Outline of Benefits
Milton School District
Group Number: 7777-501

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: July 1 through June 30

Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive (Coverage A)</td>
<td>100%</td>
</tr>
<tr>
<td>Basic (Coverage B) - includes posterior composites</td>
<td>80%</td>
</tr>
<tr>
<td>Major (Coverage C)</td>
<td>60%</td>
</tr>
</tbody>
</table>

Maximum Benefits: $1,000 per person per benefit period excluding Orthodontics.

Deductibles: $50/$150 benefit period deductible per person/family (applies to Basic and Major benefits only).

Office Visit Copayments: None

Waiting Periods:
- Basic Benefits: No waiting period.
- Major Benefits: No waiting period.

Dependent Age Limits:
- Dependent Children are covered up to age 26.

Double-Up MaxSM: Not applicable

To the extent of any provision in this Outline of Benefits conflicts with a provision in the Dental Plan Description or Summary Plan Description, the provision in the Dental Plan Description or Summary Plan Description shall supersede and take precedence.