

**Minneapolis College of Art and Design - #277
Dental Benefit Plan**

Amendment #1

Effective January 1, 2015, the Minneapolis College of Art and Design Dental Benefit Plan is hereby amended as follows:

- All references to Sheffield, Olson & McQueen are deleted and replaced with:

EBSO, Inc.

- Dental Benefit Summary, is deleted and replaced with the following:

First Year Dental - Benefit Summary		
	NETWORK	NON-NETWORK
CALENDAR YEAR DEDUCTIBLE <ul style="list-style-type: none"> • Per person • Maximum per family 	None None	\$50 \$150
CALENDAR YEAR MAXIMUM (PER PERSON)	\$1,500	
PREVENTIVE SERVICES <ul style="list-style-type: none"> • Oral Exams and Cleanings – two times per Calendar Year • Fluoride Treatments (Dependent children under age 18) - two times per Calendar Year • Infection Control • Space Maintainers (Dependent children under age 15) • X-Rays <ul style="list-style-type: none"> ▲ bitewing x-rays, two sets per Calendar Year ▲ full mouth set of x-rays including panograph (one in any three year period) ▲ periopical and occlusal x-rays • Sealants (Dependent children under age 15) - once in a three year period 	100%	80% (Deductible waived)
BASIC RESTORATIVE <ul style="list-style-type: none"> • Amalgam (silver), Silicate, Acrylic, or Composite (white) Fillings • Anesthesia • Emergency Palliative Treatment • Extractions • Endodontics • Oral Surgery • General and Local Anesthesia administered with Oral Surgery • Periodontics • Stainless Steel Crowns 	80%	Deductible & 50%

Where the Plan specifies a Deductible, maximum dollar amount paid, or a maximum number of visits allowed, benefits paid In-Network and Out-of-Network will apply toward each other in determining the maximums allowed under the Plan.

If you or your family members are newly enrolled in the Dental Plan then you are eligible for Preventive and Basic Restorative services only. Upon the second and continuous years on the

plan you will be eligible for full dental coverage which includes Preventive, Basic Restorative, Major Services, Prosthodontics and Orthodontics.

NOTE: A Network dentist is a dentist who has signed an agreement with Premier Dental. The dentist has agreed to accept the Premier Dental Maximum Amount Payable as payment in full for covered dental care. You will be responsible for any applicable Deductible and Co-insurance amounts listed in the Dental Benefit Summary and/or Schedule of Benefits. This schedule is just a summary. Please see the plan document for additional details and limitations.

Full Dental - Benefit Summary		
	NETWORK	NON-NETWORK
CALENDAR YEAR DEDUCTIBLE		
<ul style="list-style-type: none"> • Per person • Maximum per family 	None None	\$50 \$150
CALENDAR YEAR MAXIMUM (PER PERSON)	\$1,500	
PREVENTIVE SERVICES	100%	80% (Deductible waived)
<ul style="list-style-type: none"> • Oral Exams and Cleanings – two times per Calendar Year • Fluoride Treatments (Dependent children under age 18) - two times per Calendar Year • Infection Control • Space Maintainers (Dependent children under age 15) • X-Rays <ul style="list-style-type: none"> ▲ bitewing x-rays, two sets per Calendar Year ▲ full mouth set of x-rays including panograph (one in any three year period) ▲ periopical and occlusal x-rays • Sealants (Dependent children under age 15) - once in a three year period 		
BASIC RESTORATIVE	80%	Deductible & 50%
<ul style="list-style-type: none"> • Amalgam (silver), Silicate, Acrylic, or Composite (white) Fillings • Anesthesia • Emergency Palliative Treatment • Extractions • Endodontics • Oral Surgery • General and Local Anesthesia administered with Oral Surgery • Periodontics • Stainless Steel Crowns 		
MAJOR RESTORATIVE	60%	Deductible & 50%
<ul style="list-style-type: none"> • Crowns (other than stainless steel) • Gold Fillings • Inlays & Onlays 		
PROSTHODONTICS	60%	Deductible & 50%
<ul style="list-style-type: none"> • Partial or Complete Dentures • Removable or Fixed Bridgework • Implants including Bone Beam Image and Bone Grafts 		

Where the Plan specifies a Deductible, maximum dollar amount paid, or a maximum number of visits allowed, benefits paid In-Network and Out-of-Network will apply toward each other in determining the maximums allowed under the Plan.

NOTE: A Network dentist is a dentist who has signed an agreement with Premier Dental. The dentist has agreed to accept the Premier Dental Maximum Amount Payable as payment in full for covered dental care. You will be responsible for any applicable Deductible and Co-insurance amounts listed in the Dental Benefit Summary and/or Schedule of Benefits. This schedule is just a summary. Please see the plan document for additional details and limitations.

ORTHODONTIA		
	NETWORK	NON-NETWORK
ORTHODONTIC MAXIMUM LIFETIME BENEFIT (PER DEPENDENT CHILD AGE 8 TO 19 YEARS)	\$1,500	
<ul style="list-style-type: none"> • Braces • Fixed or Removable Appliances 	50%	50%

3. Under Employee – Effective Date the following is hereby added:

Coverage is limited to Preventive and Basic Restorative during the first 12 months of coverage under the Plan.

4. Under Employee – Late Enrollee the following is hereby added:

Late Enrollees added during the annual enrollment period will be eligible for Preventive and Basic Restorative services only for the first 12 months of coverage.

5. Under Dependents – Effective Date, the following is hereby added:

Coverage is limited to Preventive and Basic Restorative during the first 12 months of coverage under the Plan.

6. Under Dependents – Late Enrollee the following is hereby added:

Late Enrollees added during the annual enrollment period will be eligible for Preventive and Basic Restorative services only for the first 12 months of coverage.

Date Signed

Plan Sponsor's Authorization Signature

Witness' Signature

Name & Title of Authorization Signatory