

ATTACHMENT C: SCHEDULE OF BENEFITS

Group Name: Holston Conference of the United Methodist Church

Group Number: 88662

Annual Benefit Period: January 1, 2020, to December 31, 2020

Subject to the exclusions, conditions, and limitations of the ASA and this Dental EOC, You are entitled to benefits for Covered Services described in the Covered Services section during an Annual Benefit Period, in the amounts specified in this Schedule of Benefits, subject to the Deductible, if any, when Covered Services are rendered by a Network Dentist.

Benefits will be reduced when Covered Services are received from an Out-of-Network Dentist.

Deductible	None
Dependent Child Limiting Age	To age 26

Covered Services	Coinsurance Percentages	Benefit Maximums
Diagnostic and Preventive Services (Coverage A)	80%	\$1,500 per Annual Benefit Period
Restorative Services (Coverage B)	80%	
Prosthetic and Complex Restorative Services (Coverage C)	50%	
Orthodontic Services for Dependents under age 23 (Coverage D)	None	
Non-surgical TMJ Treatment	80%	\$1,500 per Annual Benefit Period

In addition to the Coinsurance percentage, You are responsible for the difference between the Billed Charges and the Maximum Allowable Charge for Covered Services if the Billed Charges of an Out-of-Network Dentist are more than the Maximum Allowable Charge for such Services.