

SUMMARY of MATERIAL MODIFICATION

AMENDMENT # 2

to the

NATIONAL FRANCHISEE ASSOCIATION HEALTH + DENTAL PLAN

The National Franchisee Association Health + Dental Plan is hereby amended, effective 05/01/13. This amendment affects all claims for services incurred on or after the effective date of this amendment. The terms of this amendment are as follows:

- I. The "Schedule of Benefits" section will be replaced in its entirety with the attached.
- I. Under the "Plan Details" section, the following item will be added in its entirety:

Dental GRID Network Program

The Plan includes access to the Dental GRID network which links participating Blue Cross and Blue Shield dental providers in several states into one overall national dental network with broad access to participating dentists. Use of the network is voluntary and the benefits of utilizing participating providers include provider fee discounts, direct billing to the Plan for covered services, and network provider write-offs of any charges in excess of the discounted fee schedule.

APPROVED AND ACCEPTED

This Plan Amendment # 2 to the National Franchisee Association Health + Dental Plan, is hereby executed:

South Burlington VT on 4/25/13
(City) (State) (Date)

BY: AMH
Trustee
(Title)



**SystemsPlus Health + Employee Dental Plan
Schedule of Dental Benefits
High Option**

Benefit	
Class 1 – Diagnostic/Preventive Care	100%
Class 2 – Basic Care	80%
Class 3 – Major Care	50%
Class 4 – Orthodontic Care (up to age 19)	50%
Individual Plan Year Deductible: (applies to classes 2&3)	\$25 (\$75/family)
Individual Plan Year Maximum: (applies to classes 1,2&3)	\$1,500
Individual Lifetime Maximum: (applies to class 4 only)	\$1,500

NOTES:

1. Please see the “Covered Dental Expenses” section for further details.
2. This Plan is participating with the Dental Blue® and Dental GRID preferred provider dental networks. These preferred providers will bill the Contract Administrator directly and write off charges that exceed their contractual allowances.
3. All covered charges billed by non-participating providers will be subject to a maximum allowable benefit.



**SystemsPlus Health + Employee Dental Plan
Schedule of Dental Benefits
Low Option**

Benefit	
Class 1 – Diagnostic/Preventive Care	100%
Class 2 – Basic Care	80%
Class 3 – Major Care	50%
Class 4 – Orthodontic Care (up to age 19)	50%
Individual Plan Year Deductible: (applies to classes 2&3)	\$50 (\$150/family)
Individual Plan Year Maximum: (applies to classes 1,2&3)	\$1,000
Individual Lifetime Maximum: (applies to class 4 only)	\$1,500

NOTES:

1. Please see the “Covered Dental Expenses” section for further details.
2. This Plan is participating with the Dental Blue® and Dental GRID preferred provider dental networks. These preferred providers will bill the Contract Administrator directly and write off charges that exceed their contractual allowances.
3. All covered charges billed by non-participating providers will be subject to a maximum allowable benefit.