

GBA Insurance Trust, Inc.
2017 Summary of Dental Benefits for Plan # 275

Calendar Year Deductibles

| | |
|------------|-------|
| Individual | \$100 |
| Family | \$300 |

Annual Maximum Benefit (per person) \$1,250

Preventive & Diagnostic (deductible waived) 100%
Includes 2 oral exams, cleanings & x-rays per year

Basic Dental Services 80%
Includes oral surgery, root canals, fillings, etc.

Major Dental Services 50% *
Includes crowns, bridges, & dentures

Orthodontic Services Children Under Age 19 Only
Percentage 50%
Lifetime Maximum Benefit \$1,000

For more information:

| | |
|---------------------------------|--|
| Dentist Network on the Internet | www.bcbsga.com |
| Paragon Customer Service | 877-380-0193 |
| Claims on the Internet | www.paragonbenefits.com |
| Plan Certificates | www.gabankers.com/gbait.booklets.htm |

** No benefits will be paid for major services for the first 12 months.*

***Reimbursements subject to usual & customary & reasonable limitations*

Credit will be given for those employees covered under their prior plan.

Late enrollees will not have major services for the first 18 months.

Voluntary participation; payroll deduction under the Section 125 Plan.

Dependents covered only if the employee is covered.

This is a summary not a contract. Please refer to the certificate booklet for complete details.