

SCHEDULE OF BENEFITS
OUTLINE OF COVERAGE

The Coverage for each Member and each Covered Dependent will be based on the Member's class shown in this Schedule of Benefits.

<u>Benefit Class</u>	<u>Class Description</u>
Class 1	All Eligible Employees

DENTAL EXPENSE BENEFITS

When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Member, reduced out of pocket costs.

Deductible Amount:

Combined Type 1, Type 2, and Type 3 Procedures - Each Benefit Period	\$100
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If a Member incurs Covered Expenses:

- i. during the last three months of any Benefit Period; and
- ii. these expenses are applied towards the Deductible Amount for that Benefit Period,

such Covered Expenses will also apply to the Deductible Amount for the following Benefit Period.

On the date that the members of one family have satisfied the Maximum Family Deductible shown below, no covered Expenses incurred after that date by any other family member will be applied toward the satisfaction of any Deductible Amount for the rest of that Benefit Period.

Maximum Family Deductible	\$ 300
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Dental expenses incurred by an individual on or after January 1, 2017, but before May 1, 2017, will apply to the Deductible Amount if:

- a. proof is furnished to us that such dental expenses were applicable to the deductible under the Planholder's dental plan in force immediately prior to May 1, 2017; and
- b. such expenses would have been considered Covered Expenses under this plan had this plan been in force at the time the expenses were incurred.

Benefit Percentage:

Type 1 Procedures	75%
Type 2 Procedures	75%
Type 3 Procedures	50%

Maximum Amount - Each Benefit Period	\$1,000
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