### RESTORATIVE

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Deductible</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylaxis with fluoride - child</td>
<td>$0</td>
<td>$15</td>
</tr>
<tr>
<td>Fluoride treatment (child)</td>
<td>$0</td>
<td>$5</td>
</tr>
<tr>
<td>X-rays</td>
<td>$0</td>
<td>$6</td>
</tr>
</tbody>
</table>

**Limitations:**
- Deductible set at the time of service, not a maximum deductible.
- Limitation: Treatment of patients with more than 12 teeth prevents treatment.
- Removal of residual root covered by bone.

### PERIODONTIC

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Deductible</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontal scaling and root planing</td>
<td>$0</td>
<td>$25</td>
</tr>
<tr>
<td>Osseous surgery (4 or more surfaces)</td>
<td>$0</td>
<td>$90</td>
</tr>
</tbody>
</table>
| Gingivectomy, osseous surgery, surgical procedures are not covered.

### ORAL SURGERY: Extractions

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Deductible</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental extractions</td>
<td>$0</td>
<td>$15</td>
</tr>
<tr>
<td>Partially erupted teeth</td>
<td>$0</td>
<td>$5</td>
</tr>
</tbody>
</table>

**Limitations:**
- Removal of residual root covered by bone.

### ELECTIVE SERVICES: Cosmetic services

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Deductible</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetic services</td>
<td>$0</td>
<td>$22</td>
</tr>
</tbody>
</table>

### PROVIDER INCENTIVE

The Plan compensates its participating dentists through a capitation agreement by which they are paid a fixed amount of money each month based upon the number of members that see their offices. The Plan reimburses for services from Members that see a participating dentist, who pays the designated participating dental office.

**DENTAL SERVICES:**
- EMERGENCY:
  - Hospitalization: Not covered
  - Outpatient services: Not covered
  - Emergency health coverage: Not covered
  - Emergency dental services: Not covered

**DURABLE MEDICAL EQUIPMENT:**
- Not covered

**Mental health equipment:**
- Not covered

**Chemical dependency services:**
- Not covered

**Home health services:**
- Not covered

**Payment fees:**
- $24.00

**Renewal provisions:**
- The Subscriber may renew the Plan for one additional term of one year if the Plan exists for five years. If the Subscriber's payment for prepayment fees results in a lack of payment due to any banking issue, that is not the responsibility of the Plan, then the Plan may impose a service charge not to exceed $15.

**CHOICE OF DENTISTS AND PROVIDERS:**
- Members are responsible for selecting their own participating dental office.
- Each family can select up to three (3) different dental offices (one dentist per family member). The Member and each covered dependent may obtain his or her covered services only from his or her designated participating dental office.

**Provider incentive:**
- The Plan reimburses for services from Members that see a participating dentist, who pays the designated participating dental office.

**Liability of subscriber and member for payment:**
- Members are required to submit a claim for reimbursement of all costs incurred.
- A member and a provider must provide that, in the event the Plan fails to make any payment under the Plan, the provider will not be liable to the member for such an amount that is not reimbursed by the Plan.

**Noncontracting provider:**
- The Plan provides services through the Contracting Provider. If a noncontracting provider provides services, the Plan may impose a service charge not to exceed $15.

**Liability of subscriber and member for payment:**
- Members are required to submit a claim for reimbursement of all costs incurred.
- If the Subscriber's payment for prepayment fees results in a lack of payment due to any banking issue, that is not the responsibility of the Plan, then the Plan may impose a service charge not to exceed $15.

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- The Subscriber may renew the Plan for one additional term of one year if the Plan exists for five years.
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TERMINATION OF BENEFITS/DISENROLLMENT:

Members are entitled to services during the period of their active membership, which will cease fifteen (15) days after receipt of postage paid written notice of termination to the Member. Said termination notice will notify the Member of the reason for termination and any information necessary to obtain credit for any portion of the prepayment fee payment which was made by or on behalf of, the Member. The Plan reserves the right to terminate a Membership in the event:

a) the evidence of coverage and enrollment form has not been returned within a reasonable time, to establish and maintain a contract of a Member if the Plan is unable, after a reasonable effort, to establish and maintain a contract of a Member.

b) the evidence of coverage and enrollment form has not been revised to show the changes in the Member's address and/or name, if any, as of the date which said notice of cancellation is mailed.

c) The Plan determines that the Member is delinquent with respect to payment of the Membership Fee, and has given the Member at least thirty (30) days, from the date of mailing, to remedy the delinquent condition.

d) The Plan determines that the Member is delinquent with respect to compliance with provisions of the Evidence of Coverage-Contract of Benefits, and has given the Member at least thirty (30) days, from the date of mailing, to remedy the delinquent condition.

e) the Member requests, in writing, termination of the Membership as permitted by the Evidence of Coverage-Contract of Benefits.

Evidence of Coverage-Contract of Benefits by giving written notice of termination to the Member. Said termination notice will notify the Member of the reason for termination and any information necessary to obtain credit for any portion of the prepayment fee payment which was made by or on behalf of, the Member. The Plan reserves the right to terminate a Membership in the event:

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