

Group Health Incorporated
(Hereinafter called "GHI")
441 Ninth Avenue
New York, New York 10001

ATTACHMENT TO NYS UCS JUDICIARY PROGRAM

CERTIFICATE OF INSURANCE

Active Coverage

This Attachment provides important information about your GHI dental insurance. It sets forth the dental services that GHI will cover under this Contract. It sets forth any benefit maximums that apply to your coverage. It advises you of the payment terms that apply to covered services. It advises you whether you are covered for services rendered by Participating and/or Non-Participating Providers. It also provides eligibility information about certain types of dependents. Coverage is subject to all terms, conditions, limitations and exclusions contained in the Certificate of Insurance and this Attachment.

IMPORTANT: This Contract may not cover all dental services listed in Article Five of the Certificate of Insurance. Benefits are available only for those dental services that are specifically listed in this Attachment under a dental service class or type that this Attachment identifies as "covered."

ELIGIBILITY:

Spouse: Eligible for Coverage.

Domestic Partner: Eligible for Coverage

Children: Eligible for coverage until the end of the month in which they reach age twenty-six (26). Children need not be financially dependent upon you for support or claimed as dependents on your tax return; residents of your household; or enrolled as students; however, they must be unmarried.

BENEFIT WAITING PERIOD:

A Benefit Waiting Period does apply to this Contract. You must have completed six (6) months of continuous employment. Your coverage will start on the first day of the month that follows the month in which you complete six months of continuous employment.

ANNUAL DEDUCTIBLE(S):

You are subject to a deductible of \$25 per individual and a combined maximum of \$75 per family per calendar year for covered dental services. This deductible does not apply to following types of services: Preventive Services; Orthodontic Services.

ANNUAL MAXIMUM:

GHI will not pay more than a combined \$5,000 per person, per calendar year for Covered Services under this Contract.

ORTHODONTIC SERVICES LIFETIME MAXIMUM:

A Lifetime Maximum applies to Orthodontic Services. GHI will not pay more than \$4,000 per lifetime, per member for covered orthodontic treatment that begins before the member reaches 19 years of age. GHI will not pay more than \$2,000 per lifetime per member for covered orthodontic treatment that begins after the member reaches 19 years of age. Orthodontic Services incurred in a given calendar year count toward the Annual Maximum for that calendar year.

DENTAL IMPLANTS LIFETIME MAXIMUM:

A Lifetime Maximum applies to Dental Implants. GHI will not pay more than \$10,000 lifetime, per person for Dental Implants. Implant services incurred in a given calendar year do not count toward the Annual Maximum for that calendar year.

PREDETERMINATION OF BENEFITS:

Required only for Type D - Orthodontic Services

TYPE A-

PREVENTIVE SERVICES: Covered.

The following services as described in the Certificate of Insurance constitute Preventive Services: Prophylaxes, Fluoride Treatments; Examinations**; X-Rays; Space Maintainers; Mouth Guards; Sealants.

Preventive Services
Received from
GHI Participating
Providers:

GHI pays 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances to the GHI Participating Provider for the covered Preventive Services listed above. Participating Providers accept 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances as payment in full.

Preventive Services

Received from

Non-Participating Providers: GHI reimburses you up to 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances for the covered Preventive Services listed above.

GHI will also reimburse you for the difference between 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances and 100% of the GHI UCS Schedule of Allowances for Covered Services.

You are responsible to pay the difference between GHI's reimbursement and the Non-Participating Provider's charge for Covered Services.

TYPE B -

BASIC SERVICES:

Covered.

The following services as described in the Certificate of Insurance constitute Basic Services: Palliative Services; Basic Restorations; Consultations; Extractions; Repair of Prosthetic Appliances; Bedside Calls; Endodontics (Non-Surgical); Surgical Endodontics (Root Canal Therapy); Oral Surgery, including Reimplantations; Anesthesia & IV Sedation, Biopsy & Examination of Oral Tissue; Periodontal Surgery; Periodontal Treatment (Non-Surgical).

Basic Services

Received From

**GHI Participating
Providers:**

After you meet the annual deductible, GHI pays 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances to the GHI Participating Provider for the covered Basic Services listed above. Participating Providers accept 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances as payment in full.

Basic Services

Received From

Non-Participating Providers: After you meet the annual deductible, GHI reimburses you up to 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances for the covered Basic Services listed above.

GHI will also reimburse you for the difference between 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances and 80% of the GHI UCS Schedule of Allowances for Covered Services.

