Plan Highlights

Dental Plan Summary

Broward Health

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1</td>
<td></td>
</tr>
<tr>
<td>Type 2</td>
<td>80%</td>
</tr>
<tr>
<td>Type 3</td>
<td>50%</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50/Calendar Year, Waived for Type 1; No family maximum to $50 waived For Type 1 - 3.0 time family Maximum</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$1,250/Calendar year per person</td>
</tr>
<tr>
<td>Reimbursement Allowance</td>
<td>Contracted fee called Maximum Allowable Charge (MAC)</td>
</tr>
</tbody>
</table>

ORTHODONTIA SUMMARY – ADULT AND CHILD

<table>
<thead>
<tr>
<th>Reimbursement Allowance</th>
<th>Usual &amp; Customary (U&amp;C)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coinsurance</td>
<td>50%</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$1,500 per person (Includes TCA Basic Ortho Claims Look Back)</td>
</tr>
<tr>
<td>Waiting Period</td>
<td>None</td>
</tr>
</tbody>
</table>

SAMPLE PROCEDURE LISTING

Type 1
- Routine Exam (2 in 12 months)
- Bitewing X-rays (1 in 12 months)
- Full Mouth/Panoramic X-rays (1 in 5 years)
- Periapical X-rays
- Cleaning (2 in 12 months)
- Fluoride for Children 13 and under (1 in 12 months)

Type 2
- Sealants (age 13 and under)
- Restorative Amalgams
- Restorative Composites
- Endodontics (nonsurgical)
- Periodontics (nonsurgical)
- Denture Repair
- Simple Extractions

Type 3
- Space Maintainers
- Onlays
- Crowns (1 in 10 years per tooth)
- Crown Repair
- Endodontics (surgical)
- Periodontics (surgical)
- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)
- Complex Extractions
- Anesthesia
- Implants NOT Covered

MAC, U&C REIMBURSEMENT ALLOWANCES
MAC is a discounted dental procedure charge based on provider charges (contracted fees) within a particular ZIP code area. MAC fees are associated with a PPO plan and are accepted by network providers as the total fee. When MAC is selected as the out-of-network allowance, plan payments are based on MAC fees, but the insured must pay the difference up to the dentist’s actual charge.

U&C benefits are calculated according to the U&C charge for a given dental procedure within a particular ZIP code area. For example, 90th percentile U&C means that 9 out of 10 dentists in a specific area charge at or below the plan allowance for a procedure.

RELIANCE STANDARD LIFE INSURANCE COMPANY
Reliance Standard Life Insurance Company was incorporated in 1907 as the Central Standard Life Insurance Company in Chicago, Illinois. In 1967 the administrative offices moved to Philadelphia, PA and the company was renamed Reliance Standard Life Insurance Company. RSL is domiciled in Illinois, and its headquarters remain in Philadelphia. A subsidiary, First Reliance Standard Life Insurance Company, was formed in 1984, and licensed to do business in the state of New York.
Plan Highlights

Dental Plan Summary

CUSTOMER SERVICE
Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Friday. Call toll free 800-497-7044. We will be happy to answer any questions you may have regarding a specific claim you have filed or questions about benefits for dental procedures being considered.

MAXIMUM REWARDS
This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. Participants earn dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus.

Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn’t submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

<table>
<thead>
<tr>
<th>Annual Benefit Threshold</th>
<th>$500</th>
<th>Dental benefits received for the year cannot exceed this amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Carryover Amount</td>
<td>$250</td>
<td>Maximum Rewards amount is added to the following year’s maximum</td>
</tr>
<tr>
<td>Annual PPO Bonus</td>
<td>$100</td>
<td>Additional bonus is earned if the plan participant sees a PPO provider</td>
</tr>
<tr>
<td>Maximum Carryover</td>
<td>$1,250</td>
<td>Maximum possible accumulation for Maximum Rewards and PPO Bonus combined</td>
</tr>
</tbody>
</table>

MATERNITY BENEFIT
Provides an additional comprehensive evaluation and cleaning during pregnancy. If a member submits an additional cleaning, as statement of medical condition form will be completed.

DENTIST INFORMATION
To find network providers near you, visit www.employeebenefitservice.com/storefronts/browardhealth. Click on “Find a Provider” to access the online directory and follow the step-by-step instructions. Please note under this plan you may use the services of any out-of-network dentist; however your out-of-pocket expenses will be higher than if you elect services from a network provider. Also on this site, access your secure member account to view dental claims status and more.

PRETREATMENT ESTIMATES
While Reliance Standard doesn’t require a pretreatment authorization form for any procedure, it is recommended that you submit them for any dental work you consider expensive. As a smart consumer, it’s best for you to know your share of the cost up front. Simply ask your dentist to submit the information on a claim form to us and note that it’s for a pretreatment estimate. Reliance Standard Dental will inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won’t be any surprises once the work has been completed.

OPEN ENROLLMENT
If an employee does not elect to participate when initially eligible, the employee may elect to participate at Broward Health’s next enrollment period or at the time of a “qualifying event.”

PRE-TAX BENEFIT/SECTION 125
This plan is provided as part of Broward Health’s Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan.
If an employee does not elect to participate when initially eligible, he/she may elect to participate at Broward Health’s next Annual Election Period or at the time of a “qualifying event.”

This form is a benefit highlight, not a certificate of insurance. Coverage outlined here highlights benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations or complete list of covered procedures, please contact your benefits coordinator.