

SCHEDULED BENEFITS RIDER

COVERED EXPENSE

| Charge | Code | TYPE I* | Additional Exposure |
|---------------|-------------|-----------------------------------|----------------------------|
| \$21.00 | 0120* | Periodic oral exam | Balance Billing |
| \$30.00 | 0140* | Limited oral exam | Balance Billing |
| \$35.00 | 0150* | Comprehensive oral evaluation | Balance Billing |
| \$65.00 | 0160* | Detailed & extensive evaluation | Balance Billing |
| \$20.00 | 0170* | Re-eval - Limited problem focused | Balance Billing |
| \$50.00 | 0180* | Comprehensive Perio evaluation | Balance Billing |
| \$57.00 | 0210* | X-ray - complete series | Balance Billing |
| \$10.00 | 0220* | X-ray - intraoral - periapical | Balance Billing |
| \$6.00 | 0230* | X-ray - intraoral - periapical | Balance Billing |
| \$14.00 | 0240* | X-ray - intraoral - occlusal film | Balance Billing |
| \$21.00 | 0250* | X-ray - extraoral - first film | Balance Billing |
| \$21.00 | 0260* | X-ray extraoral - each extra | Balance Billing |
| \$12.00 | 0270* | X-ray - bitewing - single film | Balance Billing |
| \$17.00 | 0272* | X-ray - bitewings - two films | Balance Billing |
| \$25.00 | 0274* | X-ray - bitewings - four films | Balance Billing |
| \$55.00 | 0330* | X-ray - panoramic film | Balance Billing |
| \$41.00 | 0470* | Diagnostic casts | Balance Billing |
| \$44.00 | 1110* | Prophylaxis- adult | Balance Billing |
| \$40.00 | 1120* | Prophylaxis- child | Balance Billing |
| \$25.00 | 1201* | Prophylaxis - child w/fluoride | Balance Billing |
| \$15.00 | 1203* | Topical fluoride - child | Balance Billing |
| \$15.00 | 1204* | Topical fluoride - Adult | Balance Billing |
| \$20.00 | 1351* | Sealant - per tooth | Balance Billing |
| \$35.00 | 9110 | Palliative treatment | Balance Billing |

* Benefits for most Type 1 Covered Expenses are subject to LIMITATIONS as shown in the text of the Certificate.

Unless otherwise stated as part of the procedure, fees do not include Lab cost which are the members responsib.

