DENTAL COVERAGE

BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL DENTAL EXPENSES

OUTLINE OF COVERAGE

Read Your Policy Carefully—This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

<table>
<thead>
<tr>
<th>Group:</th>
<th>Weber State University (Plan #880)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan:</td>
<td>Premier PPO</td>
</tr>
<tr>
<td>Benefit Year:</td>
<td>7/1/2018</td>
</tr>
<tr>
<td>Plan Type:</td>
<td>Contract</td>
</tr>
<tr>
<td></td>
<td>Contributory / Self Funded</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Type 1 - Preventive</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Exams, Cleanings, X-rays, Fluoride</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type 2 - Basic</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings, Oral Surgery</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type 3 - Major</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowns, Bridges, Prosthodontics</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type 4 - Orthodontics</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent children up to age (26)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Adults</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**Endodontics**

- Type 2 - Basic
- Type 2 - Basic

**Periodontics**

- Type 2 - Basic
- Type 2 - Basic

**Sealants**

- Type 3 - Major
- Type 3 - Major

**Space Maintainers**

- Type 2 - Basic
- Type 2 - Basic

**Specialists**

- Member pays same as General Dentists
- Member pays same as General Dentists

**Waiting periods**

- Type 2 - Basic: None
- Type 3 - Major: Failure to enroll at first opportunity will result in 24 month waiting period
- Type 4 - Orthodontics: Failure to enroll at first opportunity will result in 24 month waiting period

**Deductible**

- Per Person: $0.00
- Family Max: $0.00

**Deductible Applies To**

- N / A
- N / A

**Annual Maximum Per Person**

- $2,000.00

**Orthodontic Lifetime Maximum**

- $1,500.00

**Network / Reimbursement Schedule**

- Premier
- Premier

**Provisions / Limitations / Exclusions**

- Exams (including Periodontal), Cleanings and Fluoride: 2 per year
- Fluoride: Any age
- Sealants: Dependent children only
- Space Maintainers: Up to age 17
- Bitewing X-Rays: 2 per year
- Periapical X-Rays: Covered in Type 1
- Panoramic X-Ray: 1 every 3 years
- Impacted Teeth: Covered in Type 2 - Basic
- Anesthesia - (Age 8 and over): Covered in Type 2 - Basic
- Anesthesia - (For children age 7 and under): Covered in Type 2 - Basic*
- Implants / Implant Abutments: Covered in Type 3 - Major
- Crowns, Pontics, Abutments, Onlays and Dentures: 1 every 5 years per tooth
- Fillings on the same surface: 1 every 18 months

* Anesthesia is not subject to waiting periods.