

Mercer Dental Plan

Schedule of Benefits

Major Services

No Major Services will be covered under This Plan for the first twelve (12) months of Coverage.

Orthodontic Services

Reimbursement: 50%

No Orthodontic Benefits will be covered under This Plan for the first twelve (12) months of Coverage.

Lifetime Maximum Benefit for Orthodontics is \$1,000 Per Covered Person.

Calendar Year Deductible

The Calendar Year Deductible is as follows:

Individual: \$75 for ALL services

Family: \$225 for ALL services

The Calendar Year Deductible is satisfied using Covered Expenses incurred within the Calendar Year. The Calendar Year Deductible must be satisfied before the applicable Co-Insurance will be applied.

The Family Deductible may be satisfied with a combination of any Covered Participants' eligible expenses within a given Family unit. No one Covered Participant will have more than the Individual Deductible to satisfy. Once the Family Deductible has been satisfied, the applicable Co-Insurance will be applied for all Family members that are Covered Participants.

Calendar Year Maximum Per Person

The Calendar Year Maximum Benefit under This Plan is \$1,200 per Covered Person.

This is the total amount payable for covered dental services (not including Orthodontic Benefit) incurred by a Covered Person during the Calendar Year.

Co-Insurance

The Co-Insurance for This Plan, per Calendar Year, is as follows:

80% of the next \$750

50% of the next \$1200

Five-Year Rule

Charges for replacing an appliance or prosthetic device, such as a denture, crown, or bridge, will not be covered, unless it is at least five (5) years old and cannot be made usable.

Teeth Lost Before Covered Under This Plan

There are no benefits for a prosthetic device which replaces teeth lost before becoming Covered under This Plan, unless the device also replaces one or more natural teeth lost or extracted after the Covered Person became Covered under This Plan.