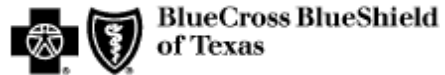


Dental Schedule of Coverage



| Plan Overall Payment Provisions | Dental Benefits |
|---|--|
| Deductibles <ul style="list-style-type: none"> • Calendar Year Deductible • Three month Deductible carryover applies | \$50 – per individual \$150 – per family |
| Maximum Calendar Year Benefits per Participant for Categories I, II, III, IV, V, VI, VII, VIII, IX Does not apply to Orthodontic | \$1,500 |
| I. Diagnostic & Preventive Care Services | 80% of Allowable Amount after Calendar Year Deductible |
| II. Miscellaneous Services | 80% of Allowable Amount after Calendar Year Deductible |
| III. Restorative Services | 80% of Allowable Amount after Calendar Year Deductible |
| IV. General Services | 80% of Allowable Amount after Calendar Year Deductible |
| V. Endodontic Services | 80% of Allowable Amount after Calendar Year Deductible |
| VI. Periodontal Services | 80% of Allowable Amount after Calendar Year Deductible |
| VII. Oral Surgery Services | 80% of Allowable Amount after Calendar Year Deductible |
| VIII. Crowns, Inlays/Onlays Services | 50% of Allowable Amount after Calendar Year Deductible |
| IX. Prosthodontic Services | 50% of Allowable Amount after Calendar Year Deductible |
| OPTIONAL COVERAGE | |
| X. Orthodontic Services <ul style="list-style-type: none"> • Limiting Age: 19 • \$1,500 maximum lifetime benefit | 50% of Allowable Amount |
| Predetermination Amount | \$300 |
| Dependent Child Age Limit | Age 26 |