

**CANOPY
INSURANCE**
ROOTED IN ALABAMA

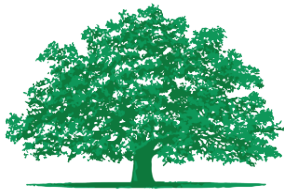
Summary of Dental Benefits
Benefit Plan Year: January 1 – December 31
Rate Hold Guarantee: Jan 1, 2023 – Dec 31, 2023



Monthly Premium	BASE Plan	ENHANCED Plan	ENHANCED PLUS Plan
Employee Only	\$ 15.91	\$ 29.23	\$ 41.00
Employee + Spouse	\$ 31.35	\$ 57.57	\$ 80.79
Employee + Child(ren)	\$ 29.39	\$ 54.00	\$ 85.11
Family	\$ 48.67	\$ 89.42	\$ 137.45

Plan Benefits	BASE Plan	ENHANCED Plan	ENHANCED PLUS Plan
Class A – Preventative & Diagnostic	100%	100%	100%
Class B – Basic Services	50%	80%	80%
Class C – Major Services	Not Covered	50%	50%
Class D – Orthodontic Services (up to 19)	Not Covered	Not Covered	50%
Individual Deductible per Plan Year Class A, B, & C	\$50 Applies to Class B & C	\$50 Applies to Class B & C	\$50 Applies to Class B & C
Family Deductible Maximum per Plan Year	\$150	\$150	\$150
Plan Year Maximum Benefit - Class A, B, C	\$750	\$1,250	\$1,750
Class C – Waiting Period	Not Covered	6 Months	6 Months
Class D – Waiting Period	Not Covered	Not Covered	12 Months
Class D – Individual Lifetime Deductible	Not Covered	Not Covered	\$0
Class D – Plan Year Maximum Benefit	Not Covered	Not Covered	\$500
Class D – Lifetime Orthodontic Max Benefit	Not Covered	Not Covered	\$1,000
In-Network Dentist – Benefits	PPO MAC Schedule	PPO MAC Schedule	PPO MAC Schedule
Out-of-Network Dentist - Benefits	PPO MAC Schedule	PPO MAC Schedule	90 th Percentile UCR

Dental Services	BASE Plan	ENHANCED Plan	ENHANCED PLUS Plan
Prophylaxis	A	A	A
Oral Exams	A	A	A
Fluoride TX - Child	A	A	A
X-Rays – BW & FMX	A	A	A
Sealants	A	A	A
Palliative Care	A	A	A
Diagnostic Casts	A	A	A
Fillings	B	B	B
Simple Extractions	B	B	B
Prosthetic Repairs	B	B	B
Space Maintainers	B	B	B
Anesthesia	Not Covered	C	B
Surgical Extractions	Not Covered	C	B
Complex Oral Surgery	Not Covered	C	B
Endodontics	Not Covered	C	B
Periodontics	Not Covered	C	B
Crowns & Bridges	Not Covered	C	C
Inlays & Onlays	Not Covered	C	C
Partials & Dentures	Not Covered	C	C



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Participating DentaNet Dentists - This Plan contains a Participating Dentist arrangement. Covered Dental Services are based on the Maximum Allowable Charge Schedule. If a Covered Person uses the services of a participating DentaNet Dentist, that dentist is entitled to collect from you the difference between the amount of benefits payable by Company and the Maximum Allowable Charge. If a Covered Person uses the services of a Non-Participating Dentist, that dentist is entitled to collect from you the difference between the amount of benefits payable by Company and the dentist's usual and customary charge.

Benefit Adjustments - Benefits will be coordinated with any other dental coverage. Under the Alternative Dental Treatment provision, benefits will be payable for the most economical procedure meeting broadly accepted standards of dental care. It is recommended that all treatment plans exceeding \$300 be submitted for an estimate of benefits payable.

Limitations and Exclusions - Benefits aren't payable for care not listed under the Schedule of Dental Services in the group policy, care that is not necessary, care not professionally endorsed, or care that is experimental or cosmetic in nature. For a complete list of limitations and exclusions, please refer to the group policy documents.

Open Enrollment – There shall be an Open Enrollment Period each year during which the Employer is given no less than thirty (30) days to offer eligible Subscribers an opportunity to elect coverage or make changes to their existing coverage. There will be no "Late Entrant" penalties assessed during this time. Open Enrollment is typically the thirty (30) days prior to the policy anniversary date, i.e. policy anniversary date is January 1, open enrollment is held during the month of December. The Open Enrollment Period can be changed to correspond with any Medical or Cafeteria Plan enrollments.

To enroll, please call 1-866-322-2244.

If you have questions regarding coverage, claims, or need assistance locating a provider, please call 205-451-0444.

This summary is a brief description of the plan benefits and is designed to highlight features of the program only. A more complete description of benefits and exclusions is found in the Certificate of Coverage.