

SCHEDULE OF BENEFITS – Plan D -1

Dental Only

Dental Expense Benefits

Deductible	\$0
Calendar Year Maximum	\$1,000
PPO Network	DentalGuard Preferred Select Network
Preventative	100%
Basic and restorative	70%
Orthodontia (dependent children through age 18 only)	50% lifetime maximum \$2,000 (treatment started after 1/1/09) \$1,500 (treatment started prior to 1/1/09)