



Schedule of Benefits

May 20, 2010

Book Number: 541

Effective Date : January 01, 2010

Group Number: 78791ERC (0000)

Group Name: SALUS SOLUTIONS LLC

DEDUCTIBLE

Benefit Period Deductible Amount \$50

COINSURANCE

Endorsement A, Oral Surgery 80% / 20%

Endorsement B, Diagnostic and Preventative 100% / 0%

Endorsement C, Simple Restorative 80% / 20%

Endorsement D, Complex Restorative 50% / 50%

Endorsement E, Prosthodontics 50% / 50%

Endorsement F, Periodontics 80% / 20%

Endorsement G, Orthodontics 50% / 50%

MAXIMUMS

Benefit period maximum for Endorsements A, B, C, D, E, and F combined \$1,000 for each member

Lifetime Maximum for Endorsement G. \$1,000 for each member

Payments made under Endorsement G are not included in the benefit period maximum.

ELIGIBILITY WAITING PERIOD

The eligibility date is the first billing date on or after date of employment.

A Subscriber must meet the employer's Eligibility Waiting Period before coverage is effective under this dental plan. Once dental coverage is effective, a Dental Waiting Period may apply to some or all of the Endorsements as shown on the Schedule of Benefits.

SPECIAL NOTES

The Deductible is waived for Coverage Services under Endorsement B.

Once coverage is effective, there is a 3 month Dental Waiting Period on all Endorsements except Endorsement B.

There is no Dental Waiting Period for Endorsement B.

**BY ACCEPTING BENEFITS UNDER THIS BENEFIT PLAN,
GROUP/POLICYHOLDER AGREES TO THE FOLLOWING:**

1. It is agreed that the Group will maintain standard percentage of enrollment which is seventy-five (75%) of all eligible employees, unless Company's records designate otherwise. The Company reserves the right to terminate the Group when participation is less than two (2) employees. In cases where there is only one (1) employee (or owner, if covered) employed by the Group, termination will be effective on the Group's next anniversary date. A Group terminated for these reasons will be given sixty (60) days written notification prior to termination.
2. It is agreed that new employees will apply for coverage immediately upon hire, to be effective according to the eligibility requirements as stated in the Eligibility section of this Schedule of Benefits.
3. New employees who do not exercise the option to enroll themselves or their eligible Dependents during their initial period of eligibility will be subject to the eligibility requirements as stated in the Eligibility section of the Contract.
4. It is agreed that the Effective Date of the Benefit Plan and of an employee's coverage are subject to the approval of Our home office.
5. It is agreed that Blue Cross and Blue Shield of Louisiana and its subsidiaries will be the exclusively endorsed carriers for selected coverage(s).
6. All employees in the Group are full-time (thirty (30) hours per week minimum), unless Company's records designate otherwise.
7. The Group will notify Our Membership & Billing Department of a Member's termination of coverage within thirty (30) days of the date in which the Member is terminated from the Group. Company is under no obligation to refund any premium paid by Group or any Member, if payment was made to Company due to Group's failure to timely notify Company of a Member's termination of coverage.
8. The Group will submit to the Company's Membership & Billing Department evidence of a Member's election of any applicable COBRA or other continuation of coverage following such termination within three (3) business days of the Group's receipt of signed continuation forms from the Member.
9. The Group must contribute a minimum of 50% of the single cost of the insurance premium throughout the life of the contract.