

ELIGIBILITY

Eligible Classes: All persons of the Employer in the following benefit classes shall be eligible for these benefits:

Principals and Central Office

Employee's Date of Eligibility: Each employee within the eligible classes, who works the number of hours in the normal work week established by the Employer for the purposes of participating in these benefits, shall be eligible for these benefits on the day such work requirements are satisfied. **EFFECTIVE: The first day of the month immediately following the date of hire.**

GENERAL DEFINITIONS

The Employer: When the term "The Employer" is used, it means collectively all employers included under the Plan Document.

Active Work Requirement: A requirement that an Employee be actively at work on full-time at the business establishment of the Employer or at other locations to which the Employer's business requires the Employee to travel.

Eligible Individual Within This Benefit Plan: An Employee who is eligible for benefits; a qualified dependent with respect to whom an Employee is eligible for dependent benefits.

Qualified Dependent:

- (1) An Employee's spouse while not divorced or legally separated from the Employee;
- (2) Each of the Employee's unmarried children who is a dependent within the meaning of the Internal Revenue code of the United States until the January 1st next following such child's twenty-fifth birthday; provided, however, that a divorced or otherwise legally separated spouse shall be considered a qualified dependent as long as the Employee is compelled by an order, ruling or other form of decision of a court of competent jurisdiction to provide dental expense benefits for such spouse. An Employee's children shall include stepchildren, legally adopted children, and any other children residing with and being supported by the Employee pursuant to an order, ruling or other form of decision of a court of competent jurisdiction.

If a dependent child is or becomes incapacitated due to physical handicap or mental retardation while eligible for benefits, such child's incapacity must be submitted to SET within 30 days following the end of the year in which the child would otherwise cease to qualify as a dependent child. Proof must be submitted to SET once each year thereafter of the continuation of said incapacity, to continue with the eligible dependent benefits.

BENEFIT SCHEDULE
 (The pages, which follow, refer to this Schedule)

EMPLOYER: Yale Public Schools - New - January 1, 2009
74130 DEN1B - 1055581 DEN2B - 2050703 COMP - 7413000

Dental Expense Benefit - Employee and Dependents Benefit (Assignable)

Benefit Year - A Calendar Year (January 1 through December 31)

List of Dental Services - See List of Dental Services

DENTAL EXPENSE BENEFITS

Basic Benefits:

Percentage	80%
Lifetime Deductible Amount	\$0.00
Incentive Plan Increments*	N/A

Additional Benefits (Major Services):

Percentage	80%
Annual Deductible Amount (Maximum Two Per Family)	\$0.00
Maximum Annual Dental Benefit Each Eligible Individual (Basic & Major Services)	\$1,500.00

ORTHODONTIC EXPENSE BENEFIT

Percentage	80%
Deductible Amount	\$0.00
Lifetime Maximum Benefit	\$1,500.00

SPECIAL PROVISIONS (as described in the Benefit Schedule Supplement)

(a) Missing Tooth Waiver	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included
(b) Five Year Denture Waiver	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included
(c) Basic Services Modification	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(d) Major Services Modification	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(e) Basic Benefits Percentage Modification	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(f) Pre-Existing Exclusion Waiver	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included
(g) Age Restriction Waiver	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included
(h) Extension of Benefits Waiver	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(l) External Coordination of Benefits Only	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(m) Incentive Plan Modification M	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(n) Incentive Plan Modification N	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(r) Reasonable & Customary Waiver	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(s) Sealants to age 14	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included

Benefit Schedule (cont'd)

Alternate Procedures of Treatment: If alternate procedures, services or courses of treatment may be performed to properly correct a dental condition, the maximum eligible dental charge that will be considered shall be for the least expensive procedure, as determined by the standards established within the Dental industry, producing a satisfactory professional result.

***Basic Benefits Incentive Plan Increment Provision:** The Basic Benefits Percentage applicable to an Eligible Individual under this Plan Document for a benefit year will be increased as indicated, provided the Eligible Individual visited a Dentist for periodic examination and diagnosis at least once during the preceding Benefit Year, and all Basic Services, indicated in the list of Dental Services as a result of the first of such visits, were completed during that Benefit Year. Otherwise, the original Basic Benefits Percentage will again apply for the current Benefit Year, and future incentive plan increments will be determined as described on the Benefit Schedule.

