Dental Plans for SOLO members

$25 Deductible, 100%/0%/0%, Unlimited Maximum, No Ortho Coverage

<table>
<thead>
<tr>
<th>Participating Provider (In-Network Level Of Benefits)</th>
<th>Non-Participating Provider (Out-of-Network Level Of Benefits)*</th>
<th>Care Category</th>
<th>Procedure Code</th>
<th>Description By Illustration, Not By Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>100%</td>
<td>Diagnostic</td>
<td>00100-00199</td>
<td>Oral examination, diagnostic casts.</td>
</tr>
<tr>
<td>100%</td>
<td>100%</td>
<td>X-Rays</td>
<td>00200-00330</td>
<td>Complete mouth x-rays, periapical x-rays, bitewing x-rays, panoramic x-rays.</td>
</tr>
<tr>
<td>100%</td>
<td>100%</td>
<td>Preventive</td>
<td>01000-01999</td>
<td>Prophylaxis, fluoride applications, space maintainers.</td>
</tr>
<tr>
<td>100%</td>
<td>100%</td>
<td>Restorative**</td>
<td>02000-02399</td>
<td>The treatment of tooth decay by the use of amalgam and/or composite restorations.</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>Restorative - Crowns**</td>
<td>02400-02999</td>
<td>The use of gold, semiprecious, or non-precious metals to restore a tooth or teeth which cannot be restored with amalgam or composite restorations.</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>Endodontics**</td>
<td>03000-03999</td>
<td>The treatment of the diseases of the nerve of the tooth.</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>Periodontics**</td>
<td>04000-04999</td>
<td>The treatment of the supporting tissues of the teeth, gums, and underlying bone, with either surgical or non surgical procedures (where applicable).</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>Prosthetics - Removable**</td>
<td>05000-05399 05600-05899</td>
<td>The replacement of missing teeth by the use of a removable appliance.</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>Prosthetics - Adjustment**</td>
<td>05400-05799</td>
<td>The repair or modification of existing removable and/or fixed appliances so that they can continue to be serviceable.</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>Prosthetics - Fixed, Implants**</td>
<td>06000-06999</td>
<td>The use of gold, semiprecious, precious metal or implant to replace a missing tooth or teeth, which cannot otherwise be replaced with a removable appliance.</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>Exactions**</td>
<td>07000-07219 07250-07999</td>
<td>The extraction, either simple or surgical, of either a single tooth or multiple teeth, the shaping of bone ridges, the removal of a tooth end abscess, etc.</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>Bony Impactions**</td>
<td>07220-07249</td>
<td>The surgical removal of teeth partially or fully covered by bone.</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>Orthodontics**</td>
<td>08000-08999</td>
<td>The straightening of teeth for dental health reasons.</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>General Services**</td>
<td>09000-09999</td>
<td>All other adjunctive general services as coded in the American Dental Association (ADA) Current Dental Terminology, which are not included in the specific categories listed, that are covered services.</td>
</tr>
</tbody>
</table>

Deductibles and Maximums

<table>
<thead>
<tr>
<th>Participating Provider (In-Network Level Of Benefits)</th>
<th>Non-Participating Provider (Out-of-Network Level Of Benefits)*</th>
<th>Annual Maximum Per Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Annual Deductible Per Individual</td>
</tr>
<tr>
<td>$25</td>
<td>$25</td>
<td>Orthodontic Lifetime Maximum Per Individual</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

Benefit year effective date is the Subscriber’s Effective Date

As used herein, “Annual” means the benefit year in which dental care services are performed.

* For those subscribers and their families electing to be served by a non-participating provider; submitted claims will be processed at any time during the benefit year and reimbursements will be made at the level of coverage listed under “Non-Participating Provider (Out-Of-Network Level of Benefits)” and in amounts up to the schedule of allowances paid to participating provider. Payments will be limited to the individual annual maximum listed above or that portion of the individual annual maximum, which may be remaining if care had previously been provided during the benefit year by a participating provider, subject to the plan’s deductibles and standard exclusions and limitations.

** Care Category (ies) of coverage the deductible applies to.