You are responsible to pay the difference between GHI's reimbursement and the Non-Participating Provider's charge for Covered Services.

TYPE C-

MAJOR SERVICES: Covered.

The following services as described in the Certificate of Insurance constitute Major Services:

Fixed and Removable Prosthetics including immediate and permanent dentures, full or partial, repair, crowns, including crowns over implants and bridges

Major Restorations including crowns, related post and core procedures and inlays. Replacement or substitution of appliances is covered only after five (5) years have passed since the appliance was inserted. Crowns and inlays inserted on teeth. Crowns and inlays are covered only if the tooth cannot be restored by a filling.

Major Services
Received From
GHI Participating
Providers:

After you meet the annual deductible, GHI pays 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances to the GHI Participating Provider for the covered Major Services listed above. Participating Providers accept 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances as payment in full.

Major Services
Received from

Non-Participating Providers: After you meet the annual deductible, GHI reimburses you up to 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances for the covered Major Services listed above.

GHI will also reimburse you for the difference between 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances and 80% of the GHI UCS Schedule of Allowances for Covered Services.

You are responsible to pay the difference between GHI's reimbursement and the Non-Participating Provider's charge for Covered Services.

Implants Received from
GHI Participating Providers Covered
or Non-Participating
Providers:

GHI reimburses you up to 100% of the GHI UCS Schedule of Allowances up to a lifetime maximum of \$10,000 per person. You must pay the provider, regardless of whether the provider is a GHI Participating Provider or a Non-Participating Provider. You must also submit a claim form to GHI. You are responsible for the difference between GHI's reimbursement and the Participating Provider's or Non-Participating Provider's charge.

TYPE D-
ORTHODONTIC
SERVICES:

Covered.

The following services as described in the Certificate of Insurance constitute Orthodontic Services: Orthodontia.

Child Orthodontics: Covered. Treatment must begin before the member reaches 19 years of age.

**Child Orthodontic Services
Received From
GHI Participating
Providers:**

GHI will issue an initial payment to the participating dentist upon receipt of a claim confirming the initiation of comprehensive orthodontic treatment. The balance of the available orthodontia benefit due will be issued in subsequent monthly payments.

**Child Orthodontic Services
Received from**

Non-Participating Providers: GHI reimburses you up to 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances.

Additionally, GHI reimburses you for the difference between 100% of the NYS UCS Judiciary Dental Program Schedule and 100% of the GHI UCS Schedule of Allowances for covered services. You are responsible for any dental charges that exceed this payment.

Combined payments will not exceed the out of network provider's billed charges.

Adult Orthodontics: Covered. Adult Orthodontics is covered orthodontic treatment that begins after the member reaches 19 years of age.

**Adult Orthodontics
Received from
GHI Participating Providers
or Non-Participating
Providers:**

GHI reimburses you up to 100% of the GHI UCS Schedule of Allowances up to a life maximum of \$2,000 per person. You must pay the provider, regardless of whether the provider is a GHI Participating Provider or a Non-Participating Provider. You must also submit a claim form to GHI. You are responsible for the difference between GHI's reimbursement and the Participating Provider's or Non-Participating Provider's charge.

OTHER DENTAL SERVICES ARE NOT COVERED, EVEN THOUGH THEY MAY BE DESCRIBED IN THE CERTIFICATE OF INSURANCE.

SPECIAL COVERAGE LIMITS:

In addition to the other terms, conditions and limits set forth in this Attachment and the Certificate of Insurance, the following additional coverage limits apply to dental services in this Contract:

*** Prophylaxes**

Coverage Limit:

GHI will cover three (3) prophylaxes per person, per calendar year. Please refer to the Certificate of Insurance for other terms and limits that apply to Prophylaxes.

**** Examinations**

Coverage Limit:

GHI will cover two (2) examinations per person per calendar year. Please refer to the Certificate of Insurance for other terms and limits that apply to Examinations.

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ATTACHMENT TO NYS UCS JUDICIARY PROGRAM

CERTIFICATE OF INSURANCE

Retiree Coverage

This Attachment provides important information about your GHI dental insurance. It sets forth the dental services that GHI will cover under this Contract. It sets forth any benefit maximums that apply to your coverage. It advises you of the payment terms that apply to covered services. It advises you whether you are covered for services rendered by Participating and/or Non-Participating Providers. It also provides eligibility information about the Subscriber and certain types of dependents. Coverage is subject to all terms, conditions, limitations and exclusions contained in the Certificate of Insurance and this Attachment.