SCHEDULED BENEFITS RIDER

COVERED EXPENSE

| Charge | Company 80% | Member 20% | Code | TYPE II | Additional Exposure |
|---------------|--------------------|-------------------|-------------|---|----------------------------|
| \$185.00 | \$148.00 | \$37.00 | 1510 | Space maintainer - fixed unilateral | Balance Billing |
| \$250.00 | \$200.00 | \$50.00 | 1515 | Space maintainer - fixed bilateral | Balance Billing |
| \$159.00 | \$127.20 | \$31.80 | 1520 | Space maintainer - removable unilat. | Balance Billing |
| \$259.00 | \$207.20 | \$51.80 | 1525 | Space maintainer - removable bilat. | Balance Billing |
| \$34.00 | \$27.20 | \$6.80 | 1550 | Space maintainer recementation | Balance Billing |
| \$52.00 | \$41.60 | \$10.40 | 2140 | Amalgam - one surface | Balance Billing |
| \$68.00 | \$54.40 | \$13.60 | 2150 | Amalgam - two surface | Balance Billing |
| \$84.00 | \$67.20 | \$16.80 | 2160 | Amalgam - three surfaces | Balance Billing |
| \$98.00 | \$78.40 | \$19.60 | 2161 | Amalgam - four or more surfaces | Balance Billing |
| \$70.00 | \$56.00 | \$14.00 | 2330 | Resin - one surface, anterior | Balance Billing |
| \$94.00 | \$75.20 | \$18.80 | 2331 | Resin - two surfaces, anterior | Balance Billing |
| \$118.00 | \$94.40 | \$23.60 | 2332 | Resin - three surfaces, anterior | Balance Billing |
| \$132.00 | \$105.60 | \$26.40 | 2335 | Resin - four or more surfaces, anterior | Balance Billing |
| \$135.00 | \$108.00 | \$27.00 | 2390 | Resin-based composite crown, anterior | Balance Billing |
| \$79.00 | \$64.00 | \$15.00 | 2391 | Resin-based one surface, posterior | Balance Billing |
| \$115.00 | \$92.00 | \$23.00 | 2392 | Resin-based two surfaces, posterior | Balance Billing |
| \$140.00 | \$112.00 | \$28.00 | 2393 | Resin-based three surfaces, posterior | Balance Billing |
| \$175.00 | \$140.00 | \$35.00 | 2394 | Resin-based four or more surfaces, post | Balance Billing |
| \$45.00 | \$36.00 | \$9.00 | 7111 | Extraction, coronal remnants | Balance Billing |
| \$75.00 | \$60.00 | \$15.00 | 7140 | Extraction, erupted tooth or exposed root | Balance Billing |
| \$111.00 | \$88.80 | \$22.20 | 7210 | Surgical removal of erupted tooth | Balance Billing |
| \$159.00 | \$127.20 | \$31.80 | 7220 | Removal - impacted - soft tissue | Balance Billing |
| \$199.00 | \$159.20 | \$39.80 | 7230 | Removal - impacted - partially bony | Balance Billing |
| \$229.00 | \$183.20 | \$45.80 | 7240 | Removal - impacted - completely bony | Balance Billing |
| \$269.00 | \$215.20 | \$53.80 | 7241 | Removal - impacted - w/complications | Balance Billing |
| \$121.00 | \$96.80 | \$24.20 | 7250 | Surgical removal of residual roots | Balance Billing |
| \$299.00 | \$239.20 | \$59.80 | 7260 | Oroantral fistula closure | Balance Billing |
| \$239.00 | \$191.20 | \$47.80 | 7270 | Tooth reimplantation | Balance Billing |
| \$289.00 | \$231.20 | \$57.80 | 7272 | Tooth transplantation | Balance Billing |
| \$259.00 | \$207.20 | \$51.80 | 7280 | Surgical exposure for orthodontics | Balance Billing |
| \$189.00 | \$151.20 | \$37.80 | 7281 | Surgical exposure to aid eruption | Balance Billing |
| \$99.00 | \$79.20 | \$19.80 | 7290 | Surgical repositioning of teeth | Balance Billing |
| \$139.00 | \$111.20 | \$27.80 | 7310 | Alveoloplasty w/extracts - per quad. | Balance Billing |
| \$199.00 | \$159.20 | \$39.80 | 7320 | Alveoloplasty w/o extracts - per quad. | Balance Billing |
| \$269.00 | \$215.20 | \$53.80 | 7340 | Vestibuloplasty - ridge extension | Balance Billing |
| \$269.00 | \$215.20 | \$53.80 | 7350 | Vestibuloplasty - ridge extension | Balance Billing |
| \$125.00 | \$100.00 | \$25.00 | 7510 | Incision and drainage of abscess | Balance Billing |
| \$350.00 | \$280.00 | \$70.00 | 7960 | Frenulectomy - separate procedure | Balance Billing |
| \$380.00 | \$304.00 | \$76.00 | 7970 | Excision hyperplastic tissue - per arch | Balance Billing |
| \$20.00 | \$16.00 | \$4.00 | 9210 | Local anesthesia no in conj. w/surg. | Balance Billing |
| \$20.00 | \$16.00 | \$4.00 | 9211 | Regional block anesthesia | Balance Billing |
| \$48.00 | \$38.40 | \$9.60 | 9212 | Trigeminal division block anesthesia | Balance Billing |
| \$20.00 | \$16.00 | \$4.00 | 9215 | Local anesthesia no in conj. w/surg. | Balance Billing |
| \$101.00 | \$80.80 | \$20.20 | 9310 | Consultation (diagnostic 2nd dentist) | Balance Billing |
| \$16.00 | \$12.80 | \$3.20 | 9910 | Desensitizing medicament | Balance Billing |

* Lab Fees are the responsibility of the member.

