



## DENTAL SCHEDULE OF BENEFITS

Note: See Pre-Treatment Estimate of Benefits section for charges of \$300 or more.

### DEDUCTIBLE, PER CALENDAR YEAR

(does not apply to Class I and Orthodontic Services)

### PAYMENTS

**Per Covered Person**

\$50 per Calendar Year

**Per Family Unit**

\$150 per Calendar Year

### BENEFIT CLASSES

### PAYMENTS

**Class I**

Preventative & Diagnostic Services

100% Deductible Waived

**Class II**

Basic Restorative Services

80% After Deductible

**Class III**

Major Restorative Services

50% After Deductible

**Class IV**

Orthodontic Services

50% Deductible Waived

### MAXIMUM BENEFITS

(Class I maximum does not apply to Dependents to age 18)

### PAYMENTS

**Maximum Calendar Year Benefit per Person for Class I, Class II, Class III combined**

\$1,000 per Calendar Year

**Maximum Lifetime Benefit for Class IV**

\$1,500 per Lifetime