SERVICES NOT COVERED
Prescription drugs, premedication, relative analgesia.
General anesthesia except with oral surgery.
Charges for hospitalization, including hospital visits.
Plaque control programs, including oral hygiene and dietary instruction.
Procedures to correct congenital or developmental malformations except for children eligible at birth.
Procedures, appliances or restorations primarily for cosmetic purposes.
Increasing vertical dimension.
Replacing tooth structure lost by attrition.
Periodontal splinting.
Gnathological recordings.
Equilibration.
Treatment of dysfunctions of the temporo-mandibular joint. (TMJ)
Adult Orthodontics.
Implantology.

SPECIAL NOTES
Orthodontic benefits may be pro-rated for treatment begun before the patient is eligible.
Dental benefits may be based on the least costly treatment that conforms to generally accepted dental practice.

ELIGIBLE MEMBERS
Employee/subscriber
Employee’s spouse
Dependent children to age 19 (to age 25 if unmarried, full-time student)
Dependent children physically or mentally unable to be self-supporting regardless of age.

CLAIMS ADMINISTERED BY
BENEFIT ADMINISTRATORS INC. (BAI)
County of Erie--Group Number 128
If you need a Subscriber ID Card, please contact our Enrollment Department at (814) 454-0167 or 1-800-777-2524.

COVERED BENEFITS
Diagnostic—Procedures to assist dentists to evaluate existing conditions and dental care required—include visits, exams, diagnosis and x-rays (exams and bitewing x-rays, 2 in any 12-month period). Full-mouth series x-rays, or the equivalence of, 1 in any 36-month period.
Preventive—Prophylaxis (cleaning 2 in any 12-month period), fluoride treatments (limited to age 19) 2 in any 12-month period, space maintainers (limited to age 19).
Sealants (limited to age 14) 1 per unfilled permanent 1st and 2nd molar in any 36-month period.
Basic Restorative—Amalgam and composite fillings (composite fillings limited to amalgam for posterior teeth).
Major Restorative—Crowns, inlays, onlays are benefited where above materials are not adequate.
Oral Surgery—Extraction and oral surgery procedures including pre-post-operative care.
Endodontic—Procedures for pulpal therapy and root canal filling.
Periodontic—Surgical and non-surgical procedures for treatment of gums and supporting structures of teeth.
Prosthodontic—Procedures for construction or repair of fixed bridges, partial or complete dentures.
Orthodontic—Procedures for straightening teeth (for eligible dependent children to age 19).

NOTE: Maximum benefit $1,000 per person based on a Calendar Year. The Orthodontic Maximum is $1,000 Lifetime per eligible dependent child.

PAYMENT SCHEDULE

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>Payment Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAGNOSTIC</td>
<td>100% of BAI Allowances</td>
</tr>
<tr>
<td>PREVENTIVE</td>
<td>100% of BAI Allowances</td>
</tr>
<tr>
<td>BASIC RESTORATIVE</td>
<td>100% of BAI Allowances</td>
</tr>
<tr>
<td>MAJOR RESTORATIVE</td>
<td>50% of BAI Allowances</td>
</tr>
<tr>
<td>ORAL SURGERY</td>
<td>100% of BAI Allowances</td>
</tr>
<tr>
<td>ENDODONTIC</td>
<td>100% of BAI Allowances</td>
</tr>
<tr>
<td>PERIODONTIC</td>
<td>100% of BAI Allowances</td>
</tr>
<tr>
<td>PROSTHODONTIC</td>
<td>50% of BAI Allowances</td>
</tr>
<tr>
<td>ORTHODONTIC</td>
<td>80% up to Lifetime Max.</td>
</tr>
</tbody>
</table>

Payment for services performed will be made to the dentist (or to subscriber if you paid dentist in full) on the basis of the BAI Fee Allowance or the amount charged, whichever is less. If you elect to go to a non-participating provider, payment for services will be paid only up to the amount that would have been paid to a participating provider. In order to receive a discount to the BAI Allowance for covered services, you would need to use BAI Participating Dentists.

DESCRIPTION OF BENEFITS

GROUP DENTAL PROGRAM FOR EMPLOYEES OF COUNTY OF ERIE

CLAIMS ADMINISTERED BY:

BENEFIT ADMINISTRATORS, INC.
1250 Tower Lane
Erie, PA 16505-2533
Phone (814) 454-1067 or (800)777-2524
FAX (814) 459-2250
PARTICIPATING DENTISTS
These are licensed dentists in the tri-state area who have entered into an agreement with BAI to abide by BAI policies regarding services, your portion of the charged fees and other matters pertinent to BAI obligations to the subscribers. Please visit our website at www.hbkw.net for the BAI Directory of Participating Dental Providers, or call the BAI Customer Service Department.

COORDINATION OF BENEFITS
If separate dental benefits are available to the employee, spouse or dependent children under other programs, there are specific conditions applicable to determine payment. The ratio of each carrier’s liability to total cost incurred is reviewed. Payment is made according to the “birthday” rule adopted by most insurance carriers, but in no case does BAI process claims in excess of the total Dental contractual obligation, if it were the only carrier involved. If the other carrier determines benefits first, BAI will process any billable allowable difference between the amount paid by the other carrier and the charge for the covered services, to the extent of the Dental contract benefit for the given procedure.

CLAIMS AND APPEAL PROCEDURES
BAI attempts to process all claims within a reasonable processing time. If a claim will be delayed more than 30 days, BAI will send notification in writing stating the reason for delay. Routine claims questions can be handled by writing to BAI or by calling BAI at (814)454-0167 or toll free at (800) 777-2524. Any dissatisfaction with adjustments made or denials of payment should be brought to the attention of the Claims Administrator, BAI; and if unresolved to the Group Dental contract indicates your rights of appeal or other recourse.

NOTE
Complete definition of benefits, limitations, and exclusions is contained in the Group Dental contract on file with your employer. This explanation is informational only.

Benefits subject to all terms and conditions of the Group Dental contract on file with the Employer, Trust Fund, or other entity.

Be sure to provide your dentist with your Social Security Number or your ID Number.

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