****Additional Benefits Annual Deductible Amount Provision:** For the purposes of calculating benefits for charges incurred in connection with any one Treatment Plan, charges used toward the satisfaction of the Additional Benefits Annual Deductible for a Benefit Year will include any charges in connection with the Treatment Plan which were used toward the satisfaction of the Additional Benefit for a previous Benefit Year. If any Benefit has become payable under this Benefit Plan in connection with a charge, that charge shall in no event be considered in the satisfaction of the Additional Benefit Annual Deductible for any Benefit Year.

Special Provisions Defined:

Your plan includes: **Options A, B, F, and G.**

- Option A:** covers bridge and/or denture work for new or existing insured if the missing teeth were extracted prior to the effective date of the service contract (only exception is congenitally missing teeth);
- Option B:** waives the five-year replacement limitation on bridge, crown or denture work;
- Option F:** covers orthodontia started prior to the effective contract date; and
- Option G:** covers orthodontia without regard to patient's age

ELIGIBILITY

Eligible Classes: All persons of the Employer in the following benefit classes shall be eligible for these benefits:

Custodians, Bus Drivers, Aides, Maintenance, and Mechanics

Employee's Date of Eligibility: Each employee within the eligible classes, who works the number of hours in the normal work week established by the Employer for the purposes of participating in these benefits, shall be eligible for these benefits on the day such work requirements are satisfied. ***EFFECTIVE: The first day of the month immediately following the date of hire.***

GENERAL DEFINITIONS

The Employer: When the term "The Employer" is used, it means collectively all employers included under the Plan Document.

Active Work Requirement: A requirement that an Employee be actively at work on full-time at the business establishment of the Employer or at other locations to which the Employer's business requires the Employee to travel.

Eligible Individual Within This Benefit Plan: An Employee who is eligible for benefits; a qualified dependent with respect to whom an Employee is eligible for dependent benefits.

Qualified Dependent:

- (2) An Employee's spouse while not divorced or legally separated from the Employee;
- (3) Each of the Employee's unmarried children who is a dependent within the meaning of the Internal Revenue code of the United States until the January 1st next following such child's twenty-fifth birthday; provided, however, that a divorced or otherwise legally separated spouse shall be considered a qualified dependent as long as the Employee is compelled by an order, ruling or other form of decision of a court of competent jurisdiction to provide dental expense benefits for such spouse. An Employee's children shall include stepchildren, legally adopted children, and any other children residing with and being supported by the Employee pursuant to an order, ruling or other form of decision of a court of competent jurisdiction.

If a dependent child is or becomes incapacitated due to physical handicap or mental retardation while eligible for benefits, such child's incapacity must be submitted to SET within 30 days following the end of the year in which the child would otherwise cease to qualify as a dependent child. Proof must be submitted to SET once each year thereafter of the continuation of said incapacity, to continue with the eligible dependent benefits.

BENEFIT SCHEDULE
 (The pages, which follow, refer to this Schedule)

EMPLOYER: Yale Public Schools - New - January 1, 2009
74130 DEN1B - 1055581 DEN2B - 2050701 COMP - 7413002

Dental Expense Benefit - Employee and Dependents Benefit (Assignable)

Benefit Year - A Calendar Year (January 1 through December 31)

List of Dental Services - See List of Dental Services

DENTAL EXPENSE BENEFITS

Basic Benefits:

Percentage	80%
Lifetime Deductible Amount	\$0.00
Incentive Plan Increments*	N/A

Additional Benefits (Major Services):

Percentage	80%
Annual Deductible Amount (Maximum Two Per Family)	\$0.00
Maximum Annual Dental Benefit Each Eligible Individual (Basic & Major Services)	\$1,500.00

ORTHODONTIC EXPENSE BENEFIT

Percentage	80%
Deductible Amount	\$0.00
Lifetime Maximum Benefit	\$1,500.00

SPECIAL PROVISIONS (as described in the Benefit Schedule Supplement)

