

**SCHEDULE OF DENTAL BENEFITS
FOR
ELIGIBLE PARTICIPANTS AND DEPENDENTS**

ALL BENEFITS PAYABLE UNDER THIS PLAN ARE SUBJECT TO THE APPLICABLE PLAN
EXCLUSIONS AND LIMITATIONS OF THE PLAN AND THE USUAL, CUSTOMARY AND REASONABLE
LIMITS OF THE PLAN

THE BENEFIT PERIOD IS A CALENDAR YEAR

DEDUCTIBLE

Annual Deductible Per Covered Person per Benefit Period \$50

DENTAL EXPENSES

Type A (Preventive Care) Dental Expenses	
Deductible	Waived
Benefit Percentage	100%
Type B (Basic Care) Dental Expenses	
Deductible	Applies
Benefit Percentage	80%
Type C (Major Restorative) Dental Expenses	
Deductible	Applies
Benefit Percentage	50%

ORTHODONTIC TREATMENT BENEFIT

Lifetime Deductible	\$50
Benefit Percentage	50%
Maximum Lifetime Benefit	\$1,000

MAXIMUM BENEFIT

Type A Expenses	Unlimited
Type B and C Expenses Maximum Benefit Per Benefit Period	\$1,500
Orthodontic Treatment Maximum Lifetime Benefit	\$1,000