

OPTIONAL DENTAL COVERAGE **(Additional Premium Required)**

The following Optional Dental Coverage is available subject to payment of additional premium at initial enrollment. You may enroll online at www.macori.com/AR.

A Limited Dental Plan that provides benefits for both diagnostic/preventative and primary services is available to students and dependents on an optional basis. **The Dental Plan is only available to students and dependents upon initial enrollment in the 2011-2012 Student Health Insurance Plan.**

The dental plan provides the benefits shown below subject to a Policy Year Maximum benefit of \$500 per person and a Policy Year deductible of \$50 per person.

Eligibility, Termination, and Effective Dates of coverage under this optional dental plan are the same as the medical plan.

A. DIAGNOSTIC AND PREVENTATIVE SERVICES — After the Policy Year deductible has been satisfied, the Plan will pay 100% of Reasonable and Customary charges for the following services:

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|---------------------|-------------------------|-------------|
| ■ Oral Exams | ■ X-Rays | ■ Emergency |
| ■ Space Maintainers | ■ Biopsy of Oral Tissue | ■ Treatment |
| ■ Prophylaxis | ■ Pulp Vital Tests | |

B. PRIMARY SERVICES — After the Policy Year deductible has been satisfied, the Covered Person is responsible for 20% of Reasonable and Customary charges for the following services:

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|----------------|--------------------------------------------|----------------------|
| ■ Fillings | ■ Periodontics | ■ Anesthesia |
| ■ Oral Surgery | ■ Re-cement Crowns,
In-lays and Bridges | ■ Repair of Dentures |
| ■ Endodontics | | |

DENTAL EXCLUSIONS: Orthodontic services for which treatment began prior to the policy are excluded; and any gold foil restoration, gold fillings, inlays, crowns, bridges, cosmetic procedures and dentures are excluded.

No benefits will be paid for expenses incurred for broken appointments or for care or treatment of a condition for which you are entitled to or eligible for benefits under any Worker's Compensation Act or similar act.

DENTAL LIMITATIONS:

Two (2) of each of the following per Policy Year: Oral Exams

One (1) of each of the following per Policy Year: Bitewing X-rays, Topical Fluoride applications, Pulp Vitality test

One (1) full mouth X-ray every three years;

Benefits for fluoride applications and space maintainers are available only to participants under the age of 19.

Only students and their dependents enrolled in the Basic Plan are eligible to purchase this Optional Dental Coverage. Purchase must be made at the time of initial enrollment into the Basic Plan (additional premium required). The enrollment deadlines applicable to the Term of Coverage for the Basic Plan shall also apply to the Optional Dental Coverage.

Unless otherwise stated, all benefits are subject to all terms of the Policy.

OPTIONAL DENTAL COVERAGE RATES: Annual (Or any part thereof)

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|--------------------------------------------------|--------------|
| • Student Only | \$284 |
| <i>Add following rates to Student Only Rate:</i> | |
| • Spouse | \$288 |
| • Each Child | \$206 |