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Dental Benefit Manager

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Client Benefit Details

Renaissance payment is based on the allowed fee using the percentages indicated below. If there is a difference in the submitted fee and the allowed fee, the patient may be responsible for more than the percentage indicated below.

**Member Type: All**      **Benefit Member Type: All**      **Specialty Type: All**  
 Standard Benefit      Product: Renaissance Classic

Code Search:

		Renaissance Classic		Waiting Period
		Exclusions and Limitations	%	
▶	Diagnostic	☑	100	
▶	Preventive	☑	100*	
▶	Bitewing Radiographs	☑	100	
▶	All Other Radiographs	☑	80*	
▶	Brush Biopsy	10	0	
▶	Sealants	☑	100	
▶	Minor Restorative	☑	80	
▶	Major Restorative	☑	50*	
▶	Endodontics	☑	80*	
▶	Periodontics	☑	80*	
▶	Relines and Repairs	50	*	
▶	Simple Extractions	80		
▶	Other Oral Surgery	80	*	
▶	TMD			Not Covered
▶	Other Basic Services	80	*	
▶	Prosthodontics	☑	50*	
▶	Implants	☑	50*	
▶	Orthodontic Services	50	*	
▶	Occlusal Guards/Office Visit	☑	50*	
▶	Periodontal Maintenance	80		

Maximums and Deductible

Renaissance Classic							
Type	Category	Suffix	Name	Individual Amount	Family Amount	Accum Period	
						From	To
Deductible	General	4	Deductible excludes diagnostic, preventive, bitewing x-rays,	50.00	150.00	10/01/2008	12 /31/2009

Maximum General 1	sealants and orthodontic services.	1500.00	01	/01/2009 12/31/2009
Maximum Orthodontic 1	All, except orthodontics Orthodontics	1000.00	L	ife time

**Ortho Age Limit**

Renaissance Classic			
Name	Max Age	Min Age	Rule
IRS	19	0	End of Year
Minor	19	0	End of Year
Spouse	0	0	Birth Day
Student	19	0	End of Year
Subscriber	0	0	Birth Day

**COB Information**

**Client-Subclient: 7101- 0001**

**COB Payment Order:** Birthday

**COB Payment Option Type:** Standard

**COB Tracking:**

**Internal COB:**

**External COB:**

**Coordination of benefits is not allowed when the other member is covered within this group.**

**Coordination of benefits is allowed when the other member is covered with another dental plan.**