- | | | |
|--|--|---------------------------------------|
| (a) Missing Tooth Waiver | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (b) Five Year Denture Waiver | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (c) Basic Services Modification | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (d) Major Services Modification | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (e) Basic Benefits Percentage Modification | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (f) Pre-Existing Exclusion Waiver | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (g) Age Restriction Waiver | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (h) Extension of Benefits Waiver | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (l) External Coordination of Benefits Only | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (m) Incentive Plan Modification M | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (n) Incentive Plan Modification N | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (r) Reasonable & Customary Waiver | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (s) Sealants to age 14 | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |

Benefit Schedule (cont'd)

Alternate Procedures of Treatment: If alternate procedures, services or courses of treatment may be performed to properly correct a dental condition, the maximum eligible dental charge that will be considered shall be for the least expensive procedure, as determined by the standards established within the Dental industry, producing a satisfactory professional result.

***Basic Benefits Incentive Plan Increment Provision:** The Basic Benefits Percentage applicable to an Eligible Individual under this Plan Document for a benefit year will be increased as indicated, provided the Eligible Individual visited a Dentist for periodic examination and diagnosis at least once during the preceding Benefit Year, and all Basic Services, indicated in the list of Dental Services as a result of the first of such visits, were completed during that Benefit Year. Otherwise, the original Basic Benefits Percentage will again apply for the current Benefit Year, and future incentive plan increments will be determined as described on the Benefit Schedule.

****Additional Benefits Annual Deductible Amount Provision:** For the purposes of calculating benefits for charges incurred in connection with any one Treatment Plan, charges used toward the satisfaction of the Additional Benefits Annual Deductible for a Benefit Year will include any charges in connection with the Treatment Plan which were used toward the satisfaction of the Additional Benefit for a previous Benefit Year. If any Benefit has become payable under this Benefit Plan in connection with a charge, that charge shall in no event be considered in the satisfaction of the Additional Benefit Annual Deductible for any Benefit Year.

Special Provisions Defined:

Your plan includes: **Options A, B, and F.**

- Option A:** covers bridge and/or denture work for new or existing insured if the missing teeth were extracted prior to the effective date of the service contract (only exception is congenitally missing teeth);
- Option B:** waives the five-year replacement limitation on bridge, crown or denture work; and
- Option F:** covers orthodontia started prior to the effective contract date.

ELIGIBILITY

Eligible Classes: All persons of the Employer in the following benefit classes shall be eligible for these benefits:

Cooks

Employee's Date of Eligibility: Each employee within the eligible classes, who works the number of hours in the normal work week established by the Employer for the purposes of participating in these benefits, shall be eligible for these benefits on the day such work requirements are satisfied. ***EFFECTIVE: The first day of the month immediately following the date of hire.***

GENERAL DEFINITIONS

The Employer: When the term "The Employer" is used, it means collectively all employers included under the Plan Document.

Active Work Requirement: A requirement that an Employee be actively at work on full-time at the business establishment of the Employer or at other locations to which the Employer's business requires the Employee to travel.

Eligible Individual Within This Benefit Plan: An Employee who is eligible for benefits; a qualified dependent with respect to whom an Employee is eligible for dependent benefits.

Qualified Dependent:

- (3) An Employee's spouse while not divorced or legally separated from the Employee;
- (4) Each of the Employee's unmarried children who is a dependent within the meaning of the Internal Revenue code of the United States until the January 1st next following such child's twenty-fifth birthday; provided, however, that a divorced or otherwise legally separated spouse shall be considered a qualified dependent as long as the Employee is compelled by an order, ruling or other form of decision of a court of competent jurisdiction to provide dental expense benefits for such spouse. An Employee's children shall include stepchildren, legally adopted children, and any other children residing with and being supported by the Employee pursuant to an order, ruling or other form of decision of a court of competent jurisdiction.

If a dependent child is or becomes incapacitated due to physical handicap or mental retardation while eligible for benefits, such child's incapacity must be submitted to SET within 30 days following the end of the year in which the child would otherwise cease to qualify as a dependent child. Proof must be submitted to SET once each year thereafter of the continuation of said incapacity, to continue with the eligible dependent benefits.

