

NOTE: UMR, Inc. is the *plan's claims administrator*. UMR, Inc. provides clerical and claim processing services to the *plan*. UMR, Inc. is not financially responsible for the funding or payment of claims processed under the *plan*, nor is UMR, Inc. a fiduciary to this *plan*.

SCHEDULE OF BENEFITS

DENTAL BENEFITS

CALENDAR YEAR INDIVIDUAL MAXIMUM BENEFIT

Preventive, Basic, Major and Prosthodontic Services: \$1,500

DENTAL BENEFITS	PLAN PAYS	YOU PAY	BENEFIT SUMMARY	TEXT PAGE
Deductible per Type of Service per <i>Calendar Year</i>			The amount <i>you</i> must pay each year before the <i>plan</i> will begin paying any benefits.	1-4
Individual	\$0	\$50		
Family	\$0	\$100	Family maximum is on an aggregate dollar basis.	
All covered expenses under the <i>plan</i> are payable at the <i>plan's customary, usual and reasonable limits</i> . The deductible limits shown above apply to all covered expenses unless stated otherwise below.				

COVERED EXPENSES	PAYABLE AT	BENEFIT SUMMARY	TEXT PAGE
Preventive Services	100%, deductible waived	Oral exams, routine cleanings, bitewing and full mouth x-rays, fluoride treatments, sealants and emergency services. Refer to text for frequency and age limitations.	1-5
Basic Services	80%, after deductible	Fillings, endodontics, periodontics, and oral surgery.	1-5
Major Services	50%, after deductible	Inlays, onlays and crowns. Refer to text for frequency limitations.	1-6
Prosthodontic Services	50%, after deductible	Bridges and dentures. Refer to text for frequency limitations.	1-6

Effective 8/1/12

COVERED EXPENSES	PAYABLE AT	BENEFIT SUMMARY	TEXT PAGE
Orthodontic Services	50%, deductible waived	<p>Orthodontic diagnosis, treatment and appliances.</p> <p><i>Lifetime Maximum: \$1,250</i></p> <p>Benefits are available to any <i>covered person</i>.</p>	1-7
Limitations and Exclusions	Not Payable	<p>List of exclusions that apply to all covered expenses. A service that is normally covered or <i>dentally necessary</i> may be excluded when provided with an excluded item.</p>	1-8

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