SCHEDULED BENEFITS RIDER

COVERED EXPENSE

| Charge | Company 50% | Member 50% | Code | TYPE III* | Additional Exposure |
|---------------|--------------------|-------------------|-------------|---|----------------------------|
| \$165.00 | \$82.50 | \$82.50 | 2410 | Gold foil - one surface | Balance Billing |
| \$195.00 | \$97.50 | \$97.50 | 2420 | Gold foil - two surfaces | Balance Billing |
| \$225.00 | \$112.50 | \$112.50 | 2430 | Gold foil - three surfaces | Balance Billing |
| \$269.00 | \$134.50 | \$134.50 | 2510 | Inlay - metallic - one surface | Balance Billing |
| \$359.00 | \$179.50 | \$179.50 | 2520 | Inlay - metallic - two surfaces | Balance Billing |
| \$433.00 | \$216.50 | \$216.50 | 2530 | Inlay - metallic - three surfaces | Balance Billing |
| \$475.00 | \$237.50 | \$237.50 | 2543 | Onlay - metallic - three surfaces | Balance Billing |
| \$495.00 | \$247.50 | \$247.50 | 2544 | Onlay - metallic - four surfaces | Balance Billing |
| \$357.00 | \$178.50 | \$178.50 | 2610 | Inlay - porcelain/ceramic - 1 surface | Balance Billing |
| \$413.00 | \$206.50 | \$206.50 | 2620 | Inlay - porcelain/ceramic - 2 surfaces | Balance Billing |
| \$443.00 | \$221.50 | \$221.50 | 2630 | Inlay - porcelain/ceramic - 3 surfaces | Balance Billing |
| \$460.00 | \$230.00 | \$230.00 | 2642 | Onlay - porcelain/ceramic - 2 surf. | Balance Billing |
| \$475.00 | \$237.50 | \$237.50 | 2643 | Onlay - porcelain/ceramic - 3 surf. | Balance Billing |
| \$485.00 | \$242.50 | \$242.50 | 2644 | Onlay - porcelain/ceramic - 4 surf. | Balance Billing |
| \$319.00 | \$159.50 | \$159.50 | 2650 | Inlay-composite/resin (lab) - 1 surf. | Balance Billing |
| \$369.00 | \$184.50 | \$184.50 | 2651 | Inlay - composite/resin (lab) - 2 surf. | Balance Billing |
| \$389.00 | \$194.50 | \$194.50 | 2652 | Inlay - composite/resin (lab) - 3 surf. | Balance Billing |
| \$238.00 | \$119.00 | \$119.00 | 2662 | Onlay - composite/resin (lab) - 1 surf. | Balance Billing |
| \$284.00 | \$142.00 | \$142.00 | 2663 | Onlay - composite/resin (lab) - 2 surf. | Balance Billing |
| \$284.00 | \$142.00 | \$142.00 | 2664 | Onlay - composite/resin (lab) - 3 surf. | Balance Billing |
| \$200.00 | \$100.00 | \$100.00 | 2710 | Crown - resin (lab) | Balance Billing |
| \$415.00 | \$207.50 | \$207.50 | 2720 | Crown - resin with high noble metal | Balance Billing |
| \$320.00 | \$160.00 | \$160.00 | 2721 | Crown - resin with base metal | Balance Billing |
| \$360.00 | \$180.00 | \$180.00 | 2722 | Crown - resin with noble metal | Balance Billing |
| \$590.00 | \$295.00 | \$295.00 | 2740 | Crown - porcelain/ceramic substrate | Balance Billing |
| \$550.00 | \$275.00 | \$275.00 | 2750 | Crown - porcelain fused high noble | Balance Billing |
| \$500.00 | \$250.00 | \$250.00 | 2751 | Crown - porcelain fused base metal | Balance Billing |
| \$520.00 | \$260.00 | \$260.00 | 2752 | Crown - porcelain fused noble metal | Balance Billing |
| \$530.00 | \$265.00 | \$265.00 | 2790 | Crown - full cast high noble metal | Balance Billing |
| \$420.00 | \$210.00 | \$210.00 | 2791 | Crown - full cast base metal | Balance Billing |
| \$460.00 | \$230.00 | \$230.00 | 2792 | Crown - full cast noble metal | Balance Billing |
| \$40.00 | \$20.00 | \$20.00 | 2910 | Recement inlay | Balance Billing |
| \$45.00 | \$22.50 | \$22.50 | 2920 | Recement crown | Balance Billing |
| \$110.00 | \$55.00 | \$55.00 | 2930 | Prefabricated stainless crown - prim | Balance Billing |
| \$114.00 | \$57.00 | \$57.00 | 2931 | Prefabricated stainless crown - perm | Balance Billing |
| \$120.00 | \$60.00 | \$60.00 | 2932 | Prefabricated resin crown | Balance Billing |
| \$112.00 | \$56.00 | \$56.00 | 2933 | Prefab stainl. Crown w/resin window | Balance Billing |
| \$40.00 | \$20.00 | \$20.00 | 2940 | Sedative filling | Balance Billing |
| \$101.00 | \$50.50 | \$50.50 | 2950 | Core buildup, including any pins | Balance Billing |
| \$29.00 | \$14.50 | \$14.50 | 2951 | Pin retention - per tooth, plus restor. | Balance Billing |
| \$173.00 | \$86.50 | \$86.50 | 2952 | Cast post and core plus crown | Balance Billing |
| \$150.00 | \$75.00 | \$75.00 | 2954 | Prefabricated post core plus crown | Balance Billing |
| \$95.00 | \$47.50 | \$47.50 | 2970 | Temporary crown (fractured tooth) | Balance Billing |
| \$29.00 | \$14.50 | \$14.50 | 3110 | Pulp cap - direct (excl. restoration) | Balance Billing |
| \$29.00 | \$14.50 | \$14.50 | 3120 | Pulp cap - indirect (excl. restoration) | Balance Billing |
| \$75.00 | \$37.50 | \$37.50 | 3220 | Therapeutic pulpotomy (excl. rest.) | Balance Billing |

