

**ARTICLE II
SCHEDULE OF BENEFITS**

2.1 SCHEDULE OF DENTAL BENEFITS

This Schedule of Dental Benefits is intended to provide only a general description of a Covered Person’s dental benefits under this Plan. This Plan contains limitations and restrictions that are described later in the Plan document and could affect any benefits that may be payable.

2.2 DENTAL DEDUCTIBLE

Per Individual	\$25.00
Per Family	\$50.00

The Dental Deductible applies per Calendar Year to Class II and Class III services.

2.3 DENTAL COINSURANCE AMOUNTS

	<u>Deductible</u>	<u>Coinsurance</u>
Class I (Preventive and Diagnostic)	None	100%
Class II (Basic)	Applies	80%
Class III (Major)	Applies	60%
Class IV (Orthodontic)	None	60%

Please see additional limitations in the schedule of Dental Plan Maximum Benefits set forth in Section 2.4 of the Plan.

2.4 DENTAL PLAN MAXIMUM BENEFITS

The dental plan maximum benefits and limitations are shown below. Both Calendar Year and lifetime maximums indicate the actual benefits payable under the Plan.

Class I, Class II and Class III, combined	\$1,000.00 per Calendar Year maximum
Class IV	\$750.00 per Lifetime maximum
	Twelve (12) month waiting period applies before Covered Persons are eligible for these benefits, unless evidence of prior orthodontic coverage is provided