

<p>TOWN OF CARY Dental Plan Benefit – 30-35 HRS Effective July 1, 2008</p>

Plan Year	July 1st - June 30th
Plan Year Deductible	No Deductible
Annual Plan Year Maximum Benefit (1st Year)	\$1,500
First \$200 in eligible dental expenses (TIER 1)	100% to a maximum payment of \$200
Next \$1,625 in eligible dental expenses (TIER 2)	80% to a maximum payment of \$1,300

Any member who is reimbursed less than \$700 in benefits by June 30th will be awarded an additional \$350 benefit in the upcoming plan year, (i.e., second year benefit of \$1,850). This carryover provision may occur no more than 4 years in a row. The maximum annual benefit may never exceed \$2,900.

EFFECTIVE 7-1-08	PER PAYCHECK
INDIVIDUAL	3.06
EMP + SPOUSE	27.03
EMP + CHILD(REN)	21.54
FAMILY	39.51



17 Court Street-Suite 500
 Buffalo, NY 14202-3294
 Customer Service – (800) 688-2611
 Fax Claims toll free to (877) 851-8906