*** BENEFITS FOR Type III COVERED EXPENSES ARE SUBJECT TO AT 12 MONTH WAITING PERIOD.**

BR 2102 07

1/29/2007

SCHEDULED BENEFITS RIDER

PPO Plan 01

| | | | | COVERED EXPENSE | |
|----------|-------------|------------|------|---|-----------------|
| Charge | Company 50% | Member 50% | Code | TYPE III* | Co-Insurance |
| \$430.00 | \$215.00 | \$215.00 | 3310 | Endodontic therapy - Anterior | Balance Billing |
| \$495.00 | \$247.50 | \$247.50 | 3320 | Endodontic therapy - Bicuspid | Balance Billing |
| \$540.00 | \$270.00 | \$270.00 | 3330 | Endodontic therapy - Molar | Balance Billing |
| \$136.00 | \$68.00 | \$68.00 | 3351 | Apexification/recalcification - initial | Balance Billing |
| \$60.00 | \$30.00 | \$30.00 | 3352 | Apexification/recalcification - interim | Balance Billing |
| \$148.00 | \$74.00 | \$74.00 | 3353 | Apexification/recalcification - final | Balance Billing |
| \$279.00 | \$139.50 | \$139.50 | 3410 | Apicoectomy/Perir surgery-anterior | Balance Billing |
| \$279.00 | \$139.50 | \$139.50 | 3421 | Apicoectomy/Perir surgery-Bicuspid | Balance Billing |
| \$279.00 | \$139.50 | \$139.50 | 3425 | Apicoectomy/Perir surgery-molar | Balance Billing |
| \$109.00 | \$54.50 | \$54.50 | 3426 | Apicoectomy/Perir surgery per extra root | Balance Billing |
| \$109.00 | \$54.50 | \$54.50 | 3430 | Retrograde filling - per root | Balance Billing |
| \$110.00 | \$55.00 | \$55.00 | 3450 | Root amputation - per root | Balance Billing |
| \$90.00 | \$45.00 | \$45.00 | 3910 | Surgical procedure to isolate tooth | Balance Billing |
| \$275.00 | \$137.50 | \$137.50 | 4210 | Gingivectomy - per quadrant | Balance Billing |
| \$79.00 | \$39.50 | \$39.50 | 4211 | Gingivectomy - per tooth | Balance Billing |
| \$300.00 | \$150.00 | \$150.00 | 4240 | Gingival flap procedure - per quad. | Balance Billing |
| \$250.00 | \$125.00 | \$125.00 | 4241 | Gingival flap procedure- 1 to 3 teeth | Balance Billing |
| \$599.00 | \$299.50 | \$299.50 | 4260 | Osseous surgery - per quad. | Balance Billing |
| \$530.00 | \$265.00 | \$265.00 | 4261 | Osseous surgery - 1 to 3 teeth | Balance Billing |
| \$382.00 | \$191.00 | \$191.00 | 4263 | Bone replacement graft - 1st site | Balance Billing |
| \$382.00 | \$191.00 | \$191.00 | 4264 | Bone replacement graft -each additional | Balance Billing |
| \$381.00 | \$190.50 | \$190.50 | 4270 | Pedicle soft tissue graph procedure | Balance Billing |
| \$391.00 | \$195.50 | \$195.50 | 4271 | Free soft tissue graph procedure | Balance Billing |
