

LOUISIANA SHERIFFS' ASSOCIATION

DENTAL SCHEDULE OF BENEFITS

| | |
|--|--------------------------------|
| PLAN NAME | PLAN NUMBER |
| Louisiana Sheriffs' Association | 722XX |
| PLAN'S ORIGINAL BENEFIT PLAN DATE | PLAN'S ANNIVERSARY DATE |
| July 1, 2015 | July 1st |

| | |
|--|--|
| MAXIMUM BENEFITS | |
| Benefit Period Maximum: (Includes Preventive and Diagnostic, Basic, and Major Dental Services Combined) | \$1,000.00 per Plan Participant |
| Orthodontia Maximum: Benefits are not Limited to any Age. | \$1,000.00 per Plan Participant per Lifetime |

| | |
|--|---------|
| DEDUCTIBLE | |
| Individual Deductible Amount: | \$50.00 |
| Special Notes: | |
| <p>The Individual Deductible Amount does NOT apply to the following:</p> <ul style="list-style-type: none"> Preventive and Diagnostic Dental Services | |

| | | |
|--|----------------|-------------------------|
| COINSURANCE | | |
| | COMPANY | PLAN PARTICIPANT |
| Preventive and Diagnostic Dental Services | 100% | 0% |
| Basic Dental Services | 80% | 20% |
| Major Dental Services | 80% | 20% |
| Orthodontic Services, Treatment and Appliances | 50% | 50% |

| |
|--|
| ELIGIBILITY WAITING PERIOD |
| The Plan Administrator will determine the Eligibility Waiting Period and Effective Date of coverage for all eligible Employees and their Dependents. |
| There is no Dental Waiting Period. |