Direct Reimbursement Dental Plan

Annual Maximum Benefits Paid
Annual Maximum Reimbursement for Dental Expenses per Plan Year (per covered person) . . . . $500.00

Copayment Levels for Covered Expenses

<table>
<thead>
<tr>
<th>Amount of Dental Expense</th>
<th>Employer Share</th>
<th>Employee Share</th>
<th>Paid Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>First $100.00</td>
<td>100%</td>
<td>0%</td>
<td>$100.00</td>
</tr>
<tr>
<td>Next $800.00</td>
<td>50%</td>
<td>50%</td>
<td>$400.00</td>
</tr>
</tbody>
</table>

Annual Maximum Benefits Paid $500.00

Definitions as Used Herein:
• Employer - The Employer is the City of Graham, 201 South Main Street, North Carolina 27253.
• Plan - The benefits described herein and called the City of Graham Dental Benefits Plan.
• Eligible Employee - A regular full time employee of the Employer. A full-time employee is considered to be an individual who works forty (40) hours or more a week.
• Waiting Period - The period of time an employee must be employed by the Employer prior to becoming eligible for coverage under the Plan. The waiting period is sixty (60) days, including employment with the Employer prior to the effective date of the plan.
• Covered Person - an Eligible Employee who has satisfied the waiting period.
• Dentist - A properly licensed person who is a dentist and who is rendering services and treatment within the scope of his/her licensure and training.
• Administrator - The Administrator is the person or firm responsible for the day-to-day functions and management of the Plan. The Administrator is the City of Graham, 201 South Main Street, Graham, North Carolina 27253.

Filing Dental Benefit Claims
• Submit your paid receipt or paid bill, along with a completed claim form to Accounting Department.
• Claims must be filed within 90 days of the date charges were incurred to be eligible for reimbursement.

Individual Effective Date
Coverage is effective as persons become Covered Persons.

Appealing a Claim
If your claim is denied in whole or in part, you will receive written notification from the Administrator within 90 days of the date you filed the claim. A claim work sheet will be provided showing the calculation of the total amount payable, charges not payable, the reason, and the steps you may take to have the claim reviewed. If additional information is needed for payment of a claim, the Employer will contact you. You may request a review by filing a written application with your Employer. On receipt of the written request for review of claim, the Employer will review the claim and furnish copies of all documents and all reasons and facts relation to the decision. You may submit your opinion of the issues and your comments in writing. Requests for review must be filed within 120 days after you receive notice of denial. A decision will be made promptly within 60 days and will be delivered to you in writing setting forth specific reasons for the decision and specific references to the pertinent plan provision upon which the decision is based. The decision will be final.