Plan Endorsement 08-01

GROUP # A08103

EFFECTIVE DATE January 1, 2008

EMPLOYER ID# 31-1151537 PLAN # 501

NAME OF PLAN Butler Health Plan Dental Plan

The following wording is hereby added to the Plan:

The following "Class I Services – Preventive" section under section III "What is Covered" has been modified. Changed portions are highlighted.

Class I Services- Preventive

1. Routine oral exam, limited to two per Calendar Year
2. Bitewing x-rays, 2 sets for children under age 18 per Calendar Year and 1 set for adults per Calendar Year
3. Full mouth x-ray (including panoramic), 1 per 36-month period
4. Other intra – and extra oral x-rays
5. Routine cleanings (dental prophylaxis, limited to two per Calendar Year)
6. Fluoride treatment, limited to one per Calendar Year
7. Sealants, limited to Dependents under age 14
8. Tests and lab work
9. Space maintainers
10. Emergency pain treatment

All other provisions of the Plan remain unchanged.