

## SCHEDULE OF BENEFITS (CONTINUED)

### BENEFITS FOR CLASS 1

Eligible Class: All Full-Time Employees

Contributions: Covered Employees are required to contribute to the cost for Employee Dental Coverage and Dependent Dental Coverage.

Benefit Waiting Period:

Type II Procedures: None  
Type III Procedures: None  
Type IV Procedures: None

Prior Carrier Credits: Terms of the Prior Carrier Credit Provision apply for persons enrolled on the issue date of the Policy. Refer to the Prior Carrier Credit Rider, attached to this Certificate

Late Entrant Limitation (when applicable):

Type II Procedures: 12 Months  
Type III Procedures: 24 Months  
Type IV Procedures: 24 Months

### DENTAL BENEFITS

#### CALENDAR YEAR DEDUCTIBLE

for Type II and III Procedures (combined)

INDIVIDUAL	\$25
FAMILY	\$75

#### PERCENT PAYABLE - based on Usual and Customary Allowance

Type I - Diagnostic & Preventive Services	100%
Type II - Basic Services	80%
Type III - Major Services	50%
Type IV - Orthodontic Services for Dependent Children	50%

#### CALENDAR YEAR MAXIMUM

for Type I, II and III Procedures (combined) \$1,500

#### LIFETIME MAXIMUM

for Type IV Procedures - Orthodontics for Dependent Children \$1,500