Dental Option B – Rate Table C

LifeMap Assurance Company’s Group Voluntary Dental Insurance plans provide full time employees working 20 or more hours a week and their family members the opportunity to purchase coverage for preventive, restorative and major dental services on a payroll deduction basis.

GROUP VOLUNARY DENTAL SCHEDULE

CALENDAR YEAR DEDUCTIBLE:  $50 PER MEMBER

FAMILY CALENDAR YEAR DEDUCTIBLE:  $150 PER FAMILY

THE CALENDAR YEAR DEDUCTIBLE DOES NOT APPLY TO PREVENTIVE DENTAL SERVICES.

BENEFIT WAITING PERIOD:

PREVENTIVE SERVICES  NONE
RESTORATIVE SERVICES  6 MONTHS
MAJOR DENTAL SERVICES 12 MONTHS

COINSURANCE BENEFIT*

PREVENTIVE SERVICES  100%
RESTORATIVE SERVICES  80%
MAJOR DENTAL SERVICES  50%

CALENDAR YEAR MAXIMUM*  $1,500

DENTAL RATES PER MONTH

<table>
<thead>
<tr>
<th></th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 53.17</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$106.32</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
<td>$ 127.58</td>
</tr>
<tr>
<td>Employee and Family</td>
<td>$ 196.70</td>
</tr>
</tbody>
</table>
**Benefit Features**

- The greater of 35% of eligible employees or 5 enrolled employees is required for bundled coverage.
- The greater of 35% of eligible employees or 10 enrolled employees is required for stand-alone coverage.
- Rates are guaranteed for one year if participation is met.
- You may choose coverage for yourself only, or you may elect to also cover family members.
- Eligible dependents include your spouse and unmarried children under age 26.
- Employees may only enroll when first eligible or during the Annual Enrollment Period.
- Premiums are paid monthly through payroll deduction.
- You and your family members may seek care from any dental provider. Payments for services are based on a percentage of the Allowed Amount. Participating providers have agreed to accept the allowed amounts as payment for services. Members who receive care from a nonparticipating provider will be responsible for any charges over the allowed amounts.

**Covered Dental Services**

### Preventive Services

- **Bitewing x-rays**, limited to 2 sets per Member per Calendar Year
- **Cleanings**, limited to 2 per Member per Calendar Year (however in no Calendar Year will any Member be entitled to more than 2 exams whether cleaning or periodontic maintenance)
- **Complete mouth x-rays**, limited to 1 in a 3-year period
- **oral examinations**, limited to 2 per Member per Calendar Year
- **Panoramic mouth x-rays**, limited to 1 in a 3-year period
- **Sealants**, limited to permanent bicuspids and molars of Members under 18 years of age
- **Space maintainers** for Members under 12 years of age
- **Topical fluoride** application for Members under 18 years of age, limited to 2 treatments per Member per Calendar Year

### Restorative Services

- **Fillings** consisting of composite and amalgam restorations
- **Simple oral surgery procedures** including removal of teeth, biopsies, incision and drainage
- **Complex oral surgery procedures**
- **Emergency treatment for pain relief**
- **Endodontic services** consisting of apicoectomy, pulpal debridement, direct pulp capping, pulpal therapy, pulpotomy, or root canal treatment
- **General dental anesthesia**
- **Periodontal services** consisting of complex periodontal procedures limited to once per Member per quadrant in a 5-year period, debridement limited to once per Member in a 3-year period, gingivectomy and gingivoplasty limited to once per Member per quadrant in a 3-year period, and periodontal maintenance limited to 2 per Member per Calendar Year
- **Scaling and root planing** limited to once per Member per quadrant in a 2-year period

### Major Services

- **Adjustment and repair of dentures and bridges**
- **Crowns**, crown build-ups, inlays and onlays
- **Dental implant crown and abutment related procedures**, limited to 1 per Member per tooth in a 7-year period
- **Dentures**, full and partial
- **Endosteal implants**, limited to 4 per Member Lifetime
- **Fixed bridges**, limited to 1 per Member in a 7-year period
- **Re-cement crown**, inlay or onlay
- **Repair of crowns**, limited to 1 per tooth per Member Lifetime
- **Repair of implant supported prosthesis or abutment**, limited to 1 per tooth per Member Lifetime
## Exclusions

### General Exclusions: Noncovered services and supplies include, but are not limited to:

- Aesthetic Dental Procedures
- Antimicrobial Agents
- Collection of cultures and specimens
- Connector bar or stress breaker
- Cosmetic/Reconstructive Services and Supplies
- Desensitizing
- Diagnostic casts or study models
- Duplicate x-rays
- Experimental/Investigational treatments, procedures and services
- Facility Charges
- Fees, Taxes, Interest
- Fractures of the Mandible
- Gold foil restorations
- Home Visits
- Implants including: endodontic endosseous implants; eposteal and transosteal implants; implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments, and reinsertion of prosthesis
- Medication and Supply Charges
- Military Service Related Conditions
- Nitrous oxide
- Non-Direct Patient Care
- Occlusal Treatment
- Oral hygiene instructions
- Orthodontic services, including craniomandibular orthopedic treatment: procedures for tooth movement, regardless of purpose; correction of malocclusion; preventive orthodontic procedures; and other orthodontic treatment
- Personal Comfort Items
- Photographic Images
- Pin retention in addition to restoration
- Precision attachments
- Prosthesis Services
- Provisional splinting
- Replacement of lost, stolen or broken dental appliances
- Riot, Rebellion, War and Illegal Acts
- Self-Help, Non Dental Self-Care, Training, or Instructional Programs
- Separate Charges: services and supplies that may be billed as separate charges (these are considered inclusive of the billed procedure), including any supplies; local anesthesia; or sterilization.
- Services and supplies for treatment of an illness, injury caused by a Member’s unlawful instigation and/or active participation in a riot or war; armed invasion or aggression, insurrection, or rebellion; or for an illness or injury sustained by a Member while in the act of committing an illegal act.
- Services and supplies provided by an immediate Family Member
- Services and supplies that are not Medically Necessary for treatment of an illness, injury or physical disability
- Services Performed in a Laboratory
- Surgical procedures for: exfoliative cytology sample collection or brush biopsy; incision and drainage of abscess extraoral soft tissue, complicated or non-complicated; radical resection of maxilla or mandible; removal of nonodontogenic cyst, tumor or lesion; surgical stent; or surgical procedures for isolation of a tooth with rubber dam.
- Temporomandibular Joint (TMJ) Dysfunction Treatment Services
- Third Party Liability unless state law requires payment of benefits under the Coordination of Benefits provision.
- Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
- Travel and Transportation Expenses
- Work Related Injuries

Anything not specifically provided for in the Policy is not a covered benefit.

This is a brief summary of benefits and exclusions; it is not a certificate of coverage. For full coverage provisions, including limitations and exclusions, refer to your certificate.