

Indemnity Dental Plan Options^{1,4,5}

| | Option 1 | Option 2 | Option 3 | Option 4 |
|--|----------|----------|----------|----------|
| Calendar Year Deductible² | | | | |
| Individual | \$50 | \$50 | \$50 | \$50 |
| Family | \$150 | \$150 | \$150 | \$150 |
| Calendar Year Maximum | \$2,500 | \$2,500 | \$1,500 | \$1,500 |
| Orthodontic Lifetime Maximum | N/A | \$1,500 | N/A | \$1,000 |
| Preventive Services (Routine Exams, Cleaning, X-Rays) | 100% | 100% | 100% | 100% |
| Basic Services (Restorative, Periodontics, Endodontics, Oral Surgery) | 90% | 90% | 80% | 80% |
| Major Services (Crowns, Bridges, Dentures) | 60% | 60% | 50% | 50% |
| Orthodontic Services³ | N/A | 50% | N/A | 50% |

Eligible benefits based on Usual and Customary at the 90th percentile of the National Dental Advisory Service (NDAS) guidelines.

²Deductible is waived for Preventive Services

³Only for covered dependent children through age 18. No benefits shall be payable until the employee has completed 12 months of employment.

⁴12 month rate guarantee.

⁵10 subscribers minimum participation.