

Savings You Can See

Monthly Rates Effective 2/01/08 to 12/31/08

Employee	\$55.00
Employee + 1 Dependent	\$90.00
Employee + 2 or more Dependents	\$132.00

Freedom Preferred-PPO

Benefit Maximum:	In	Out
Per Person, Per Policy Year	\$1,250	\$1,250

Coinsurance Percentage Per Person:		
Type I Dental Services	100%	100%
Type II Dental Services	90%	80%
Type III Dental Services	60%	50%

Deductible:		
Per Person, Per Policy Year	\$50	\$50
Waived for Type I Services	No	No

Type I Preventive Dental Services, Including:

- ◆ Oral Evaluations - once in any 12-month period
- ◆ Routine Dental Cleanings - once in any 6-month period (frequency combined with periodontal maintenance)
- ◆ Fluoride Treatment - once in any 12-month period
Only for children under age 14
- ◆ Sealants - No more than once per tooth per person, only for permanent molar teeth
Only for children under age 16
- ◆ Space Maintainer
Only for children under age 16
(Includes adjustments within 6 months of installation)
- ◆ Harmful Habit Appliance - once per person
Only for children under age 16
(Not covered if Orthodontic related)

Type II Basic Dental Services, Including:

- ◆ X-Rays:
 - ◆ Complete series - once in any 60-month period
 - ◆ Bitewing - once in any 12-month period
 - ◆ Panoramic - once in any 60-month period (may also be payable in connection with the removal of impacted teeth)
 - ◆ Other X-Rays (See Certificate of Insurance)
- ◆ New Fillings
- ◆ Replacement Fillings - once in any 24-month period per Filling
- ◆ Simple Extractions, Removal of Exposed Roots, Incision and Drainage
- ◆ Certain Lab Tests, Pain Treatment, Therapeutic Drug Injections

Type III Major Dental Services, Including:

- ◆ Endodontics (includes root canal therapy)

- ◆ Endodontic retreatment (covered after 24 months have passed from initial treatment)
- ◆ Complex Oral Surgery; General Anesthesia and IV Sedation when medically required for such Surgery
- ◆ Minor Gum Disease Treatment: (Minor Periodontics)
 - ◆ Provisional Splinting, Occlusal Adjustments - once in any 12-month period
 - ◆ Scaling and Root Planing - once in any 24-month period
 - ◆ Periodontal Maintenance - once in any 3 consecutive months (frequency combined with routine dental cleanings)
- ◆ Major Gum Disease Treatment: (Major Periodontics)
 - ◆ Gingivectomy, Osseous Surgery, other major periodontic procedures - once in any 36-month period per area
- ◆ Initial Placement, Replacement and Maintenance of Inlays, Onlays, Crowns, Fixed Partial Dentures (Bridges), and Partial and Complete Dentures

Waiting Periods for Certain Services	From Your Effective Date
<i>Repairs, Re-Cementing of Fixed Partial (Bridges), Inlays, Onlays, or Crowns</i>	None
<i>Accidental Non-Chewing Injury</i>	None
<i>Fillings</i>	6 months
<i>All Services under Endodontics (Includes root canal therapy)</i>	6 months
<i>Stainless Steel/Plastic Crowns</i>	
<i>Only for children under age 16</i>	6 months
<i>Relines, Rebases, Denture Adjustment</i>	6 months
<i>Complex Oral Surgery</i>	12 months
<i>All Services under Minor and Major Periodontics</i>	12 months
<i>Crown/Inlays/Onlays/Labial Veneers</i>	12 months
<i>Dentures (Partial or Complete)</i>	12 months
<i>Fixed Partial Dentures (Bridges)/Diagnostic Casts</i>	12 months

If you are covered under the current dental program on the day it terminates, your waiting periods will be reduced by 12 months or waived.

Other Policy Provisions

Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternative Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the cost of a proposed Dental Treatment Plan exceeds \$300, it should be submitted for an estimate of benefits payable.

Eligibility

Full-time employee, spouse and unmarried dependent children less than age 19 or 25 if a full-time student.

Late Entrants

If you elect coverage more than 31 days after your Eligibility Date, your Effective Date will be delayed to the next plan Anniversary Date.

This is a brief description only. It is not a Certificate of Coverage. Please see the Group Policy, which alone determines all rights, benefits, and applicable Limitations and Exclusions. We and the policyholder have the option to cancel the group policy.