Dental Schedule of Benefits:
Effective for those meeting the eligibility and waiting period requirements identified below.

Annual Maximum Benefits Paid
Annual Maximum Reimbursement for Dental Expenses per Plan Year is $1,000 per person.

Copayment Levels for Covered Expenses

Amount of Dental Expense	Plan Pays	Employee Pays	Paid Benefit
First $200	100%	0%	$200
Next $500	80%	20%	$400
Next $800	50%	50%	$400

Limited Benefit Vision Plan:

The limited benefit vision plan schedule of benefits.

The plan pays 100% of the first $100 in vision care expenses
then
50% of the next $300 in vision care expenses.

Maximum plan year benefit is $250 per participant

To be eligible to receive the benefit, the employee and dependants must be active enrollees in the Arbor Woods Dental Benefits Plan.

Limitations and Exclusions of the Limited Benefit Vision Plan:

Covered expenses will not include and no benefits will be payable for expenses incurred for:

1. Vision exams more than once in any twelve (12) month period.
2. Prescribed lenses more than once in any twelve (12) month period.
3. Frames more than once in any twelve (12) month period.
4. Contact lenses more than once in any twelve (12) month period. When chosen, contact lenses shall be in lieu of any other lens benefit and frame benefit during any twelve (12) month period. When lenses are chosen, expenses for contact lenses are not covered expenses during any twelve (12) month period.
5. Examinations performed or frames or lenses ordered before the insured was covered under eye care expense benefits.
6. Examinations performed or frames or lenses ordered after the insureds coverage under the eye care expense benefits ceases.
7. Non-prescription lenses or sunglasses
8. Replacement or repair of lost or broken lenses or frames except at normal intervals.
9. Medical or surgical treatment of the eye.
10. Lenses and frames during the first twelve (12) months that a person is insured under the eye care expense benefits, when the insured is a Late Entrant as defined.

Exclusions and Limitations of the Arbor Woods Dental Benefits Plan

1. Labial veneers and laminates done for cosmetic purposes. However, when performed for restorative purposes, labial veneers and laminates are covered under the same conditions and to the same extent that amalgam and composite restorations are covered.

2. Alteration of vertical dimension and the restoration or maintenance of occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, restoration of tooth structure lost from attrition, and restoration for mal-alignment of the teeth.

3. Orthodontic services (treatment of poor alignment of teeth and or jaws)

4. Services with respect to any disturbance of the temporomandibular joint (jaw joint)

5. Charges for anesthesia, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services.

6. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility

7. Experimental procedures

8. Prescribed drugs, medications or analgesia

9. Any single procedure started prior to the date the person became covered for such services under this program.

10. Services for injuries or conditions which are compensable under workers compensation or employers liability laws; services which are provided to the enrollee by any federal or state government agency or
are provided without cost to the enrollee by any municipality, county or other political subdivision except as such exclusion may be prohibited by law.

11. Services with respect to congenital or developmental malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular malformations, enamel hypoplasia, fluorisis of the teeth and anodontia, except those services provided to newborn children for congenital defect or birth abnormalities.

12. The plan will not pay to replace any crown, jacket or cast restoration which the patient received in the previous five (5) year.

13. Crowns, jackets and cast restorations are limited to enrollees who have been enrolled in the plan for 12 consecutive months. This provision will be waived for employees and their dependent enrolling on the Effective date.

14. This plan will not pay to replace any bridge or denture that the patient received in the previous five (5) years. An exception is made if the bridge or denture cannot be made satisfactory due to a change in supporting tissues or because too many teeth have been lost.

15. This plan limits benefits for dentures to a standard partial or complete denture.

16. Prosthodontic Benefits are limited to Enrollees who have been enrolled in this plan for 12 consecutive months. This provision will be waived for employees and their dependents enrolling on the Effective Date.

17. Gold foil restorations

18. Charges for implants

19. Purchases of toothbrushes, toothpaste, floss, or other personal care items, including nonprescription drugs.

20. Procedures covered under the Employer's medical plan, whether or not the Covered Person is enrolled in the medical plan.

21. Any other expenses, which are determined by the Administrator and communicated to Eligible Employees by notice or other reasonable means.

Limitations on Diagnostic and Preventive Benefits:

a) Routine oral examinations and cleanings, including periodontal cleanings, are not provided more than twice (2) in any twelve (12) month period while the patient is an Enrollee under this plan.

b) Full mouth x-rays or panographic x-rays will be provided when required by the Dentist, but no more once each 5 years will be paid by the Employer.

c) Bitewing x-rays are limited to twice in any 12 month period when provided to Enrollees under age 18 and once each 12 months for Enrollees age 18 and over.

d) The Employer will not pay for topical application of fluoride for anyone nineteen (19) years or older.