

SCHEDULE OF SELF-FUNDED DENTAL BENEFITS

| Dental Percentage Payable | |
|---|--|
| Class A Services Preventive/Diagnostic Dental | 100% |
| Class B Services Basic Dental after Deductible | 80% |
| Class C Services Major Dental after Deductible | 80% |
| Class D Services Orthodontia after Deductible | Covered for children up to age 19 See the Class D Services: Orthodontic treatment and Appliances section for details on how this benefit is paid. |
| Calendar Year Deductible | |
| Class A | Deductible Waived |
| Class B, Class C and Class D | \$50.00 per Plan Participant \$100.00 Per Family |
| Maximum Benefit Amount | |
| Class A, B, and C Services (Combined) | \$2,000 Per Plan Participant Per Calendar Year \$4,000 Per Covered Family Per Calendar Year |
| Class D Services | \$3,000 Per Plan Participant per Lifetime |

The Plan provides access to the Diversified Dental PPO network for Plan Participants enrolled in dental coverage. Out-of-network benefits are subject to Reasonable and Customary charges.