

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 UHC PPO Network for Plan Participants enrolled in dental coverage. Out-of-network benefits are subject to Reasonable and Customary charges.