major services	\$1,000	\$2,000	\$3,000
Orthodontic Lifetime Maximum	\$1,200	\$1,200	\$1,200
Annual Deductible Waived for In-Network Diagnostic and Preventive Serv	ices		
Individual Policy Year Deductible—per enrollee applies to all services except in-network diagnostic and preventive services and orthodontics	\$50	\$50	\$50
Family Policy Year Deductible—maximum deductible charged per family applies to all services except in-network diagnostic and preventive services and orthodontics	\$150	\$150	\$150
Allowed Amounts			
In-Network Providers		PPO Fee	
Out-of-Network Providers		80 th Percentile	

(2)Out-of-network fees paid at 80th percentile. (3)Up to age 19.

MAXChoice

Dental Benefit Highlights:

	Plan Pays ⁴		
	1st Year	2nd Year	3rd Year
Diagnostic and Preventive Services			
Diagnostic and Preventive services—includes exams and cleanings	100%	100%	100%
Brush Biopsy—to detect oral cancer	100%	100%	100%
Basic Services			
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%
Major Services			
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%
Endodontics 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%
Prosthodontic Services—bridges, implants and dentures	20%	40%	50%
Orthodontics			
Orthodontic Services—braces ³	10%	25%	50%
Maximums			
Policy Year Maximum Payment—applies to diagnostic and preventive, basic, and major services	\$1,200	\$1,200	\$1,200
Orthodontic Lifetime Maximum	\$1,200	\$1,200	\$1,200
Annual Deductible			
Individual Policy Year Deductible—per enrollee applies to all services except in-network diagnostic and preventive services and orthodontics	\$50	\$50	\$50
Family Policy Year Deductible—maximum deductible charged per family applies to all services except in-network diagnostic and preventive services and orthodontics	\$150	\$150	\$150
Allowed Amounts			
In-Network Providers		PPO Fee	
Out-of-Network Providers		PPO Fee	

(3)Up to age 19. (4)When visiting a PPO dentist, out-of-network fees are paid based on PPO Fee Schedule.

Renaissance Vision:

Adding Renaissance Vision coverage to your Max Choice dental plan couldn't be easier.

Renaissance vision coverage is administered by VSP. With over 78 million members and more than 50,000 doctors, VSP boasts the largest national network of independent eye doctors.⁵ Eye care professionals across the nation partner with VSP to deliver the best patient experience. Members will be thrilled by the large selection of eye-wear available, from classic styles to trendy frames.

Vision coverage through VSP eye doctors:

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—VSP 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.
- All VSP Doctor Locations—Accept new patients, provide a WellVision Exam and offer a wide selection of contact lenses and frame brands.
- VSP Doctor Network—VSP Choice

Benefit Highlights Overview:

	In-Network Highlights			
	Copay	Frequency		
WellVision Exa	m			
WellVision Exam—focuses on eye overall wellness	\$10	Annually		
Prescription Glasses ar	nd Lenses			
Prescription Glasses	\$25	See frames and lenses		
Frame—\$130 allowance for a wide selection of frames 20 percent savings on the amount over your allowance	Included with prescription glasses			
Lenses —single vision, lined bifocal and trifocal lenses. Polycarbonate lenses for dependent children	included with prescription glasses	A 11		
Lens Enhancements —standard, premium, and custom progressive lenses. An average savings of 20-25 percent on other lens enhancements.	Standard/Premium/Custom \$55 / \$95-105 / \$150-175	Annually		
Contacts (instead of glasses) —\$130 allowance for contacts ⁶ . Contact lens exams (evaluation and fitting)	Up to \$60 ⁷			
Extra Savings				
Glasses and Sunglasses—20 percent savings on additional glasses and sunglasses, including lens enhancements from any vsp doctor within 12				

months of your WellVision exam.

Contacts—15 percent savings on a contact lens exam (fitting and evaluation)

Laser Vision Correction—Average 15 percent off the regular price or 5 percent off the promo price; only available from contracted facilities.

Out-of-Network Coverage⁸

• Exam—up to \$45 • Single Vision Lenses—up to \$30 • Lined Trifocal Lenses—up to \$65 • Contacts—up to \$105

• Frame—up to \$70 • Lined Bifocal Lenses—up to \$50 • Progressive Lenses—up to \$50

Visit VSP.com for details if you plan to see a provider other than a VSP doctor.

(5)VSP internal data. (6)Copay does not apply. (7)Applies to contact lens evaluation and fitting. (8)Coverage information is subject to change. In the event of a conflict between this information and the vision insurance policy, the terms of the policy will prevail. Based on applicable laws, benefits may vary by location

MAX Choice Plans Feature:

Escalating benefit levels that increase over three years.

NO Waiting Periods On Any Services

Both MAX Choice Plus And MAX Choice Provide Widespread Access To Care: Both plans have access to over 300,000 nationally credentialed dental offices.¹ 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. MAX Choice Plus gives you more value if you visit an out-of-network dentist by paying claims at a higher level of reimbursement than our MAX Choice (PPO MAC) plan option.

MAX Choice:

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.

MAX Choice + Renaissance Vision Coverage:

Our partnership with VSP provides you with the complete solution for your dental and vision quoting needs. You'll be thrilled by the large selection of eye-wear available, from classic styles to trendy frames, with hundreds of options to choose from.



 $\mathbf{\nabla}$

Excellent Customer Service:

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

Online Assistance:

Renaissance members have access to our online portals that allow users to easily manage their benefits information. Individuals can find a participating dentist, check benefits and amounts used toward maximums or deductibles, print ID cards and more by using the Individual Portal and more by visiting MyRenBenefits.com.



There is a one-time, non-refundable, \$35 set up fee charged with the first month's premium. Rates also include a \$1.00 per month fee for membership in World Travelers of America, Inc. (WTA), and a \$4.00 monthly billing fee. Membership in WTA is required to enroll in this plan. Should an individual decide to enroll in this dental plan, he or she will be prompted during the enrollment process to confirm acceptance of both the membership in WTA and the non-refundable set up charge. Plans not available in Connecticut, Illinois, New Hampshire or Washington. Billing and eligibility administration provided by Morgan White Group

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 can be reached at PO Box 1596, Indianapolis, IN 46206. In certain states, vision coverage may be underwritten by Vision Service Plan Insurance Company or VSP Vision Care, Inc. Both companies can be reached at 3333 Quality Drive, Rancho Cordova, CA 95670.