SKF SANITATION DISTRICT DENTAL BENEFITS

| Calendar Year Deductible Per Person Per Family Unit | \$25.00 \$75.00 |
|---|--------------------|
| Dental Percentage Payable Class A Services | |
| Preventive | 80% |
| Class B Services | |
| Basic | 80% |
| Class C Services | |
| Major | 50% |
| Maximum Benefit Amount Per person per calendar year | \$2,500 |