PPO Network: Aetna Dental Administrators

| Calendar Year Deductible | |
|---|---|
| **Type II and III Only; deductible waived for Type I** | $50 individual / $150 family per calendar year |

| Coinsurance—Plan Pays the Following Percentage of Procedures | | |
|---|---|---|
| | **In-Network** | **Out-of-Network** |
| **Type I Dental Expense**<br>*Please see your plan certificate for a complete list of Type I expenses and limitations.* | 100% of fee schedule | 100% of Usual and Customary |
| - Oral Evaluation | | |
| - Dental Prophylaxis | | |
| - Fluoride Treatments (under age 19) | | |
| **Type II Dental Expense**<br>*Please see your plan certificate for a complete list of Type II expenses and limitations.* | 90% of fee schedule | 80% of Usual and Customary |
| - Occlusal Guard | | |
| - Simple Extraction | | |
| - Amalgam Restorations | | |
| - Resin-based Composite Restorations | | |
| **Type III Dental Expense**<br>*Please see your plan certificate for a complete list of Type III expenses and limitations.* | 60% of fee schedule | 50% of Usual and Customary |
| - Initial Full or Partial Dentures | | |
| - Initial Fixed Bridges | | |
| - Initial Crowns | | |
| You may not be covered for certain expense types until a later date. You may not be covered for a course of treatment started prior to the effective date of this policy including, but not limited to the replacement of missing teeth that are extracted prior to the effective date. Consult your dental certificate for details. | | |

| Calendar Year Maximum Benefit | |
|---|---|
| **Types I, II, III** | $1,500 per person |

| Late Entrants | |
|---|---|
| Employees or dependents that enroll more than 31 days after becoming eligible for coverage will be considered late entrants, unless coverage is elected during the annual election period with a Voluntary plan. If you are a late entrant benefits will become available as follows: | |
| **Type I** | No Limitation |
| **Type II** | Available after 12 months of coverage. |
| **Type III** | Available after 24 months of coverage. |

This overview is preliminary to the issuance of the policy and booklet certificate. It does not describe the specific benefits under the policy.

Group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hills, MA) in all states under Policy Form Series GP-A and GP-D. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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SLPC 21842 05/10 (exp. 05/12)