

Calendar Year Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Plan ID	Plan D009	Plan D010	Plan D011	Plan D012
Increasing Maximum	Yes, 2 Increasing Maximums \$1,000/\$1,250/\$1,500	Yes, 3 Increasing Maximums \$1,000/\$1,250/\$1,500/\$1,750	Yes, 2 Increasing Maximums \$1,000/\$1,250/\$1,500	Yes, 3 Increasing Maximums \$1,000/\$1,250/\$1,500/\$1,750
Takeover Benefit	Yes	Yes	Yes	Yes
Program Deductible: Per Individual	\$50 – Calendar Year	\$50 – Calendar Year	\$50 – Calendar Year	\$50 – Calendar Year
Family Limit	3	3	3	3
Waived for Class 1 Service	Yes	Yes	Yes	Yes
Class I Preventive Services				
Coverage	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)
Class II Basic Services				
Coverage	80% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays	80% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays	80% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays	80% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays
Benefit Waiting Period	None	None	None	None
Class III Major Services				
Coverage	50% Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants	50% Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants	50% Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants	50% Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants
Benefit Waiting Period	12 months	12 months	12 months	12 months
Class IV Orthodontia – Child(ren) Only				
	No Coverage	No Coverage	50%	50%
Lifetime Maximum	N/A	N/A	\$1,000	\$1,000
Deductible	N/A	N/A	None	None
Benefit Waiting Period	N/A	N/A	12 months	12 months
Monthly Premium				
Four Tier Rates				
Employee Only	\$27.93	\$28.20	\$27.93	\$28.20
Employee + Spouse	\$55.86	\$56.40	\$55.86	\$56.40
Employee + Child (ren)	\$62.10	\$62.71	\$67.12	\$67.72
Employee + Family	\$91.40	\$92.28	\$96.61	\$97.50
Three Tier Rates				
Employee Only	\$27.93	\$28.20	\$27.93	\$28.20
Employee + 1 Dependent	\$53.47	\$53.99	\$54.02	\$54.54
Employee + Family	\$87.52	\$88.37	\$93.44	\$94.29
Two Tier Rates				
Employee Only	\$27.93	\$28.20	\$27.93	\$28.20
Employee + Family	\$76.53	\$77.28	\$80.47	\$81.21

Above rates are for groups of 2-99 employees. Groups with 100+ employees must be underwritten in order to get rates.

Preferred Takeover: The waiting period(s) for existing employees, including those who weren't on the prior plan will be waived. The prior group dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan. All waiting periods will apply to future new employees, including late entrants.

Participation Requirements: **2-5 employees** – 100% participation | **6-10 employees** – 75% participation | **10+ employees** – 50% participation

For voluntary dental coverage, the rates quoted above will increase by 10% for each tier. Example to calculate the voluntary rate: \$11.86 X 1.10 (voluntary load) = \$13.05 (voluntary EE rate). The participation requirement for voluntary is a minimum of 3 employees covered or at least 20% of eligibles.

Increasing Maximum Option – Options D009 thru D0012 include an increasing Calendar Year Maximum insurance benefit. After an Insured's insurance coverage has been in effect for at least twelve consecutive months, the Calendar Year Maximum payable by QualChoice for each covered person increases \$250 on the first day of the policyholder's next Calendar Year Benefit Period. Calendar Year Maximums shall increase each Calendar Year to a maximum of two or three increases.

