

**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.

<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 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 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.

ORTHODONTIC EXPENSE BENEFITS

The Plan pays 50% of covered Orthodontic Expenses.

Orthodontic Maximum Amount:

Maximum Amount once per Lifetime \$1,000

The Maximum Benefit shown above will be modified for:

- a. any person who was insured for an Orthodontic Expense Benefit under the prior carrier on November 30, 2009, and
- b. on December 1, 2009 is both:
 - i. insured under the policy, and
 - ii. currently undergoing a Treatment Program which would have been a covered Treatment Program under the prior carrier had the prior carrier's coverage remained in force.

The modification will result in a reduction of the Maximum Benefit based on:

- a. the normal benefit payable under the policy for the current Treatment Program, minus
- b. any amounts to which the person is entitled from the prior carrier for such Treatment Program.

Nothing stated above, however, will act to provide coverage or increase benefits, when the Treatment Program is subject to any limitation shown on 9260.