

OPTIONAL DENTAL COVERAGE

(Additional Premium Required)

The following Optional Dental Coverage is available subject to payment of additional premium at initial enrollment.

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 2009/2010 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:

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

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:

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

DENTAL EXCLUSIONS: Gold Foil Restoration, Gold Fillings, Inlays, Crowns, Bridges, and Dentures, Orthodontic Services for which treatment began prior to the policy Plan Effective Date.

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.

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

• Student Only \$284

Add following rates to Student Only Rate:

• Spouse \$288

• Each Child \$206