

T-L Irrigation

SCHEDULE OF DENTAL BENEFITS

| | | |
|--|-------------|-------------|
| Calendar year Deductible, Per Person | \$50 | \$50 |
| The Dental Deductible applies to these Classes of Services: | | |
| Class A Services | Preventive | |
| Class B Services | Basic | |
| Class C Services | Major | |
| Dental percentage Payable | | |
| Class A-Preventive | 80% | 80% |
| Class B-Basic | 80% | 80% |
| Class C-Major | 50% | 50% |
| Orthodontia | Non-Covered | Non-Covered |
| Maximum Benefit Amount | | |
| Per Person Per Calendar Year | \$1,000 | \$1,000 |
| Note: The Maximum Benefit Amount does NOT apply to Pediatric Services for children age 0 to 18. | | |