

<p><b>TOWN OF CARY</b>  <b>Dental Plan Benefit – Full Time</b>  <b>Effective July 1, 2008</b></p>
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<b>Plan Year</b>	<b>July 1st - June 30th</b>
<b>Plan Year Deductible</b>	<b>No Deductible</b>
<b>Annual Plan Year Maximum Benefit (1st Year)</b>	<b>\$1,500</b>
<b>First \$200 in eligible dental expenses (TIER 1)</b>	<b>100% to a maximum payment of \$200</b>
<b>Next \$1,625 in eligible dental expenses (TIER 2)</b>	<b>80% to a maximum payment of \$1,300</b>

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.

<b>EFFECTIVE 7-1-08</b>	<b>PER PAYCHECK</b>
INDIVIDUAL	0.00
EMP + SPOUSE	24.00
EMP + CHILD(REN)	18.50
FAMILY	36.50



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