

# Schedule of Benefits

(GR-9N-S-01-001-01 PA)

**Employer:** Devereux  
**Group Policy Number:** GP-724622  
**Issue Date:** May 16, 2013  
**Effective Date:** January 1, 2013  
**Schedule:** 1A  
**Cert Base:** 1

For: Dental Maintenance Organization (DMO)

This is an ERISA plan, and you have certain rights under this plan. Please contact your Employer for additional information.

## Managed Dental Plan

### Schedule of Managed Dental Benefits (GR-9N-S-23-005)

#### Primary Care Dentists and Specialty Care Dentist (Network Dental Provider) Covered Expenses

Coverage is provided only for services shown in the Dental Care Schedule (see *What the Plan Covers* section). This dental expense coverage is segmented into four service types. The **copayments** shown below apply.

Dental Care Schedule	Copayment Amounts	
Service Type	Primary Care Services	Specialty Care Services
Type A Expenses	0%	Not Applicable
Type B Expenses	10%	10%
Type C Expenses	40%	40%
<b>Orthodontics Expenses</b>	50%	
Orthodontic Lifetime Maximum:	24 months of active treatment plus 24 months of retention.	
<b>Dental Emergency Maximum:</b>	\$100	

### Expense Provisions (GR-9N-S-09-05-01 PA)

#### The following provisions apply to your health expense plan.

This section describes cost sharing features, benefit maximums and other important provisions that apply to your Plan. The specific cost sharing features and the applicable dollar amounts or benefit percentages are contained in the attached health expense sections of this *Schedule of Benefits*.

The insurance described in this *Schedule of Benefits* will be provided under Aetna Life Insurance Company's policy form GR-29N.

#### Keep This Schedule of Benefits With Your Booklet-Certificate.

## **Coinsurance Provisions** (GR-9N S-09-020 01)

### **Coinsurance**

This is the percentage of your **covered expenses** that the plan pays and the percentage of **covered expenses** that you pay. The percentage that the plan pays is referred to as the “**Plan Coinsurance**”. Once applicable **deductibles** have been met, your plan will pay a percentage of the **covered expenses**, and you will be responsible for the rest of the costs. The **coinsurance** percentage may vary by the type of expense. Refer to your *Schedule of Benefits* for coinsurance amounts for each covered benefit.

### **General** (GR-9N-28-01-01-PA)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.