



DENTAL SCHEDULE OF BENEFITS

Note: See Pre-Treatment Estimate of Benefits section for charges of \$300 or more.

DEDUCTIBLE, PER CALENDAR YEAR

(does not apply to Class I and Orthodontic Services)

Per Covered Person

\$50 per Calendar Year

Per Family Unit

\$150 per Calendar Year

BENEFIT CLASSES

PAYMENTS

Class I

Preventative & Diagnostic Services

100% Deductible Waived

Class II

Basic Restorative Services

80% After Deductible

Class III

Major Restorative Services

50% After Deductible

Class IV

Orthodontic Services

50% Deductible Waived

MAXIMUM BENEFITS

PAYMENTS

(Class I maximum does not apply to Dependents to age 18)

Maximum Calendar Year Benefit per Person for Class I, Class II, Class III combined

\$1,000 per Calendar Year

Maximum Lifetime Benefit for Class IV

\$1,500 per Lifetime