**Dental Plan 2014**

<table>
<thead>
<tr>
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<th><strong>IN-NETWORK</strong></th>
<th><strong>OUT-OF-NETWORK</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$25 Individual/$75 Family</td>
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</tbody>
</table>
| Applies to: | • Preventive Care  
  • Basic Care  
  • Major Care | Applies to:  
  • Preventive Care  
  • Basic Care  
  • Major Care |
| **Preventive Care** | 100%, no deductible | 100%, no deductible |
| • Routine cleanings  
  • Check-ups  
  • X-rays  
  • Fluoride treatments  
  • Routine cleanings, check-ups and bitewing x-rays covered twice per year | NOTE: No charge for topical fluoride application – up to age 16. |
| **Basic Care** | 85% after deductible | 70% after deductible |
| • Fillings  
  • Extractions  
  • Endodontics  
  • Periodontics | |
| **Major Care** | 60% after deductible | 50% after deductible |
| • Crowns  
  • Bridges  
  • Dentures | |
| **Orthodontic Care** | 50%, no deductible | 50%, no deductible |
| Available to children up to age 19 | 12-month waiting period | |
| **Maximums** | • $2,000 per person  
  • No maximum | |
| • Dental Care (Calendar Year)  
  • Orthodontia (Dependent Children) | |

Dental Customer Service: 888-381-9727

This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations and conditions which apply to the benefits shown. Full information can be found only in the Group Contract and Certificate of Benefits.

Out of Network - Members may be balanced billed by the provider for charges over the allowable amount.