Exclusions and Limitations

The Policy will only pay for Necessary Services received by you or your Dependents if those are listed as Covered Expenses in the Summary of Benefits. No benefits are payable under this Policy for any expenses incurred for:

1. Any procedure started before the effective date or after the termination date of the Covered Person’s insurance.
2. Any appliance delivered or placed more than ninety days after termination of the Covered Person’s insurance.
3. Treatment by anyone other than a Dentist or Physician, except where performed by a duly qualified hygienist under the direction of a Dentist or Physician.
4. Treatment which does not meet accepted standards of dental practice, is experimental or cosmetic in nature or is not considered medically necessary. Personalization or characterization of dentures and facings on crowns and pontics behind the second bicuspid are always considered cosmetic.
5. Services and supplies related to the change of vertical dimension, restoration or maintenance of occlusion, splinting teeth, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for myofascial pain disorders (MPD) or temporomandibular joint dysfunction (TMJ).
6. Replacement of lost or stolen appliances or replacement of any appliance, prosthesis, crown, or bridge placed less than five (5) years before (temporary prosthetics are considered permanent and subject to this exclusion if not replaced by the permanent prosthetic within six (6) months).
7. Periodontal maintenance, unless following active periodontal therapy.
8. Prescribed drugs and medications or training in or supplies used for dietary counseling, oral hygiene or plaque control; sterilization charges; pulp caps or medicaments.
9. Care rendered within any facility of, or provided by: (1) the United States Government or any agency thereof; (2) any hospital or institution that does not require the Covered Person to pay for such services in the absence of insurance.
10. Any expenses paid by any Workers’ Compensation law or act, Employers’ Liability law or by any governmental program, law or agency, except for Medicare or Medicaid.
11. Treatment of congenital malfunctions or malformations.
12. Treatment of service not recommended by a dentist.
13. Expenses resulting from injuries sustained or sickness contracted as a result of any war or act of war or participation in a riot or civil disturbance or while committing or attempting to commit a felony.
14. Charges for professional services rendered by any individual who is related to the Covered Person by blood, marriage or adoption.
15. Hospitalization for any procedure.
16. Orthodontic services unless orthodontics is a covered benefit under this Policy or any applicable rider.

Limitations - Benefits under this Policy are limited as follows:

1. Panoramic or full mouth x-ray series - once every 36 months.
2. Porcelain, porcelain with metal, or full gold crowns are covered only for individuals 14 years or older and on permanent teeth.
3. Replacement of crowns, gold restorative or cast posts - once every five years if the tooth can be restored with less expensive materials, the benefit will be based on those materials.
4. If more than one type of service can be used to treat a dental condition, the benefit payment will be based on the least expensive service, which is within the range of professionally accepted standards of dental practice.
5. Replacement of dentures - once every five years and only if the original is unserviceable. When a permanent denture replaces a temporary one, charges for both are limited to the charge for the permanent one.

Underwritten by SafeHealth Life Insurance Company

ValueChoice Dental Plan SHCN420

Summary of Benefits

<table>
<thead>
<tr>
<th>Benefits Description</th>
<th>Plan Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,750 per enrollee</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>$50 per person</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>100% no deductible</td>
</tr>
<tr>
<td>General Services</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

*There is a six-month waiting period on Major Services and endodontic procedures, unless you were previously covered on this employer’s dental plan for the last continuous six months. If you were covered for less than six months, your waiting period will be pro-rated.

You save when using a SafeGuard PPO dentist...SafeGuard PPO dentists have agreed to reduce their treatment fees up to 30% for SafeGuard enrollees. Using a SafeGuard PPO dentist lowers your out-of-pocket expenses.

Your Costs: The Maximum Allowable Charge is set by SafeGuard and based on negotiated rates with dentists who have contracted with us. The Maximum Allowable Charge is the most that SafeGuard will pay for a particular dental procedure under a ValueChoice plan.

Balance Billing: If you receive care from a dentist that is not contracted with SafeGuard, and that dentist charges more than the maximum amount for a specific procedure, you are responsible for the difference between what the dentist charges you and SafeGuard’s maximum amount. This is called “Balance Billing”. If you receive treatment from a SafeGuard contracted dentist, you will not be “Balance Billed” - SafeGuard contracted dentists have agreed to accept the maximum amount, plus your co-insurance payment if any, as payment in full.

Limitations:
- Initial/Routine Oral Exam 2 per calendar year
- Teeth Cleaning 2 per calendar year
- Bitewing Series 2 per calendar year
- Fluoride Treatment 1 per calendar year
- Sealants 1 per 36 months, children 17 years and under on permanent molars only
- Emergency Treatment Relief of acute pain, bleeding or infection only

Additional Exclusions and Limitations are listed on the following page.