EXHIBIT 1C

2015 Open Enrollment Dental Comparison Chart

	DHMO	Dental Indemnity
Bi-weekly dental contributions for employees		
Employee only	$4.64	$16.58
Employee + 1	$10.65	$38.14
Employee + 2 or more	$14.61	$52.24
Monthly dental contributions for retirees under age 65		
Retiree only	$9.28	$33.16
Retiree + 1	$21.30	$76.28
Retiree + 2 or more	$29.22	$104.48

Plan features		
Preventive services: Cleaning and oral examinations, bitewing X-rays	Preventive services - $0	The plan pays 100 percent of services up to usual and customary limits. $0 deductible.
Basic services: Extractions, root canals, oral surgery, restorative services (excluding gold fillings) and periodontal scaling	Extraction, Coronal remnants - $9 Periodontal scaling - $14-$24 Root canal therapy, molar - $162	After you pay the annual deductible, the plan will pay 80 percent of services, up to usual and customary limits.
Major services: Initial fixed bridgework, crowns and dentures, replacement of bridgework	Crown, titanium - $210 Complete denture, maxillary - $260 Immediate denture, maxillary - $270	After you pay the annual deductible, the plan will pay 50 percent of services, up to usual and customary limits.
Orthodontic services: Covered services up to two years	Adult, 24-month case - $2,000 Adolescent, 24-month case - $1,800 Interceptive ortho service - $1,000 (primary and transition dentition)	After you pay the annual deductible, the plan will pay 50 percent of services, up to usual and customary limits. The lifetime maximum benefit is $1,000 per individual.
Service area	Counties include: Anderson, Bexar, Bowie, Brazoria, Brazos, Brown, Carson, Chambers, Collin, Dallas, Deaf Smith, Delta, Denton, Ellis, Fannin, Fort Bend, Galveston, Gray, Grayson, Grimes, Harris, Harrison, Hood, Hopkins, Hunt, Hutchinson, Jefferson, Johnson, Kaufman, Lamar, Liberty, Montgomery, Moore, Nacogdoches, Orange, Parker, Potter, Randall, Rockwall, Tarrant, Walker and Waller.	Anywhere in the United States
Annual maximum benefit	No annual maximum benefit	$1,500 per individual
Annual deductible	No annual deductible	$50 for each individual/$150 family
Referrals for specialty care	PCD must refer patient to specialist	Not required
To receive reimbursement	Filing a claim is not required	Complete and submit a claim form

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