IMPORTANT: This Contract may not cover all dental services listed in Article Five of the Certificate of Insurance. Benefits are available only for those dental services that are specifically listed in this Attachment under a dental service class or type that this Attachment identifies as "covered."

ELIGIBILITY:

Subscriber:

Eligible to Continue Coverage upon retirement provided that the employee (i) has at least ten years of service with the NYS UCS at the time of retirement (cumulative and not pro-rated for part time employees); (ii) retires directly from the NYSUCS; and (iii) is covered by the NYS UCS Dental Program at the time of retirement, provided however that retirees who meet the foregoing criteria, but are enrolled in or eligible for the New York City Management Benefits Plan at the time of retirement are not eligible for retiree coverage under the NYS UCS Dental Program

Spouse:

Eligible for Coverage.

Domestic Partner:

Eligible for Coverage

Children:

Eligible for coverage until the end of the month in which they reach age twenty-six (26). Children need not be financially dependent upon you for support or claimed as dependents on your tax return; residents of your household; or enrolled as students; however, they must be unmarried.

BENEFIT WAITING PERIOD:

The NYS UCS Dental Program can be continued in retirement providing the Member meets the ten (10) year service requirement (cumulative and not pro-rated for part time employees); and retires directly from the Unified Court System and is participating in the NYS UCS Dental Program at the time of their retirement.

ANNUAL DEDUCTIBLE(S):

You are subject to a deductible of \$25 per individual and a combined maximum of \$75 per family per calendar year for covered dental services. This deductible does not apply to following types of services: Preventive Services; Orthodontic Services.

ANNUAL MAXIMUM:

GHI will not pay more than a combined \$5,000 per person, per calendar year for Covered Services under this Contract.

**ORTHODONTIC
SERVICES LIFETIME
MAXIMUM:**

A Lifetime Maximum applies to Orthodontic Services. GHI will not pay more than \$4,000 per lifetime, per member for covered orthodontic treatment that begins before the member reaches 19 years of age. GHI will not pay more than \$2,000 per lifetime per member for covered orthodontic treatment that begins after the member is 19 years of age or older. Orthodontic Services incurred in a given calendar year count toward the Annual Maximum for that calendar year.

**DENTAL IMPLANTS
LIFETIME
MAXIMUM:**

A Lifetime Maximum applies to Dental Implants. GHI will not pay more than \$10,000 lifetime, per person for Dental Implants. Implant services incurred in a given calendar year do not count toward the Annual Maximum for that calendar year.

**PREDETERMINATION
OF BENEFITS:**

Required only for Type D - Orthodontic Services

TYPE A-

PREVENTIVE SERVICES: Covered.

The following services as described in the Certificate of Insurance constitute Preventive Services: Prophylaxes Fluoride Treatments; Examinations**; X-Rays, Space Maintainers; Mouth Guards; Sealants.

Preventive Services
Received from
GHI Participating
Providers:

GHI pays 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances to the GHI Participating Provider for the covered Preventive Services listed above. Participating Providers accept 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances as payment in full.

Preventive Services
Received from
Non-Participating Providers:

GHI reimburses you up to 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances for the covered Preventive Services listed above.

GHI will also reimburse you for the difference between 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances and 100% of the GHI UCS Schedule of Allowances for Covered Services.

You are responsible to pay the difference between GHI's reimbursement and the Non-Participating Provider's charge for Covered Services.

TYPE B -

BASIC SERVICES: Covered.

The following services as described in the Certificate of Insurance constitute Basic Services: Palliative Services; Basic Restorations; Consultations; Extractions; Repair of Prosthetic Appliances; Bedside Calls; Endodontics (Non-Surgical); Surgical Endodontics (Root Canal Therapy); Oral Surgery, including Reimplantations; Anesthesia & IV Sedation Biopsy & Examination of Oral Tissue; Periodontal Surgery; Periodontal Treatment (Non-Surgical).

Basic Services
Received From
GHI Participating
Providers:

After you meet the annual deductible, GHI pays 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances to the GHI Participating Provider for the covered Basic Services listed above. Participating Providers accept 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances as payment in full.

Basic Services
Received From

Non-Participating Providers: After you meet the annual deductible, GHI reimburses you up to 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances for the covered Preventive Services listed above.

GHI will also reimburse you for the difference between 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances and 80% of the GHI UCS Schedule of Allowances for Covered Services. You are responsible to pay the difference between GHI's reimbursement and the Non-Participating Provider's charge for Covered Services.

