

Schedule of Benefits

(GR-29N-01-001-01CA)

Dental - NetD3000 Plan

Employer: 99 Cents Only Stores

Group Policy Number: GP-801577

Issue Date: July 1, 2019

Effective Date: August 24, 2020

Schedule: 2A

Cert Base: 2

For: Dental - NetD3000 Plan

This is an ERISA plan, and you have certain rights under this plan. Please contact your Employer for additional information.

Comprehensive Dental Plan (PPO)

Schedule of Comprehensive Dental Benefits (GR-9N-S-21-005-01)

PLAN FEATURES	NETWORK	OUT-OF-NETWORK
Coverage Year	\$50	\$50
Deductible		

The coverage year **deductible** applies to all covered expenses.

(GR-9N-S-21-010-01)

Please refer to the listing of **covered expenses** and the percentage payable appearing below. The percentage the plan will pay varies by the type of expense.

PLAN COINSURANCE	NETWORK COINSURANCE	OUT-OF-NETWORK COINSURANCE
Type A Expenses	80%	80%
Type B Expenses	60%	60%
Type C Expenses	50%	50%

Coverage Year Maximum Benefit (GR-9N-S-21-010-01)

Coverage Year Maximum: \$500

The most the plan will pay for **covered expenses** incurred by any one covered person in a Coverage Year is called the Coverage Year Maximum Benefit.

The Coverage Year maximum benefit applies to **network** and **out-of-network covered** dental expenses combined.

Expense Provisions (GR-9N S-09-05 01)

The following provisions apply to your health expense plan.

This section describes cost sharing features, benefit maximums and other important provisions that apply to your Plan. The specific cost sharing features and the applicable dollar amounts or benefit percentages are contained in the attached health expense sections of this *Schedule of Benefits*.

The insurance described in this *Schedule of Benefits* will be provided under Aetna Life Insurance Company's policy form GR-29N.

Keep This Schedule of Benefits With Your Booklet-Certificate.

Deductible Provisions (GR-9N S-09-05 01)

Coverage Year Deductible

This is an amount of **covered expenses** incurred each **coverage year** for which no benefits will be paid. The **coverage year deductible** applies separately to you and each of your covered dependents. After **covered expenses** reach the **coverage year deductible**, the plan will begin to pay benefits for **covered expenses** for the rest of the **coverage year**.

Copayments and Benefit Deductible Provisions (GR-9N-09-015-01 CA)

Copayment, Copay

This is a specified dollar amount or percentage, shown in the *Schedule of Benefits*, you are required to pay for **covered expenses**.

Coinsurance Provisions (GR-9N S-09-020 01)

Coinsurance

This is the percentage of your **covered expenses** that the plan pays and the percentage of **covered expenses** that you pay. The percentage that the plan pays is referred to as the “**Plan Coinsurance**”. Once applicable **deductibles** have been met, your plan will pay a percentage of the **covered expenses**, and you will be responsible for the rest of the costs. The **coinsurance** percentage may vary by the type of expense. Refer to your *Schedule of Benefits* for coinsurance amounts for each covered benefit.

Maximum Benefit Provisions (GR-9N S-09-025 01)

Coverage Year Maximum Benefit

The most the plan will pay for covered expenses incurred by any one covered person in a **coverage year** is called the **coverage year** maximum benefit.

The **coverage year** maximum benefit applies to **network care** and **out-of-network care** expenses combined.

General (GR-9N S-28-01 01)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.