Calendar Year Maximum	\$1,000	\$1,000	\$1,000
Plan ID	Plan D006	Plan D007	Plan D008
Increasing Maximum	No	No	No
Takeover Benefit	Yes	Yes	Yes
Program Deductible: Per Individual Family Limit Waived for Class 1 Service	\$100-Lifetime No Limit No	\$50-Calendar Year 3 Yes	\$50-Calendar Year 3 Yes
Class I Preventive Services			
Coverage	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)
Class II Basic Services			
Coverage	50% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays	50% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays	80% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays
Benefit Waiting Period	None	None	None
Class III Major Services			
Coverage	50% Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants	50% Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants	50% Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants
Benefit Waiting Period	12 months	12 months	12 months
Class IV Orthodontia – Child(ren) Only			
	50%	50%	50%
Lifetime Maximum	\$1,000	\$1,000	\$1,000
Deductible	None	None	None
Benefit Waiting Period	12 months	12 months	12 months
Monthly Premium			
Four Tier Rates			
Employee Only	\$22.13	\$24.73	\$27.11
Employee + Spouse	\$44.26	\$49.46	\$54.23
Employee + Child(ren)	\$50.36	\$57.85	\$65.31
Employee + Family	\$76.62	\$83.90	\$93.95
Three Tier Rates			
Employee Only	\$22.13	\$24.73	\$27.11
Employee + 1 Dependent	\$42.50	\$47.66	\$52.46
Employee + Family	\$70.71	\$80.87	\$90.89
Two Tier Rates			
Employee Only	\$22.13	\$24.73	\$27.11
Employee + Family	\$61.55	\$70.00	\$78.24

Above rates are for groups of 2-99 employees. Groups with 100+ employees must be underwritten in order to get rates.

Preferred Takeover: The waiting period(s) for existing employees, including those who weren't on the prior plan will be waived. The prior group dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan. All waiting periods will apply to future new employees, including late entrants.

Participation Requirements: **2-5 employees** – 100% participation | **6-10 employees** – 75% participation | **10+ employees** – 50% participation

For voluntary dental coverage, the rates quoted above will increase by 10% for each tier. Example to calculate the voluntary rate: \$11.86 X 1.10 (voluntary load) = \$13.05 (voluntary EE rate). The participation requirement for voluntary is a minimum of 3 employees covered or at least 20% of eligibles.

For questions about this proposal, contact your QualChoice Regional Sales Manager.

Calendar Year Maximum	\$750	\$750	\$1,000	\$1,000	\$1,000
Plan ID	Plan D001	Plan D002	Plan D003	Plan D004	Plan D005
Increasing Maximum	No	No	No	No	No
Takeover Benefit	Yes	Yes	Yes	Yes	Yes
Program Deductible:					
Per Individual	\$100-Lifetime	\$50-Calendar Year	\$100-Lifetime	\$50-Calendar Year	\$50-Calendar Year
Family Limit	No Limit	3	No Limit	3	3
Waived for Class 1 Service	No	Yes	No	Yes	Yes
Class I Preventive Services					
Coverage	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)	100% Oral exams, cleanings (2 per 12 months) Bitewing x-rays (1 per 12 months)
Class II Basic Services					
Coverage	80% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays	80% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays	50% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays	50% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays	80% Space maintainers, fillings, pain treatment, sealants, full mouth x-rays
Benefit Waiting Period	None	None	None	None	None
Class III Major Services					
Coverage	No Coverage Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants	No Coverage Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants	50% Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants	50% Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants	50% Anesthesia, endodontics, simple & surgical extractions, oral surgery, periodontics, crowns, inlays, onlays, dentures, bridges & implants
Benefit Waiting Period	N/A	N/A	12 months	12 months	12 months
Class IV Orthodontia – Child(ren) Only					
	No Coverage	No Coverage	No Coverage	No Coverage	No Coverage
Lifetime Maximum	N/A	N/A	N/A	N/A	N/A
Deductible	N/A	N/A	N/A	N/A	N/A
Benefit Waiting Period	N/A	N/A	N/A	N/A	N/A
Monthly Premium					
Four Tier Rates					
Employee Only	\$11.86	\$13.25	\$22.13	\$24.73	\$27.11
Employee + Spouse	\$23.72	\$26.50	\$44.26	\$49.46	\$54.23
Employee + Child(ren)	\$33.14	\$39.01	\$45.35	\$52.83	\$60.29
Employee + Family	\$45.85	\$53.29	\$68.41	\$78.68	\$88.74
Three Tier Rates					
Employee Only	\$11.86	\$13.25	\$22.13	\$24.73	\$27.11
Employee + 1 Dependent	\$23.45	\$26.42	\$41.95	\$47.11	\$51.91
Employee + Family	\$45.15	\$52.79	\$64.79	\$74.95	\$84.98
Two Tier Rates					
Employee Only	\$11.86	\$13.25	\$22.13	\$24.73	\$27.11
Employee + Family	\$37.81	\$43.80	\$57.61	\$66.07	\$74.30

Above rates are for groups of 2-99 employees. Groups with 100+ employees must be underwritten in order to get rates.

