Outline of Benefits
UNIVERSITY OF MAINE SYSTEM
Group Number: 63484-1002, 4002
Enhanced Plan

For more information on your benefits, please refer to your Dental Plan Description (DPD) or Summary Plan Description (SPD).

Benefit Period: January 1 through December 31

Eligibility Period: Determined by the Employer.

Benefit percentages paid by Northeast Delta Dental after any applicable Waiting Periods and/or Copayments:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Benefit Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive (Coverage A)</td>
<td>100%</td>
</tr>
<tr>
<td>Basic (Coverage B) - includes posterior resin restorations</td>
<td>80%</td>
</tr>
<tr>
<td>Major (Coverage C)</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics (Coverage D)</td>
<td>50%</td>
</tr>
</tbody>
</table>

Maximum Benefits: $1,500 per person per benefit period excluding Orthodontics.
Orthodontic benefits have a separate lifetime maximum of $1,500 per adult and child

Deductibles: None

Office Visit Copayments: None

Waiting Periods:
Waiting periods do not apply to eligible enrollees under nineteen (19) years of age, except for orthodontic benefits.
Basic Benefits: No waiting period.
Major Benefits: No waiting period.
Orthodontic Benefits: No waiting period.

Dependent Age Limits:
Dependent Children are covered up to age 26.

Your benefits include Domestic Partner Coverage. Please contact your employer for more details.

Double-Up MaxSM: Not applicable