

Benefit Description	Dental Plan
	Limits
<u>Benefit Percentage</u>	
Type I - Preventive Dental Services	100%
Type II - Minor Restorative Dental Services	100%
Type III - Major Restorative Dental Services	80%
Type IV - Orthodontic Services (for Dependent children under age 19 only)	80%
Maximum Benefit Paid per Covered Person per for Types I, II & III Dental Services	\$1,000
Lifetime Maximum Benefit Paid per Dependent Child for Type IV Orthodontic Services	\$1,500
NOTE: The Plan's benefit year is the time period beginning July 1 and ending on the following June 30.	

Benefit Description	Vision Plan
	Limits
<u>Benefit Percentage</u>	
Vision Examinations	100%
Eyeglass Frames	100%
Eyeglass Lenses	100%
Contact Lenses	100%
Maximum Benefit Paid per Covered Person per Benefit Year for Eyeglass Frames	\$105
Maximum Benefit Paid per Covered Person per Benefit Year for Disposable Contact Lenses	\$200
NOTE: 1. The Plan will allow one exam and either one pair of eyeglasses (one set of frames, subject to the dollar maximum above, with one pair of lenses) or one pair of contact lenses* per covered person in any benefit year. *If disposable contact lenses are selected, the Plan will cover all contact lenses purchased up to the maximum benefit amount specified above. 2. The Plan's benefit year is the time period beginning July 1 and ending on the following June 30.	