BENEFIT SCHEDULE
 (The pages, which follow, refer to this Schedule)

EMPLOYER: Yale Public Schools - New - January 1, 2009
74130 DEN1B - 1055551 DEN2B - 2020201 COMP - 7413003

Dental Expense Benefit - Employee and Dependents Benefit (Assignable)

Benefit Year - A Calendar Year (January 1 through December 31)

List of Dental Services - See List of Dental Services

DENTAL EXPENSE BENEFITS

Basic Benefits:

Percentage	80%
Lifetime Deductible Amount	\$0.00
Incentive Plan Increments*	N/A

Additional Benefits (Major Services):

Percentage	80%
Annual Deductible Amount (Maximum Two Per Family)	\$0.00
Maximum Annual Dental Benefit Each Eligible Individual (Basic & Major Services)	\$1,000.00

ORTHODONTIC EXPENSE BENEFIT

Percentage	60%
Deductible Amount	\$0.00
Lifetime Maximum Benefit	\$600.00

SPECIAL PROVISIONS (as described in the Benefit Schedule Supplement)

(a) Missing Tooth Waiver	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included
(b) Five Year Denture Waiver	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included
(c) Basic Services Modification	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(d) Major Services Modification	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(e) Basic Benefits Percentage Modification	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(f) Pre-Existing Exclusion Waiver	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included
(g) Age Restriction Waiver	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(h) Extension of Benefits Waiver	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(l) External Coordination of Benefits Only	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(m) Incentive Plan Modification M	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(n) Incentive Plan Modification N	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(r) Reasonable & Customary Waiver	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included
(s) Sealants to age 14	<input type="checkbox"/> Included	<input type="checkbox"/> Not Included

Benefit Schedule (cont'd)

Alternate Procedures of Treatment: If alternate procedures, services or courses of treatment may be performed to properly correct a dental condition, the maximum eligible dental charge that will be considered shall be for the least expensive procedure, as determined by the standards established within the Dental industry, producing a satisfactory professional result.

***Basic Benefits Incentive Plan Increment Provision:** The Basic Benefits Percentage applicable to an Eligible Individual under this Plan Document for a benefit year will be increased as indicated, provided the Eligible Individual visited a Dentist for periodic examination and diagnosis at least once during the preceding Benefit Year, and all Basic Services, indicated in the list of Dental Services as a result of the first of such visits, were completed during that Benefit Year. Otherwise, the original Basic Benefits Percentage will again apply for the current Benefit Year, and future incentive plan increments will be determined as described on the Benefit Schedule.

****Additional Benefits Annual Deductible Amount Provision:** For the purposes of calculating benefits for charges incurred in connection with any one Treatment Plan, charges used toward the satisfaction of the Additional Benefits Annual Deductible for a Benefit Year will include any charges in connection with the Treatment Plan which were used toward the satisfaction of the Additional Benefit for a previous Benefit Year. If any Benefit has become payable under this Benefit Plan in connection with a charge, that charge shall in no event be considered in the satisfaction of the Additional Benefit Annual Deductible for any Benefit Year.

Special Provisions Defined:

Your plan includes: **Options A, B, and F.**

- Option A:** covers bridge and/or denture work for new or existing insured if the missing teeth were extracted prior to the effective date of the service contract (only exception is congenitally missing teeth);
- Option B:** waives the five-year replacement limitation on bridge, crown or denture work; and
- Option F:** covers orthodontia started prior to the effective contract date.

ELIGIBILITY

Eligible Classes: All persons of the Employer in the following benefit classes shall be eligible for these benefits:

Secretaries

Employee's Date of Eligibility: Each employee within the eligible classes, who works the number of hours in the normal work week established by the Employer for the purposes of participating in these benefits, shall be eligible for these benefits on the day such work requirements are satisfied. **EFFECTIVE: The first day of the month immediately following the date of hire.**

GENERAL DEFINITIONS

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Eligible Individual Within This Benefit Plan: An Employee who is eligible for benefits; a qualified dependent with respect to whom an Employee is eligible for dependent benefits.

