

AHCT 2023 Standard Stand-Alone Dental Plan Exhibit 1

For use by Issuers including coverage for services obtained out-of-network

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible <i>(Does not apply to Preventive & Diagnostic Services for In-Network Services)</i>	\$60 per member, up to 3 family members	[]
Out-of-Pocket Maximum * For one child Two or more children	\$350 \$700	[] []
Diagnostic Services		
Oral Exams <i>(twice per year)</i>	\$0	[]
X-Rays		
Periapicals <i>(four per year)</i>		
Bitewing Radiographs <i>(once every year)</i>		
Panoramic or Complete Series <i>(once every three years)</i>		
Preventive Services		
Cleanings <i>(twice per year)</i>	\$0	[]
Periodontal Scaling and Root Planing		
Periodontal Maintenance <i>(once every 3 months following periodontic surgery)</i>		
Fluoride * <i>(twice per year)</i>		
Sealants *		
Basic Services		
Filings	20% after INET deductible is met	[]
Simple Extractions		
Major Services		
Surgical Extractions	40% after INET deductible is met	[]
Endodontic Therapy (i.e., Root Canal Treatment)		
Periodontal Therapy		
Crowns and Cast Restorations		
Prosthodontics (Complete and Partial Dentures; Fixed Bridgework)		
Other Services		
Medically-Necessary Orthodontic Services *	50% after INET deductible is met	[]
Waiting Periods and Plan Maximums <i>(for covered persons not eligible for dependent child benefit)</i>		
Applicable Waiting Period for Benefit		
Diagnostic and Preventive Services	No waiting period	
Basic Services	6 months [^]	
Major Services	12 months [^]	
[^] <i>Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan.</i>		
Plan Maximum <i>(combined for In-Network and Out-of-Network Services)</i>	\$2,000 per member	

*For child, stepchild, or other dependent child until end of plan year once dependent turns 26.

AHCT 2023 Standard Stand-Alone Dental Plan
Exhibit 2

For use by Issuers excluding coverage for services obtained out-of-network

Plan Overview	In-Network (INET) Member Pays
Deductible (<i>Does not apply to Preventive & Diagnostic Services</i>)	\$60 per member, up to 3 family members
Out-of-Pocket Maximum *	
For one child	\$350
Two or more children	\$700
Diagnostic Services	
Oral Exams (<i>twice per year</i>)	\$0
X-Rays	
Periapicals (<i>four per year</i>)	
Bitewing Radiographs (<i>once every year</i>)	
Panoramic or Complete Series (<i>once every three years</i>)	
Preventive Services	
Cleanings (<i>twice per year</i>)	\$0
Periodontal Scaling and Root Planing	
Periodontal Maintenance (<i>once every 3 months following periodontic surgery</i>)	
Fluoride * (<i>twice per year</i>)	
Sealants *	
Basic Services	
Filings	20% after deductible is met
Simple Extractions	
Major Services	
Surgical Extractions	40% after deductible is met
Endodontic Therapy (i.e., Root Canal Treatment)	
Periodontal Therapy	
Crowns and Cast Restorations	
Prosthetics (Complete and Partial Dentures; Fixed Bridgework)	
Other Services	
Medically-Necessary Orthodontic Services *	50% after deductible is met
Waiting Periods and Plan Maximums (<i>for covered persons not eligible for dependent child benefit</i>)	
Applicable Waiting Period for Benefit	
Diagnostic and Preventive Services	No waiting period
Basic Services	6 months [^]
Major Services	12 months [^]
[^] Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan.	
Plan Maximum	\$2,000 per member

*For child, stepchild, or other dependent child until end of plan year once dependent turns 26.