<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1 - Preventive</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Oral Exams, Cleanings, X-rays, Fluoride</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 2 - Basic</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Fillings, Oral Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 3 - Major</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Crowns, Bridges, Prosthodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 4 - Orthodontics</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Dependent children up to age (26)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Discount (All Members)</td>
<td>25% Discount</td>
<td>No Discount</td>
</tr>
<tr>
<td>Endodontics</td>
<td>Type 2 - Basic</td>
<td>Type 2 - Basic</td>
</tr>
<tr>
<td>Periodontics</td>
<td>Type 2 - Basic</td>
<td>Type 2 - Basic</td>
</tr>
<tr>
<td>Sealants</td>
<td>Type 3 - Major</td>
<td>Type 3 - Major</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>Type 2 - Basic</td>
<td>Type 2 - Basic</td>
</tr>
<tr>
<td>Specialists</td>
<td>Paid same as General Dentists</td>
<td>Paid same as General Dentists</td>
</tr>
</tbody>
</table>

Waiting periods

- Type 2 - Basic: None
- Type 3 - Major: Failure to enroll at first opportunity will result in a 24 month waiting period
- Type 4 - Orthodontics: Failure to enroll at first opportunity will result in a 24 month waiting period

Deductible

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Per Person</th>
<th>$0.00</th>
<th>$0.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Max</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>Deductible Applies To</td>
<td>N / A</td>
<td>N / A</td>
<td></td>
</tr>
</tbody>
</table>

Annual Maximum Per Person

- $2,000.00

Orthodontic Lifetime Maximum

- $1,500.00

Network / Reimbursement Schedule

- Premier

Provisions / Limitations / Exclusions

- Exams (including Periodontal), Cleanings and Fluoride: 2 per year
- Fluoride: Any age
- Sealants: Dependent children only
- Space Maintainers: Up to age 17
- Bitewing X-Rays: 2 per year
- Periapical X-Rays: Covered in Type 1
- Panoramic X-Ray: 1 every 3 years
- Impacted Teeth: Covered in Type 2 - Basic
- Anesthesia - (Age 8 and over): Covered in Type 2 - Basic
- Anesthesia - (For children age 7 and under): Covered in Type 2 - Basic
- Implants: Covered in Type 3 - Major
- Crowns, Pontics, Abutments, Onlays and Dentures: 1 every 5 years per tooth
- Fillings on the same surface: 1 every 18 months

Benefits illustrated are in summary only. Refer to your Dental Handbook for a complete description of benefits, limitations and exclusions. All Services are subject to Educators Mutual Table of Allowances. When using a Non-participating Provider, the insured is responsible for all fees in excess of the Table of Allowances.