

Calendar Year Deductible

| Procedure Type | In-Network Deductible | Out-of-Network Deductible |
|----------------------------|--------------------------------|--------------------------------|
| Type I Preventive Services | Not applicable | |
| Type II Basic Services | \$50 individual / \$150 family | \$50 individual / \$150 family |
| Type III Major Services | | |
| Type IV Ortho Services | Not applicable | |

Deductible values are combined between In-Network and Out-of-Network.

Coinsurance

| | In-Network | Out-of-Network |
|----------------------------|------------|----------------|
| Type I Preventive Services | 100% | 100% |
| Type II Basic Services | 80% | 80% |
| Type III Major Services | 50% | 50% |
| Type IV Ortho Services | 50% | 50% |

Benefit Waiting Periods

- A Late Entrant Benefit Waiting Period of 6 months for Type II Basic Restorations, 12 months for all other Type II Basic Services, and 12 months for Type III Major Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.
- A Late Entrant Benefit Waiting Period of 12 months for Type IV Orthodontic Services will apply to employees who enroll in this dental plan more than 31 days after becoming eligible.

Calendar Year Maximum Benefit

| | In-Network | Out-of-Network |
|--|---|---|
| Types I, II and III (Preventive, Basic and Major) Services | \$1,500 per person | \$1,500 per person |
| Type IV Ortho Services | \$1,500 lifetime per child under age 26 | \$1,500 lifetime per child under age 26 |

| Type I Preventive covered dental expenses | Coverage limitations |
|---|---|
| Oral Evaluations | 2 in any 12 consecutive months |
| Dental Prophylaxis (Cleanings) | 2 per 12 months - frequency combined with Periodontal Maintenance and is limited to 4 in any 12 month consecutive period |
| Fluoride Treatments | Covered Persons under age 14 1 in any 6 consecutive months |
| Sealants | Covered Persons under age 14 Once per tooth per 36 consecutive months on permanent first and second molars |
| Bite-Wing X-Rays | 1 in 12 consecutive months |
| Type II Basic covered dental expenses | Coverage limitations |
| Full Mouth X-Rays | 1 in 60 consecutive months |
| Palliative Treatment | Paid as a separate benefit only if no treatment, except x-rays, was rendered during the visit |
| Amalgam Restorations | Once per tooth surface in any 24 consecutive months |
| Composite and Silicate Restorations | Once per tooth surface in any 24 consecutive months (Anterior and Posterior teeth) |
| Space Maintainers | Covered Persons under age 19 Once per tooth in any 3 year period |
| Type III Major covered dental expenses | Coverage limitations |
| Inlays and Onlays | Covered if tooth cannot be restored by fillings Once per tooth in any 10 years period |
| Crowns | Covered if tooth cannot be restored by filling or other means Once per tooth in any 10 years period |
| Crown Buildup | Once per 10 years |
| Full or Partial Dentures | Once in any 10 years |
| Fixed Bridges | Once in any 10 years |
| Periodontal Maintenance | Periodontal Maintenance following active Periodontal Therapy - 1 time in 3 consecutive months. The number of Dental Prophylaxis and Periodontal Maintenance is combined and is limited to 4 in any 12 consecutive month period. |
| Periodontics (Non-Surgical): Scaling and Root Planing | Once per 36 consecutive months per area of the mouth |
| Surgical Periodontics | Once per 36 consecutive months per area of the mouth |
| Endodontics: Root Canal Therapy | Root Canal Therapy is limited to 1 time per tooth in any consecutive 24 months period |
| Oral Surgery: Surgical Extraction of Erupted and Impacted Teeth | Multiple surgical services on 1 area of the mouth will be based on the most inclusive procedure |
| General Anesthesia | Benefits payable as a separate expense only when required for the surgical extraction of an impacted tooth |
| Surgical Implants | Once per 10 years |

| Type IV Orthodontic covered expenses | Coverage limitations |
|---|--|
| Orthodontic Treatment | Orthodontic treatment is limited to the Dependent Children or student age listed above |