

DENTAL CARE BENEFIT	
DENTAL CARE DEDUCTIBLE, PER CALENDAR YEAR	
Per Covered Person	\$100
Calendar Year Deductible applies to these classes of services: Class A Services - Preventive, Class B Services - Basic, Class C Services - Major and Class D Services - Orthodontia	
MAXIMUM BENEFIT AMOUNT	BENEFIT
For Class A - Preventive, Class B - Basic and Class C - Major Services Per Covered Person per Calendar Year	\$1,500
For Class D - Orthodontia (benefit available for Dependents under age 19) Lifetime maximum per Covered Person	\$1,000
COVERED CHARGES	
Dental Percentage Payable	
Class A Services - Preventive	100%
Class B Services - Basic	80%
Class C Services - Major	50%
Class D Services - Orthodontia	25%
Note: No benefits are payable for Class C Services in the first 12 months of the Covered Person's coverage under the Plan.	