Schedule of Benefits

Employer: Princeton University

Group Policy Number: GP-397432

Issue Date: June 19, 2015
Effective Date: January 1, 2015
Schedule: 1A
Cert Base: 1

For: DMO Dental - New Jersey Specialty Care Dental Services

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

Plan Coinsurance:
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.

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type B Expenses</td>
<td>100%</td>
</tr>
<tr>
<td>Type C Expenses</td>
<td>60%</td>
</tr>
<tr>
<td>Orthodontic Treatment</td>
<td>50%</td>
</tr>
</tbody>
</table>

Expense Provisions

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 and benefit percentages are contained in the Schedule of Benefits.

Coinsurance Provisions

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” or the "Plan payment percentage". 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 the percentage the plan pays for each covered benefit.

General

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.