Calendar Year Deductible

| Per Covered Person | $25 |

Maximum Benefit Amount

| For Class A, B and C Services | $1,500 per person, per Calendar Year |

Note: Implants are subject to a $500 calendar year maximum. This maximum is included in the $1,500 calendar year maximum for Class A, B and C services.

Dental Percentage Payable

| Class A – Preventive | 100%, no deductible |
| Class B – Basic | 80%, no deductible |
| Class C – Major | 50% after deductible |

No benefits are payable for Class C Services in the first six (6) months of the Covered Person’s coverage under this Plan.

Charges are limited to Usual and Customary Fees.

Below is an overview of some of the services that are covered under each Class. This list is not all-inclusive and all benefits are subject to the limitations outlined in the Plan Document and Summary Plan Description:

Class A Services

- Routine oral exam. Limited to 2 exams each calendar year.
- Bitewing x-rays. Limited to once every calendar year.
- Full mouth x-rays. Limited to once every 3 calendar years.
- Fluoride treatments for dependent children under at 16, once per calendar year.
- Space maintainers for dependent children under age 16.
- Sealants for dependent children under age 16.

Class B Services

- Gum treatments.
- Root canals.
- Extractions.
- Oral surgery.
- Fillings, other than gold.
- General anesthetics.

Class C Services

- Crowns.
- Repair of crowns, bridgework and removable dentures.
- Gold restorations.
- Partial, full or removable dentures.
- Fixed bridgework.
- Implants.

This is a general overview the benefits available under the Dental Plan. More detail information can be found in the Plan Document and Summary Plan Description. If there is a discrepancy between this document and the Plan Document and Summary Plan Description, the Plan Document and Summary Plan Description will prevail.