For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

**Benefit Period:** January 1 through December 31

Eligibility Period--Determined by the Employer. [Termination is exact date of termination.]

**Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Benefit Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive (Coverage A)</td>
<td>100%</td>
</tr>
<tr>
<td>Basic (Coverage B)</td>
<td>80%</td>
</tr>
<tr>
<td>Major (Coverage C)</td>
<td>60%</td>
</tr>
<tr>
<td>Orthodontics (Coverage D)</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Maximum Benefits:** $1,500 per person per benefit period excluding Orthodontics. Orthodontic benefits have a separate lifetime maximum of $1,000 per person.

**Deductibles:** $25/$75 benefit period deductible per person/family (applies to Basic, Major and Orthodontic benefits only).

**Office Visit Copayments:** None

**Waiting Periods:**
- Basic Benefits: No waiting period.
- Major Benefits: No waiting period.
- Orthodontic Benefits: No waiting period.

**Dependent Age Limits:**
Dependent Children are covered up to age 26.

**Double-Up MaxSM:** Not applicable

To the extent of any provision in this Outline of Benefits conflicts with a provision in the Dental Plan Description or Summary Plan Description, the provision in the Dental Plan Description or Summary Plan Description shall supersede and take precedence.