

Schedule of Benefits

Employer: CT Teachers' Retirement Board
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For: PPO Dental - In and Out-of-Network Dentists

Comprehensive Dental Plan (PPO)

Schedule of Comprehensive Dental Benefits

PLAN FEATURES	NETWORK	OUT-OF-NETWORK
Calendar Year Deductible	Individual \$50	Individual \$50

The Calendar Year **deductible** applies to all covered expenses. All **covered expenses** accumulate toward the **network provider** and **out-of-network provider deductibles**

Please refer to the listing of **covered expenses** and the percentage payable appearing below. The percentage the plan will pay varies by the type of expense.

Payment Percentage

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 Payment Percentage". 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 payment percentage may vary by the type of expense.

PLAN PAYMENT PERCENTAGE	NETWORK PAYMENT PERCENTAGE	OUT-OF-NETWORK PAYMENT PERCENTAGE
Type A Expenses (Preventive)	100%	100% of the Recognized Charge
Type B Expenses (Basic)	80%	80% of the Recognized Charge
Type C Expenses (Major)	50%	50% of the Recognized Charge

Calendar Year Maximum Benefit

Calendar Year Maximum: \$2,000

The most the plan will pay for **covered expenses** incurred by any one covered person in a Calendar Year is called the Calendar Year Maximum Benefit.

The Calendar Year maximum benefit applies to **network** and **out-of-network covered** dental expenses combined.

KEEP THIS SCHEDULE OF BENEFITS WITH YOUR BOOKLET.

General

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 and should be kept with your Booklet.