Benefit Summary
XAVIER UNIVERSITY
Basic Plan

Benefit Plan Number: D8A

Benefit Year: The 12 month period beginning January 1st and ending December 31st (calendar year)

Annual Maximum Benefit: $750 per Member

Orthodontic Lifetime Maximum Benefit: $0 per Eligible Member

Deductible:
- $50 per Member, per Benefit Year
- $150 per Family, per Benefit Year

The deductible applies to Basic Benefits only

<table>
<thead>
<tr>
<th>Covered Dental Services</th>
<th>Deductible Applied</th>
<th>Percentage of Allowable Expense Paid by the Plan</th>
<th>Member Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Benefits</td>
<td>No</td>
<td>100%</td>
<td>None</td>
</tr>
<tr>
<td>Basic Benefits</td>
<td>Yes</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Major Benefits</td>
<td>No</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Endodontic Services are covered as Basic Benefits.
Periodontic Services are covered as Basic Benefits.
Sealants are covered as Basic Benefits.
Dependent children are eligible for coverage until age 26.

A complete description of benefits, limitations and exclusions are available in the Member Handbook. Members must receive services from a Dental Care Plus dentist.

BASIC PLAN
Dental Care Plus 2017 Monthly Rates

<table>
<thead>
<tr>
<th>TIER</th>
<th>MONTHLY RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$22.64</td>
</tr>
<tr>
<td>Employee+1</td>
<td>$43.58</td>
</tr>
<tr>
<td>Family</td>
<td>$76.78</td>
</tr>
</tbody>
</table>