| \$169.00 | \$84.50 | \$84.50 | 4320 | Provisional splinting - intracoronal | Balance Billing |
| \$130.00 | \$65.00 | \$65.00 | 4321 | Provisional splinting - extracoronal | Balance Billing |
| \$120.00 | \$60.00 | \$60.00 | 4341 | Perio scaling, root planning - per quad. | Balance Billing |
| \$100.00 | \$50.00 | \$50.00 | 4342 | Perio scaling, root planning-1 to 3 teeth | Balance Billing |
| \$80.00 | \$40.00 | \$40.00 | 4355 | Full mouth debridement | Balance Billing |
| \$70.00 | \$35.00 | \$35.00 | 4910 | Periodontal prophylaxis | Balance Billing |
| \$690.00 | \$345.00 | \$345.00 | 5110 | Complete denture - maxillary | Balance Billing |
| \$690.00 | \$345.00 | \$345.00 | 5120 | Complete denture - mandibular | Balance Billing |
| \$740.00 | \$370.00 | \$370.00 | 5130 | Immediate denture - maxillary | Balance Billing |
| \$740.00 | \$370.00 | \$370.00 | 5140 | Immediate denture - mandibular | Balance Billing |
| \$600.00 | \$300.00 | \$300.00 | 5211 | Maxillary partial - resin base | Balance Billing |
| \$600.00 | \$300.00 | \$300.00 | 5212 | Mandibular partial - resin base | Balance Billing |
| \$730.00 | \$365.00 | \$365.00 | 5213 | Maxillary partial - cast metal frame | Balance Billing |
| \$730.00 | \$365.00 | \$365.00 | 5214 | Mandibular partial - cast metal frame | Balance Billing |
| \$390.00 | \$195.00 | \$195.00 | 5281 | Removable unilateral partial - cast | Balance Billing |
| \$40.00 | \$20.00 | \$20.00 | 5410 | Adjust complete denture - maxillary | Balance Billing |
| \$40.00 | \$20.00 | \$20.00 | 5411 | Adjust complete denture - mandibular | Balance Billing |
| \$40.00 | \$20.00 | \$20.00 | 5421 | Adjust partial denture - maxillary | Balance Billing |
| \$40.00 | \$20.00 | \$20.00 | 5422 | Adjust partial denture - mandibular | Balance Billing |
| \$78.00 | \$39.00 | \$39.00 | 5510 | Repair broken compl. Denture base | Balance Billing |
| \$62.00 | \$31.00 | \$31.00 | 5520 | Replace missing/broken teeth - each | Balance Billing |
| \$90.00 | \$45.00 | \$45.00 | 5610 | Repair resin denture base | Balance Billing |
| \$100.00 | \$50.00 | \$50.00 | 5620 | Repair cast framework | Balance Billing |
| \$100.00 | \$50.00 | \$50.00 | 5630 | Repair or replace broken clasp | Balance Billing |
| \$60.00 | \$30.00 | \$30.00 | 5640 | Replace broken teeth - per tooth | Balance Billing |
| \$96.00 | \$48.00 | \$48.00 | 5650 | Add tooth to existing partial denture | Balance Billing |
| \$112.00 | \$56.00 | \$56.00 | 5660 | Add clasp to existing partial denture | Balance Billing |