Qualified Dependent:

- (4) An Employee's spouse while not divorced or legally separated from the Employee;
- (5) Each of the Employee's unmarried children who is a dependent within the meaning of the Internal Revenue code of the United States until the January 1st next following such child's twenty-fifth birthday; provided, however, that a divorced or otherwise legally separated spouse shall be considered a qualified dependent as long as the Employee is compelled by an order, ruling or other form of decision of a court of competent jurisdiction to provide dental expense benefits for such spouse. An Employee's children shall include stepchildren, legally adopted children, and any other children residing with and being supported by the Employee pursuant to an order, ruling or other form of decision of a court of competent jurisdiction.

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BENEFIT SCHEDULE
 (The pages, which follow, refer to this Schedule)

EMPLOYER: Yale Public Schools - New - January 1, 2009
74130 DEN1B - 1055581 DEN2B - 2050703 COMP - 7413000

Dental Expense Benefit - Employee and Dependents Benefit (Assignable)

Benefit Year - A Calendar Year (January 1 through December 31)

List of Dental Services - See List of Dental Services

DENTAL EXPENSE BENEFITS

Basic Benefits:

Percentage	80%
Lifetime Deductible Amount	\$0.00
Incentive Plan Increments*	N/A

Additional Benefits (Major Services):

Percentage	80%
Annual Deductible Amount (Maximum Two Per Family)	\$0.00
Maximum Annual Dental Benefit Each Eligible Individual (Basic & Major Services)	\$1,500.00

ORTHODONTIC EXPENSE BENEFIT

Percentage	80%
Deductible Amount	\$0.00
Lifetime Maximum Benefit	\$1,500.00

SPECIAL PROVISIONS (as described in the Benefit Schedule Supplement)

- | | | |
|--|--|---------------------------------------|
| (a) Missing Tooth Waiver | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (b) Five Year Denture Waiver | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (c) Basic Services Modification | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (d) Major Services Modification | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (e) Basic Benefits Percentage Modification | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (f) Pre-Existing Exclusion Waiver | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (g) Age Restriction Waiver | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (h) Extension of Benefits Waiver | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (i) External Coordination of Benefits Only | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (m) Incentive Plan Modification M | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (n) Incentive Plan Modification N | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (r) Reasonable & Customary Waiver | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (s) Sealants to age 14 | <input type="checkbox"/> Included | <input type="checkbox"/> Not Included |

Benefit Schedule (cont'd)

Alternate Procedures of Treatment: If alternate procedures, services or courses of treatment may be performed to properly correct a dental condition, the maximum eligible dental charge that will be considered shall be for the least expensive procedure, as determined by the standards established within the Dental industry, producing a satisfactory professional result.

***Basic Benefits Incentive Plan Increment Provision:** The Basic Benefits Percentage applicable to an Eligible Individual under this Plan Document for a benefit year will be increased as indicated, provided the Eligible Individual visited a Dentist for periodic examination and diagnosis at least once during the preceding Benefit Year, and all Basic Services, indicated in the list of Dental Services as a result of the first of such visits, were completed during that Benefit Year. Otherwise, the original Basic Benefits Percentage will again apply for the current Benefit Year, and future incentive plan increments will be determined as described on the Benefit Schedule.

****Additional Benefits Annual Deductible Amount Provision:** For the purposes of calculating benefits for charges incurred in connection with any one Treatment Plan, charges used toward the satisfaction of the Additional Benefits Annual Deductible for a Benefit Year will include any charges in connection with the Treatment Plan which were used toward the satisfaction of the Additional Benefit for a previous Benefit Year. If any Benefit has become payable under this Benefit Plan in connection with a charge, that charge shall in no event be considered in the satisfaction of the Additional Benefit Annual Deductible for any Benefit Year.

Special Provisions Defined:

Your plan includes: **Options A, B, F, and G.**

- Option A:** covers bridge and/or denture work for new or existing insured if the missing teeth were extracted prior to the effective date of the service contract (only exception is congenitally missing teeth);
- Option B:** waives the five-year replacement limitation on bridge, crown or denture work;
- Option F:** covers orthodontia started prior to the effective contract date; and
- Option G:** covers orthodontia without regard to patient's age