

Dental Plan
 Carrier: Simple Dental
 In - Network Benefits:
 Basic Plan Information:

| | |
|---|--|
| Annual Benefits | 100% of the first \$100 of expenses, then \$50 deductible/\$150 Family deductible 80% of the next \$200 of expenses, then 60% of the next \$1233.33 of the remaining exspenses |
| Annual Plan Maximum | \$1,000 |
| Lifetime Orthodontia Plan Maximum | Not Covered |
| <i>*This document is inteded to provide a summary of each of benefit plans. Although care was taken to correctly describe the plans, you should consult your SBC's and Plan Documents for full details.</i> | |