Your Certificate of Coverage outlines all benefit plan options. This Schedule of Benefits tells you exactly which of those benefits are covered under your plan. The payment of benefits is subject to the exclusions, limitations, and other terms of your Certificate.

**Benefit Period:** Contract Year

**Age Limitations:** Unmarried dependent children covered to age 26

**Orthodontic Eligibility:** None

**Waiting Period:** None

<table>
<thead>
<tr>
<th>Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible:</strong></td>
<td>$25 individual/ $75 family each Benefit Period</td>
</tr>
<tr>
<td><strong>Maximum Benefits:</strong></td>
<td>$1,500 per Covered Person each Benefit Period</td>
</tr>
</tbody>
</table>

**Diagnostic and Preventive Services:** Payable at 100% of the Allowable Amount. Deductible does not apply

**Minor Services:** (Class I, II & III) Payable at 80% of the Allowable Amount. Subject to the Deductible

**Major Services:** (Class IV) Not Covered

**Orthodontic Services:** Not Covered

2011-016-DD