Preferred Takeover: The waiting period(s) for existing employees, including those who weren't on the prior plan will be waived. The prior group dental plan must have been in effect continuously for at least 12 months prior to the effective date of this plan. All waiting periods will apply to future new employees, including late entrants.

Participation Requirements: 2-5 employees – 100% participation; 6-10 employees – 75% participation; 10+ employees – 50% participation

For voluntary dental coverage, the rates quoted above will increase by 10% for each tier. Example to calculate the voluntary rate: \$11.86 X 1.10 (voluntary load) = \$13.05 (voluntary EE rate). The participation requirement for voluntary is a minimum of 3 employees covered or at least 20% of eligibles.

For questions about this proposal, contact your QualChoice Regional Sales Manager.

I. Covered Expenses and benefits will NOT be payable for:

1. Class III and Class IV procedures in the first 12 months that a person is insured, except as may be provided in the Takeover Benefits provision.
2. Any treatment which is for cosmetic purposes, or to correct congenital malformations other than medically necessary treatment of congenital cleft in the lip or palate, or both.
3. Replacement of any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five (5) years of the date of the last placement of these items. Replacement of an existing implant supported prosthetic device is covered only once every ten (10) years from the placement date of such device and only then if it is unserviceable and cannot be made serviceable. However, if a replacement is required because of an accidental bodily injury sustained while the Insured is covered under this policy it will be a Covered Expense.
4. Initial placement of any prosthetic appliance, implants or fixed bridge unless such placement is needed because of the extraction of one or more natural teeth while the Insured is covered under this policy. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
5. Any procedure started before coverage begins or after the Insured's coverage terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Insured's coverage terminates.
6. Replacement of lost or stolen appliances.
7. Appliances, restorations, or procedures to:
 - a. alter vertical dimension; or
 - b. retore or maintain occlusion; or
 - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
 - d. treat disturbances of the temporomandibular joint
8. Charges for missed appointment, consultations, or for completion of claim forms.
9. Orthodontia covered charges that are:
 - a. payable under any other provisions or policy; or
 - b. rendered in the first 12 months the insured person is covered under the policy
 - c. incurred by employee or spouse, or incurred by dependent children after reaching the age of 19. (unless child(ren) orthodontia option is selected)
10. Sealants which are:
 - a. not applied to a permanent molar
 - b. applied before age 6 or after attaining age 16
 - c. reapplied to a molar within 3 years from the date of a pervious sealant application.
11. Application of fluoride after attaining age 19.
12. An injury arising out of or in the course of work for wage or profit, or eligible for benefits under Workers' Compensation.
13. Services which are not recommended by a dentist or which are not required for necessary care and treatment.
14. Services related to equilibration, bite registration or bite analysis.
15. Crowns for the purpose of periodontal splinting.
16. Charges for any precision or semi-precision attachments, and any endodontic treatment associated with it, or other customized attachments.
17. Procedures not identified on the list of Dental Procedures in the Master Policy.
18. Implants or implant services where loss of the tooth was prior to the Insured's effective date of coverage under this dental plan. Covered Implant Services are available to adults and dependent children age 17 and older. Implant Services include the accompanying crown and are incurred on final placement of the prosthetic.

II. Payment for Services shall be limited as follows:

If this plan replaces another plan of similar benefits and as a result offers takeover benefits, we limit what we pay to the lesser of:

1. What the prior plan would have paid;
2. What this plan would usually pay. We will deduct any benefits actually paid by the prior plan under any extension provision.