
Dental Plan

SCHEDULE OF DENTAL BENEFITS

**Maximum Lifetime Benefit for
Orthodontia Services:**

\$4,000 Per Covered Person

**Maximum Calendar Year Benefit for
Preventive, Basic and Major Services:**

\$2,000 Per Covered Person

Deductible Amount

Accumulation Period - Calendar Year

Individual Deductible:

\$50

(applies to all services except
Orthodontia Services)

Benefit Percentage

Preventive Services:

100% after \$50.00 deductible

Basic Services:

80% after \$50.00 deductible

Major Services:

50% after \$50.00 deductible

Orthodontia Services:

60% after \$50.00 deductible

(services for covered dependent children up to age 19 or age 26 if full-time student)

***12 month waiting period applies to Major Services and Orthodontia Services**

Please refer to your Dental Summary Plan Description Booklet for a full explanation of your benefits.