

## 2010 SCHEDULE OF DENTAL BENEFITS

Plan Feature	Standard Dental Plan	Basic Dental Plan
<b>Annual deductible</b>	\$25/person	None
<b>Lifetime deductible</b>	None	\$50/person
<b>Annual maximum benefit</b>	\$2,000 (not including orthodontia)	\$1,500
<b>Diagnostic/preventive services</b> <ul style="list-style-type: none"> <li>• Exams</li> <li>• Cleaning (including periodontal)</li> <li>• Application of fluoride</li> <li>• X-rays</li> <li>• Space maintainers</li> </ul>	100% of R&C* (deductible does not apply)	80% R&C* after deductible
<b>Basic restorative services</b> <ul style="list-style-type: none"> <li>• Fillings/Extractions</li> <li>• Surgery</li> <li>• Endodontics</li> <li>• Periodontal procedures such as bone and gum (gingival) surgery</li> </ul>	80% R&C* after deductible	80% R&C* after deductible
<b>Major restorative services</b> <ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns</li> <li>• Bridges</li> </ul>	50% R&C* after deductible	50% R&C* after deductible
<b>Orthodontia &amp; treatment of Bruxism</b>	50% R&C* up to \$1,000 lifetime maximum (deductible does not apply)	Not covered
<b>Emergency treatment</b>	Same as any other covered expense	Same as any other covered expense

\* The plan pays benefits based on reasonable and customary (R&C) charges.

## 2010 SCHEDULE OF VISION BENEFITS

Plan Feature	In-Network	Out-of-Network
<b>Eye Exam</b>	Up to \$50	Up to \$50
<b>Glasses and Frames or contacts</b>	Up to \$100	Up to \$100

## BIWEEKLY DENTAL/VISION PREMIUMS

<b>Standard Biweekly Premium</b> Employee Only – \$14.00 Employee + Child(ren) – \$34.78 Employee + Spouse – \$28.91 Employee + Family – \$49.69	<b>Basic Biweekly Premium</b> Employee Only – \$13.33 Employee + Child(ren) – \$29.10 Employee + Spouse – \$27.58 Employee + Family – \$42.90
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