



Group Name: CHARLESTON SOUTHERN UNIVERSITY

SCHEDULE OF BENEFITS

DENTAL BENEFITS

CLASS I - 100% OF THE PREVAILING CHARGE

DIAGNOSTIC AND PREVENTATIVE  
DENTAL BENEFITS

CLASS II - 80% OF THE PREVAILING CHARGE

BASIC DENTAL, ORAL SURGERY  
AND PERIODONTIC BENEFITS

CLASS III - 50% OF THE PREVAILING CHARGE

PROSTHODONTIC BENEFITS

CLASS IV - 50% OF THE PREVAILING CHARGE

ORTHODONTIC BENEFITS

MAXIMUM PAYMENT PER BENEFIT  
PERIOD FOR CLASS I, CLASS II, AND  
CLASS III \$1,000 PER MEMBER

MAXIMUM PAYMENT PER LIFETIME  
FOR CLASS IV BENEFITS \$1,000 PER MEMBER

MAXIMUM DEDUCTIBLE AMOUNT PER  
PERSON PER BENEFIT PERIOD \$50 PER MEMBER  
3 PER FAMILY

THIS DEDUCTIBLE APPLIES TO CLASS II  
CLASS III

MAXIMUM DEDUCTIBLE AMOUNT PER  
PERSON PER BENEFIT PERIOD \$50 PER MEMBER  
3 PER FAMILY

THIS DEDUCTIBLE APPLIES TO CLASS IV

THERE IS A SIX MONTHS WAITING PERIOD FOR CLASS III AND IV DENTAL  
SERVICES FOR ALL NEW HIRES AS OF 01/01/94

Rates

Employee	\$15.06
Employee & 1 Dependent	\$37.85
Employee & 2 + Dependents	\$50.46