

ATTACHMENT C: SCHEDULE OF BENEFITS

Product Name: DentalBlue Traditional Plan
 Group Name: Clarksville-Montgomery County
 Group Number: 90045
 Benefits Effective: January 1, 2017

Deductible Annual Benefit Period Applies to Coverages B and C only	<u>Individual</u> \$50	<u>Family</u> None
Maximums Applies to Coverage A, B and C	\$1,500 per Annual Benefit Period	
Coverage D	\$1,500 per lifetime	
Covered Services	Benefit Percentages	Waiting Period
Coverage A Exams X-rays Preventive	100%	None
Coverage B Basic Restorative Endodontics Oral Surgery Periodontics	80%	None
Coverage C Major Restorative Implants	50%	None
Coverage D Orthodontics All Members, no age limit	50%	None
Annual Benefit Period	January 1 - December 31	

In addition to the Coinsurance percentage, you are responsible for the difference between the Billed Charges and the Maximum Allowable Charge for Covered Services if the Billed Charges of an Out-of-Network Dentist are more than the Maximum Allowable Charge for such Services.

Network discounts do not apply to Non-covered Services.