

SCHEDULE OF BENEFITS/ DENTAL

Dependent Age Limit	To the birthday, age 23 or age 25 if full time student
Deductible	
Per Person	\$25
Per Family	\$50
Note: Any amounts applied to the Deductible for expenses incurred during the last three months of the Benefit Period will be applied to the next Benefit Period's Deductible.	
Annual Maximum	\$1,500
Orthodontia Maximum	\$1,000 per covered person per lifetime
Covered Services	Copayments
Class I Diagnostic and Preventive Services	Covered In Full (Not subject to Deductible)
<u>The following services are subject to the Deductible:</u>	
Class II Basic Services (Restorative, Endodontic, Oral Surgery and Periodontal Services)	20% Coinsurance
Class III Major Restorative (Prosthodontic Services)	40% Coinsurance
Class IV Orthodontics	40% Coinsurance

Effective 10/01/2017