

**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	Active 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:

Type 1 Procedures	\$0
Combined Type 2 and Type 3 Procedures - Each Benefit Period	\$25

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	\$ 75
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Dental expenses incurred by an individual on or after January 1, 2017, but before September 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 September 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	85%
Type 2 Procedures	85%
Type 3 Procedures	70%

Maximum Amount - Each Benefit Period	\$1,500
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**ORTHODONTIC EXPENSE BENEFITS**

Deductible Amount - Each Benefit Period	\$25
Benefit Percentage	60%
Maximum Benefit During Lifetime	\$600

The Maximum Benefit shown above will be modified for:

- a. any person who was covered for an Orthodontic Expense Benefit under the prior carrier on August 31, 2017, and