

SCHEDULE OF COVERAGE

Benefits described in this booklet apply only if also listed here.

COVERAGE CODE – B1E
DEPT. NO. – 0000, 0002, 0005

DENTAL BENEFITS

GROUP I - DIAGNOSTIC AND PREVENTIVE CARE - 100%

GROUP II - BASIC CARE - 80%

GROUP III - MAJOR CARE - 50%

MAXIMUM CALENDAR YEAR BENEFITS FOR GROUP I, II AND III - \$1500
MAXIMUM DOES NOT APPLY TO ORTHODONTIC SERVICES

GROUP IV – ORTHODONTIC SERVICES - 50%
MAXIMUM LIFETIME BENEFITS - \$1000
LIMITING AGE - NONE

DEDUCTIBLE EACH CALENDAR YEAR FOR EACH PARTICIPANT - \$50
FAMILY DEDUCTIBLE - 3 PARTICIPANTS
THREE-MONTH DEDUCTIBLE CARRYOVER
DEDUCTIBLE WAIVED FOR GROUP I AND ORTHODONTIC SERVICES

PREDETERMINATION AMOUNT - \$300

DEPENDENT CHILD AGE LIMIT TO AGE 25

