SCHEDULE C

Information Concerning Benefits Under The DeltaCare USA Plan

THIS MATRIX IS INTENDED TO BE USED TO COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EOC SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF PLAN BENEFITS AND LIMITATIONS.

SUMMARY CHART	
(A) Deductibles	None
(B) Lifetime Maximums	None
(C) Out-of-Pocket Maximum	Individual $350.00 Multiple Child $700.00
(D) Professional Services	An Enrollee may be required to pay a Copayment amount for each procedure as shown in *Schedule A, Description of Benefits and Copayments for Pediatric Enrollees*, subject to the limitations and exclusions of this plan. Copayments range by category of service. Examples are as follows: Diagnostic Services No Charge Preventive Services No Charge Restorative Services $ 20.00 - $ 310.00 Endodontic Services $ 20.00 - $ 365.00 Periodontic Services $ 10.00 - $ 350.00 Prosthodontic Services, Removable $ 20.00 - $ 350.00 Maxillofacial Prosthetics $ 35.00 - $ 350.00 Implant Services (medically necessary only) $ 25.00 - $ 350.00 Prosthodontic Services, Fixed $ 40.00 - $ 300.00 Oral and Maxillofacial Surgery $ 30.00 - $ 350.00 Orthodontic Services (medically necessary only) $ 350.00 - $ 350.00 Adjunctive General Services No Charge - $ 210.00 **NOTE:** Limitations apply to the frequency with which some services may be obtained. For example: cleanings are limited to one in a 6-month period.
(E) Outpatient Services	Not Covered
(F) Hospitalization Services	Not Covered
(G) Emergency Dental Coverage	Benefits for Emergency Dental Services by an Out-of-Network Dentist are limited to necessary care to stabilize the Enrollee's condition and/or provide palliative relief.
(H) Ambulance Services	Not Covered
(I) Prescription Drug Services	Not Covered
(J) Durable Medical Equipment	Not Covered
(K) Mental Health Services	Not Covered
(L) Chemical Dependency Services	Not Covered
(M) Home Health Services	Not Covered
(N) Other	Not Covered

Each individual procedure within each category listed above, and that is covered under the plan, has a specific Copayment that is shown in Schedule A, Description of Benefits and Copayments for Pediatric Enrollees in the EOC.