

Schedule of Benefits

Benefit Plan Number: C1055

Benefit Year: The 12 month period beginning January 1st and ending December 31st (calendar year)

Annual Maximum Benefit: \$2500 per Member

Orthodontic Lifetime Maximum Benefit: \$2000 per Eligible Member
Limited to eligible dependent children under age 19

Deductible: \$50 per Member, per Benefit Year
\$150 per Family, per Benefit Year
The deductible applies to Basic and Major Benefits only

Covered Dental Services	Deductible Applied	In Network		Out-of Network	
		Percentage of Allowable Expense Paid by the Plan	Member Copayment	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None	80%	20%
Basic Benefits	Yes	90%	10%	70%	30%
Major Benefits	Yes	60%	40%	50%	50%
Orthodontic Benefits	No	50% <small>Limited to eligible dependent children under age 19</small>	50%	50% <small>Limited to eligible dependent children under age 19</small>	50%

Additional Covered Dental Services and Limitations:

The Sealants listed in the Covered Dental Services section of the Certificate are covered as Preventive Benefits, instead of Basic Benefits.

Implant Services are covered as Major Benefits as follows:

Implants..... Limited to one original or replacement implant every five years (per tooth).

Implant abutments..... Limited to one original or replacement implant abutment every five years (per tooth).

Implant and abutment..... Limited to one original or replacement prosthesis supported crowns, bridges and dentures every five years (per tooth).

Implants in replacement of natural teeth which were extracted while the Member was not covered under the Plan are excluded from coverage.