

Schedule of Benefits

(GR-29N 01-01 01)

Employer: Metal Lathers Local 46 Trust

Group Policy Number: GP-619383

Issue Date: February 22, 2010

Effective Date: February 1, 2010

Schedule: 2A

Cert Base: 2

For: Passive PPO Dental

This is an ERISA plan, and you have certain rights under this plan. Please contact your Employer for additional information.

(GR-9N-S-21-010-01-NY)

Please refer to the listing of **covered expenses** and the percentage payable appearing below. The percentage the plan will pay varies by the type of expense.

PLAN COINSURANCE	NETWORK COINSURANCE	OUT-OF-NETWORK COINSURANCE
Type A Expenses	100%	100%
Type B Expenses	100%	100%
Type C Expenses	80%	80%
Orthodontic Treatment	80%	80%

Calendar Year Maximum Benefit (GR-9N-S-21-010-01-NY)

Calendar Year Maximum: \$1,500

The most the plan will pay for **covered expenses** incurred by any one covered person in a Calendar Year is called the Calendar Year Maximum Benefit.

The Calendar Year maximum benefit applies to network and out-of-network covered dental expenses combined.

Orthodontic Lifetime Maximum Benefit

Orthodontic Lifetime Maximum: \$1,200

Expense Provisions (GR-9N S-09-05- 01 NY)

The following provisions apply to your health expense plan.

This section describes cost sharing features, benefit maximums and other important provisions that apply to your Plan. The specific cost sharing features and the applicable dollar amounts or benefit percentages are contained in the attached health expense sections of this *Schedule of Benefits*.

The insurance described in this *Schedule of Benefits* is underwritten by Aetna Life Insurance Company, policy form GR-29N.

Keep This Schedule of Benefits With Your Booklet-Certificate.

Coinsurance Provisions *(GR-9N S-09-020 01)*

Coinsurance

This is the percentage of your **covered expenses** that the plan pays and the percentage of **covered expenses** that you pay. The percentage that the plan pays is referred to as the “**Plan Coinsurance**”. Once applicable **deductibles** have been met, your plan will pay a percentage of the **covered expenses**, and you will be responsible for the rest of the costs. The **coinsurance** percentage may vary by the type of expense. Refer to your *Schedule of Benefits* for coinsurance amounts for each covered benefit.

Maximum Benefit Provisions

Calendar Year Maximum Benefit

The most the plan will pay for covered expenses incurred by any one covered person in a Calendar Year is called the Calendar Year maximum benefit.

The Calendar Year maximum benefit will not deny benefits for certain covered expenses in any one Calendar Year.

The Calendar Year maximum benefit applies to **network care** and **out-of-network care** expenses combined.

General *(GR-9N S-28-01 01)*

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.