TYPE C-

MAJOR SERVICES:

Covered.

The following services as described in the Certificate of Insurance constitute Major Services:

Fixed and Removable Prosthetics including immediate and permanent dentures, full or partial, repair, crowns, including crowns over implants and bridges

Major Restorations including crowns related post and core procedures and inlays. Replacement or substitution of appliances is covered only after five (5) years have passed since the appliance was inserted. Crowns and inlays inserted on teeth. Crowns and inlays are covered only if the tooth cannot be restored by a filling.

Major Services
Received From
GHI Participating
Providers:

After you meet the annual deductible, GHI pays 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances to the GHI Participating Provider for the covered Major Services listed above. Participating Providers accept 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances as payment in full.

Major Services
Received from

Non-Participating Providers: After you meet the annual deductible, GHI reimburses you up to 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances for the covered Major Services listed above.

GHI will also reimburse you for the difference between 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances and 80% of the GHI UCS Schedule of Allowances for Covered Services.

You are responsible to pay the difference between GHI's reimbursement and the Non-Participating Provider's charge for Covered Services.

Implants Received from
GHI Participating Providers Covered
or Non-Participating
Providers:

GHI reimburses you up to 100% of the GHI UCS Schedule of Allowances up to a lifetime maximum of \$10,000 per person. You must pay the provider, regardless of whether the provider is a GHI Participating Provider or a Non-Participating Provider. You must also submit a claim form to GHI. You are responsible for the difference between GHI's reimbursement and the Participating Provider's or Non-Participating Provider's charge.

TYPE D-
ORTHODONTIC
SERVICES:

Covered.

The following services as described in the Certificate of Insurance constitute Orthodontic Services: Orthodontia.

Child Orthodontics: Covered. Treatment must begin before the member reaches 19 years of age.

Child Orthodontic Services
Received From
GHI Participating
Providers:

GHI will issue an initial payment to the participating dentist upon receipt of a claim confirming the initiation of comprehensive orthodontic treatment. The balance of the available orthodontia benefit due will be issued in subsequent monthly payments.

Child Orthodontic Services

Received from

Non-Participating Providers: GHI reimburses you up to 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances.

Additionally, GHI reimburses you for the difference between 100% of the NYS UCS Judiciary Dental Program Schedule and 100% of the GHI UCS Schedule of Allowances for covered services. You are responsible for any dental charges that exceed this payment.

Combined payments will not exceed the out of network provider's billed charges.

Adult Orthodontics:

Covered. Adult Orthodontics is covered orthodontic treatment that begins after the member reaches 19 years of age.

Adult Orthodontics

Received from

**GHI Participating Providers
or Non-Participating
Providers:**

GHI reimburses you up to 100% of the GHI UCS Schedule of Allowances up to a life maximum of \$2,000 per person. You must pay the provider, regardless of whether the provider is a GHI Participating Provider or a Non-Participating Provider. You must also submit a claim form to GHI. You are responsible for the difference between GHI's reimbursement and the Participating Provider's or Non-Participating Provider's charge.

OTHER DENTAL SERVICES ARE NOT COVERED, EVEN THOUGH THEY MAY BE DESCRIBED IN THE CERTIFICATE OF INSURANCE.

SPECIAL COVERAGE LIMITS:

In addition to the other terms, conditions and limits set forth in this Attachment and the Certificate of Insurance, the following additional coverage limits apply to dental services in this Contract:

*** Prophylaxes**
Coverage Limit:

GHI will cover three (3) prophylaxes per person, per calendar year. Please refer to the Certificate of Insurance for other terms and limits that apply to Prophylaxes.

**** Examinations**
Coverage Limit:

GHI will cover two (2) examinations per person per calendar year. Please refer to the Certificate of Insurance for other terms and limits that apply to Examinations.

Group Health Incorporated
(Hereinafter called "GHI")
441 Ninth Avenue
New York, New York 10001

ATTACHMENT TO NYS UCS JUDICIARY PROGRAM
CERTIFICATE OF INSURANCE

New York City Management Benefit Fund Enrollee Coverage

This Attachment provides important information about your GHI dental insurance. It sets forth the dental services that GHI will cover under this Contract. It sets forth any benefit maximums that apply to your coverage. It advises you of the payment terms that apply to covered services. It advises you whether you are covered for services rendered by Participating and/or Non-Participating Providers. It also provides eligibility information about the Subscriber and certain types of dependents. Coverage is subject to all terms, conditions, limitations and exclusions contained in the Certificate of Insurance and this Attachment.

