BENEFIT PLAN	RATE DESCRIPTION	PREMIUM AMOUNT
USD #263-MULVANE	SUBSCRIBER	**$37.45**
USD #263-MULVANE	SUBSCRIBER/SPOUSE	**$74.15**
USD #263-MULVANE	SUBSCRIBER/CHILD	**$72.99**
USD #263-MULVANE	SUBSCRIBER/CHILDREN	**$72.99**
USD #263-MULVANE	FAMILY	**$124.40**

Maximum Rule

BENEFIT CLASS	MAXIMUM TYPE	ALLOWED PPO / PREMIER / OON
Individual Cal Year Maximum (Including Orthodontics if covered by the Plan)	Individual	**1500 / 1500 / 1500**

Coverage Levels

DESCRIPTION	WE PAY PPO / PREMIER / OON	DEDUCTIBLE WAIVED PPO / PREMIER / OON	WAITING PERIOD PPO / PREMIER / OON
Biopsy of Oral Tissue Services (RS4K-12)	80% / 80% / 80%	No / No / No	N/A / N/A / N/A
Complex Oral Surgery Services (RS4K-12)	80% / 80% / 80%	No / No / No	N/A / N/A / N/A
Crown Services (RS4K-12)	50% / 50% / 50%	No / No / No	N/A / N/A / N/A
Denture Repair Services	50% / 50% / 50%	No / No / No	N/A / N/A / N/A
Diagnostic & Preventive Services (RS4K-12)	100% / 100% / 100%	Yes / Yes / Yes	N/A / N/A / N/A
Emergency Exam or Treatment Services (RS4K-12)	80% / 80% / 80%	No / No / No	N/A / N/A / N/A
Endodontic Services (RS4K-12)	80% / 80% / 80%	No / No / No	N/A / N/A / N/A
Fabrication of Athletic Mouthguard Services (RS4K-12)	50% / 50% / 50%	No / No / No	N/A / N/A / N/A
Implant Supported Crown and Prosthodontic Services	50% / 50% / 50%	No / No / No	N/A / N/A / N/A
Periodontic Services (RS4K-12)	80% / 80% / 80%	No / No / No	N/A / N/A / N/A
Prosthodontic Services (RS4K-12)	50% / 50% / 50%	No / No / No	N/A / N/A / N/A
Restorative Services (RS4K-12)	80% / 80% / 80%	No / No / No	N/A / N/A / N/A
Simple Extraction Services (RS4K-12)	80% / 80% / 80%	No / No / No	N/A / N/A / N/A