

**COMPREHENSIVE DENTAL CARE PLAN**

**Summary of Benefits**

<b>Group I</b>	<b>Diagnostic and preventive Care</b>	<b>100 %</b>
<b>Group II</b>	<b>Basic Care</b>	<b>80 %</b>
<b>Group III</b>	<b>Major Care</b>	<b>50 %</b>
<b>Group IV</b>	<b>Orthodontic Services</b>	<b>50 %</b>
	<b>Maximum Lifetime Benefits</b>	<b>\$1,000</b>
	<b>Annual Deductible</b>	<b>\$ 50</b>

**Maximum Calendar Year Benefits for Group I, II and III** **\$1,200**  
**Maximum does not apply to Group IV**

**Deductible each Calendar Year**

<b>Per Participant</b>	<b>\$ 50</b>
<b>Family Deductible</b>	<b>\$ 150</b>
<b>Deductible applies to Group II and III Services Only</b>	

~~**No Calendar Year Deductible applies for Group I**~~ |

**Predetermination Amount** **\$ 300**

**Note: Benefits may be limited for late applicants. See “Late Applicant Benefit Deferrals” in Section I for more information.** |