IMPORTANT: This Contract may not cover all dental services listed in Article Five of the Certificate of Insurance. Benefits are available only for those dental services that are specifically listed in this Attachment under a dental service class or type that this Attachment identifies as "covered."

ELIGIBILITY:

- Subscriber:** Eligible for Coverage only while an active employee of the NYS UCS. Neither Subscriber nor Subscriber's otherwise eligible dependents (as listed below) are eligible for Retiree coverage, regardless of Subscriber's length of service with NYS UCS at time of retirement, or whether or not Subscriber retires directly from NYS UCS.
- Spouse:** Eligible for Coverage.
- Domestic Partner:** Eligible for Coverage
- Children:** Eligible for coverage until the end of the month in which they reach age twenty-six (26). Children need not be financially dependent upon you for support or claimed as dependents on your tax return; residents of your household; or enrolled as students; however, they must be unmarried.

BENEFIT WAITING PERIOD:

A Benefit Waiting Period does apply to this Contract. You must have completed six (6) months of continuous employment. Your coverage will start on the first day of the month that follows the month in which you complete six months of continuous employment.

ANNUAL DEDUCTIBLE(S):

You are subject to a deductible of \$25 per individual and a combined maximum of \$75 per family per calendar year for covered dental services. This deductible does not apply to following types of services: Preventive Services; Orthodontic Services.

ANNUAL MAXIMUM:

GHI will not pay more than \$2,000 per person, per calendar year for Covered Services under this Contract.

ORTHODONTIC SERVICES LIFETIME MAXIMUM:

A Lifetime Maximum applies to Orthodontic Services. GHI will not pay more than \$2,000 per lifetime for covered Orthodontic Services under this Contract. Treatment must begin before the member reaches 19 years of age. Orthodontic Services incurred in a given calendar year count toward the Annual Maximum for that calendar year.

PREDETERMINATION OF BENEFITS:

Required only for Type D - Orthodontic Services

TYPE A- PREVENTIVE SERVICES:

Covered.

The following services as described in the Certificate of Insurance constitute Preventive Services: Prophylaxes, Fluoride Treatments; Examinations**; X-Rays; Space Maintainers; Mouth Guards; Sealants.

**Preventive Services
Received from
GHI Participating
Providers or Non-Participating
Providers**

GHI pays up to 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances to the GHI Participating Provider or reimburses you for up to 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances if you use a Non-Participating Provider for the covered Preventive Services listed above.

TYPE B -

BASIC SERVICES: Covered.

The following services as described in the Certificate of Insurance constitute Basic Services: Palliative Services; Basic Restorations; Consultations; Extractions; Repair of Prosthetic Appliances; Bedside Calls; Endodontics (Non-Surgical); Surgical Endodontics (Root Canal Therapy); Oral Surgery, including Reimplantations; Anesthesia & IV Sedation Biopsy and Examination of Oral Tissue; Periodontal Surgery; Periodontal Treatment (Non-Surgical).

Basic Services
Received From
GHI Participating
Providers or Non-Participating
Providers

After you meet the annual deductible, GHI pays up to 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances to the GHI Participating Provider or reimburses you for up to 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances if you use a Non-Participating Provider for the covered Basic Services listed above.

TYPE C-

MAJOR SERVICES: Covered.

The following services as described in the Certificate of Insurance constitute Major Services:

Fixed and Removable Prosthetics including immediate and permanent dentures, full or partial, repair, crowns, including crowns over implants and bridges

Major Restorations including crowns related post and core procedures and inlays. Replacement or substitution of appliances is covered only after five (5) years have passed since the appliance was inserted. Crowns and inlays inserted on teeth. Crowns and inlays are covered only if the tooth cannot be restored by a filling.

Major Services
Received From
GHI Participating
Providers or Non-Participating
Providers

After you meet the annual deductible, GHI pays 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances to the GHI Participating Provider or reimburses you for up to 80% of the NYS UCS Judiciary Dental Program Schedule of Allowances if you use a Non-Participating Provider for the covered Major Services listed above.

**TYPE D-
ORTHODONTIC
SERVICES:**

Covered as Specified Below.

The following services as described in the Certificate of Insurance constitute Orthodontic Services: Orthodontia.

Adult Orthodontics: Not Covered

Child Orthodontics: Covered. Treatment must begin before the member reaches 19 years of age.

