

**SCHEDULE OF BENEFITS  
OUTLINE OF COVERAGE**

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

Benefit Class

Class Description

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 Insured, reduced out of pocket costs.

First Level:            You pay the first \$100 of Covered Expenses. (You will not be reimbursed for this \$100 of Covered Expenses.)

Second Level:        The Plan will then pay 75% of the remaining \$9,999 of Covered Expenses up to the Maximum Amount.

**Maximum Amount:**

Maximum Amount per Benefit Period

\$2,000

*Please refer to the DENTAL EXPENSE BENEFITS page for details regarding elimination period(s), limitations and exclusions.*