

Eden II Schools 2018 SUMMARY OF DENTAL BENEFITS

Schedule of Benefits

DENTAL SERVICES (non-Orthodontic)

Plan Year Maximums: \$1,500 per person for all Dental Services
(Orthodontic benefits are not included in the Plan Year maximum).
Plan Year: July 1 through June 30 of the following year.

Payment Rate for Eligible Dental Expenses

First:

The Plan pays 100% of the first \$100 of Eligible Expenses incurred in the Plan Year.

Then:

The Plan pays 80% of the next \$200 of Eligible Expenses

Then:

The Plan pays 50% of the next \$2,480 of Eligible Expenses up to the Plan Year Maximum benefit of \$1,500.

ORTHODONTIC SERVICES

Lifetime Maximums: \$1,500 per person for all Orthodontic Services per Covered Person

Payment Rate for Eligible Orthodontic Expenses

The Plan pays 100% of Eligible Expenses incurred up to the Orthodontic Lifetime Maximum.

Example One:

A participant incurs an Eligible Expense for \$275. The participant will be reimbursed as follows:

	Plan Pays	Participant Pays
Plan pays 100% of the first \$100	\$100.00	\$ 0.00
Plan pays 80% of the next \$175 of additional charges.	<u>\$140.00</u>	<u>\$ 35.00</u>
Total paid by Plan/Participant	\$240.00	\$ 35.00

Example Two:

A participant incurs an Eligible Expense for \$800. The participant will be reimbursed as follows:

	Plan Pays	Participant Pays
Plan pays 100% of the first \$100	\$ 100.00	\$ 0.00
Plan pays 80% of the next \$200 of additional charges.	\$ 160.00	\$ 40.00
and 50% of the next \$500 of additional charges (up to the maximum of \$1,500)	<u>\$ 250.00</u>	<u>\$ 250.00</u>
Total paid by Plan/Participant	\$ 510.00	\$ 290.00