Schedule of Benefits

Employer: Buckeye Ohio Risk Management Association Pool, Inc. (BORMA)

MSA: 737409

Issue Date: March 22, 2016
Effective Date: January 1, 2016
Schedule: 12A
Booklet Base: 12

For: Passive PPO Dental Plan - City of Bowling Green

Comprehensive Dental Plan (PPO)

Schedule of Comprehensive Dental Benefits (GR-9N-S-21-005-01)

<table>
<thead>
<tr>
<th>PLAN FEATURES</th>
<th>NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year</td>
<td>Individual $25</td>
<td>Individual $25</td>
</tr>
<tr>
<td>Deductible</td>
<td>Family $50</td>
<td>Family $50</td>
</tr>
</tbody>
</table>

The Calendar Year deductible applies to all covered expenses except Type A Expenses.

Please refer to the listing of covered expenses and the percentage payable appearing below. The percentage the plan will pay varies by the type of expense.

<table>
<thead>
<tr>
<th>PLAN PAYMENT PERCENTAGE</th>
<th>NETWORK PAYMENT PERCENTAGE</th>
<th>OUT-OF-NETWORK PAYMENT PERCENTAGE</th>
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</thead>
<tbody>
<tr>
<td>Type A Expenses</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Type B Expenses</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Type C Expenses</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Treatment</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Calendar Year Maximum Benefit
Calendar Year Maximum: $1,500

The most the plan will pay for covered expenses incurred by any one covered person in a Calendar Year is called the Calendar Year Maximum Benefit.

The Calendar Year maximum benefit applies to network and out-of-network covered dental expenses combined.

Orthodontic Lifetime Maximum Benefit
Orthodontic Lifetime Maximum: $1,000
Expense Provisions

The following provisions apply to your health expense plan. This section describes cost sharing features, benefit maximums and other important provisions that apply to your Plan. The specific cost sharing features and the applicable dollar amounts or benefit percentages are contained in the attached health expense sections of this Schedule of Benefits.

This Schedule of Benefits replaces any Schedule of Benefits previously in effect under your plan of health benefits.

**KEEP THIS SCHEDULE OF BENEFITS WITH YOUR BOOKLET.**

**Deductible Provisions**

Covered expenses applied to the out-of-network provider deductibles will be applied to satisfy the network provider deductibles. Covered expenses applied to the network provider deductibles will be applied to satisfy the out-of-network provider deductibles.

All covered expenses accumulate toward the network provider and out-of-network provider deductibles except for those covered expenses identified later in this Schedule of Benefits.

You and each of your covered dependents have separate Calendar Year deductibles. Each of you must meet your deductible separately and they cannot be combined. This Plan has individual and family Calendar Year deductibles.

**Network Provider Calendar Year Deductible**

**Individual**

This is the amount of covered expenses that you and each of your covered dependents incur each Calendar Year from a network provider for which no benefits will be paid. This individual Calendar Year deductible applies separately to you and each of your covered dependents. After covered expenses reach this individual Calendar Year deductible, this Plan will begin to pay benefits for covered expenses that you incur from a network provider for the rest of the Calendar Year.

**Family Deductible Limit**

When you and each of your covered dependents incur covered expenses that apply towards the individual Calendar Year deductibles, these expenses will also count toward a family deductible limit.

To satisfy this family deductible limit for the rest of the Calendar Year, the following must happen:

The combined covered expenses that you and each of your covered dependents incur towards the individual Calendar Year deductibles must reach this family deductible limit in a Calendar Year.

When this occurs in a Calendar Year, the individual Calendar Year deductibles for you and your covered dependents will be considered to be met for the rest of the Calendar Year.

**Out-of-Network Provider Calendar Year Deductible**

**Individual**

This is the amount of covered expenses that you and each of your covered dependents incur each Calendar Year from an out-of-network provider for which no benefits will be paid. This individual Calendar Year deductible applies separately to you and each of your covered dependents. After covered expenses reach this individual Calendar Year deductible, this Plan will begin to pay benefits for covered expenses that you incur from an out-of-network provider for the rest of the Calendar Year.
Family Deductible Limit
When you and each of your covered dependents incur covered expenses that apply towards the individual Calendar Year deductibles, these expenses will also count toward a family deductible limit.

To satisfy this family deductible limit for the rest of the Calendar Year, the following must happen:

The combined covered expenses that you and each of your covered dependents incur towards the individual Calendar Year deductibles must reach this family deductible limit in a Calendar Year.

When this occurs in a Calendar Year, the individual Calendar Year deductibles for you and your covered dependents will be considered to be met for the rest of the Calendar Year.

Copayments and Benefit Deductible Provisions

Payment Provisions

Payment Percentage
This is the percentage of your covered expenses that the plan pays and the percentage of covered expenses that you pay. The percentage that the plan pays is referred to as the “Plan Payment Percentage”. Once applicable deductibles have been met, your plan will pay a percentage of the covered expenses, and you will be responsible for the rest of the costs. The payment percentage may vary by the type of expense. Refer to your Schedule of Benefits for payment percentage amounts for each covered benefit.

Maximum Benefit Provisions

Calendar Year Maximum Benefit
The most the plan will pay for covered expenses incurred by any one covered person in a Calendar Year is called the Calendar Year maximum benefit.

The Calendar Year maximum benefit applies to network care and out-of-network care expenses combined.

Lifetime Maximum Benefit
The most the plan will pay for covered expenses incurred by any one covered person during their lifetime is called the Lifetime Maximum Benefit.

The Lifetime Maximum Benefit applies to network and out-of-network expenses combined.

General

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet and should be kept with your Booklet.