Child Orthodontic Services
Received From
GHI Participating
Providers:

GHI will issue an initial payment to the participating dentist upon receipt of a claim confirming the initiation of comprehensive orthodontic treatment. The balance of the available orthodontia benefit due will be issued in subsequent monthly payments.

Child Orthodontic Services
Received from

Non-Participating Providers: GHI reimburses you up to 100% of the NYS UCS Judiciary Dental Program Schedule of Allowances.

Payments will not exceed the out of network provider's billed charges.

Implants Not Covered

OTHER DENTAL SERVICES ARE NOT COVERED, EVEN THOUGH THEY MAY BE DESCRIBED IN THE CERTIFICATE OF INSURANCE.

SPECIAL COVERAGE LIMITS:

In addition to the other terms, conditions and limits set forth in this Attachment and the Certificate of Insurance, the following additional coverage limits apply to dental services in this Contract:

*** Prophylaxes**

Coverage Limit:

GHI will cover two (2) prophylaxes per person, per calendar year. Please refer to the Certificate of Insurance for other terms and limits that apply to Prophylaxes.

**** Examinations**

Coverage Limit:

GHI will cover two (2) examinations per person per calendar year. Please refer to the Certificate of Insurance for other terms and limits that apply to Examinations.

Group Health Incorporated
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441 Ninth Avenue
New York, New York 10001

This rider amends your GHI Dental Certificate as set forth below.

DENTAL IMPLANTS

In Article V, "Covered Services", under the heading "Type C - Major Services" the following new provision '(c)' is added to the covered services provided under the Certificate

(c) Implants You are covered for Dental Implants. You are covered for devices specifically designed to be surgically inserted or grafted within or on the mandibular or maxillary bone as a means of providing for dental replacement. GHI will pay up to a maximum \$10,000 per person, per lifetime for Dental Implants. This maximum is separate and distinct from any other maximum applicable to services listed under Type C in your Certificate. The lifetime maximum for dental implants is not applicable to the annual maximum listed in the Attachment to your Certificate for services under Type(s) A B or C. Coverage is provided pursuant to the payment terms specified in the Attachment.

All other terms, conditions, limitations and exclusions found in your NYS UCS Judiciary Dental Program Certificate of Insurance remain in full force and effect except as amended by this rider.

Group Health Incorporated
(hereinafter "GHI")
An EmblemHealth Company
55 Water Street
New York, New York 10041

RIDER AMENDING LIMITING AGE FOR CHILDREN

This rider amends your Certificate of Insurance for dental services. It changes the limiting age and criteria for coverage of children. Any terms set forth in the Attachment and in the Article of your Certificate entitled "Eligibility for Coverage" regarding coverage of children are replaced with the new terms below.

1. Dependent Children Covered to Age 26.

A. Children who are under the age of 26 are eligible for coverage under your Certificate of Insurance. Coverage lasts until the end of the month in which the child turns 26 years of age. Your children need not be financially dependent upon you for support or claimed as dependents on your tax return; residents of your household; or enrolled as students; however, they must be unmarried. Children-in-law (spouses of children) and grandchildren are not eligible for coverage.

Coverage for Your unmarried child who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, or physical handicap and who became so incapable prior to attaining age 26 shall not terminate while Your coverage remains in effect and the child remains in such condition, if You submit proof of Your child's incapacity within 31 days of Your child's attaining age 26. You must also submit proof of the child's continued incapacity periodically upon our request.

B. "Children" include your natural children, a legally adopted child; a step child; and a child for whom you are the proposed adoptive parent and who is dependent upon you during the waiting period prior to the adoption period. Coverage lasts until the end of the month in which the child turns 26 years of age.

C. A child chiefly dependent upon you for support and for whom you have been appointed the legal guardian by court order is covered. Coverage lasts until the end of the month in which the child turns 26 years of age.

2. Child Who is a Full Time Student With Military Service.

For purposes of eligibility for coverage, a deduction of up to four years from a child's age is allowed for service in a branch of the United States Military between the ages of 19 and 25. The length of the deduction will be the actual amount of time served while the child is between the ages of 19 and 25 up to a maximum of four years. To be eligible for the deduction the dependent child must:

- Return to school on full-time basis;
- Be Unmarried; and
- Not be eligible for other employer group coverage.

3. Other Terms and Conditions.

All other terms, conditions, limitations and exclusions of your Certificate apply except to the extent specifically changed by this rider. Any age limits that apply to specific covered services, such as orthodontic services, under the Certificate are not changed or replaced by the terms of this rider.