*** BENEFITS FOR Type III COVERED EXPENSES ARE SUBJECT TO AT 12 MONTH WAITING PERIOD.**

SCHEDULED BENEFITS RIDER

PPO Plan 01

| | | | | COVERED EXPENSE | |
|----------|-------------|------------|------|---|-----------------|
| Charge | Company 50% | Member 50% | Code | TYPE III* | Co-Insurance |
| \$270.00 | \$135.00 | \$135.00 | 5710 | Rebase complete maxillary denture | Balance Billing |
| \$270.00 | \$135.00 | \$135.00 | 5711 | Rebase complete mandibular denture | Balance Billing |
| \$250.00 | \$125.00 | \$125.00 | 5720 | Rebase maxillary partial denture | Balance Billing |
| \$250.00 | \$125.00 | \$125.00 | 5721 | Rebase mandibular partial denture | Balance Billing |
| \$118.00 | \$59.00 | \$59.00 | 5730 | Reline maxillary denture (chairside) | Balance Billing |
| \$118.00 | \$59.00 | \$59.00 | 5731 | Reline mandibular denture (chairside) | Balance Billing |
| \$118.00 | \$59.00 | \$59.00 | 5740 | Reline maxillary partial (chairside) | Balance Billing |
| \$118.00 | \$59.00 | \$59.00 | 5741 | Reline mandibular partial (chairside) | Balance Billing |
| \$199.00 | \$99.50 | \$99.50 | 5750 | Reline maxillary denture (lab) | Balance Billing |
| \$199.00 | \$99.50 | \$99.50 | 5751 | Reline mandibular denture (lab) | Balance Billing |
| \$199.00 | \$99.50 | \$99.50 | 5760 | Reline maxillary partial (lab) | Balance Billing |
| \$199.00 | \$99.50 | \$99.50 | 5761 | Reline mandibular partial (lab) | Balance Billing |
| \$300.00 | \$150.00 | \$150.00 | 5810 | Interim complete denture (maxillary) | Balance Billing |
| \$300.00 | \$150.00 | \$150.00 | 5811 | Interim complete denture (mandibular) | Balance Billing |
| \$233.00 | \$116.50 | \$116.50 | 5820 | Interim partial denture (maxillary) | Balance Billing |
| \$233.00 | \$116.50 | \$116.50 | 5821 | Interim partial denture (mandibular) | Balance Billing |
| \$489.00 | \$244.50 | \$244.50 | 6210 | Pontic - cast high noble metal | Balance Billing |
| \$470.00 | \$235.00 | \$235.00 | 6211 | Pontic - cast base metal | Balance Billing |
| \$490.00 | \$245.00 | \$245.00 | 6212 | Pontic - cast noble metal | Balance Billing |
| \$520.00 | \$260.00 | \$260.00 | 6240 | Pontic - porcelain/high noble metal | Balance Billing |
| \$500.00 | \$250.00 | \$250.00 | 6241 | Pontic - porcelain fused to base metal | Balance Billing |
| \$520.00 | \$260.00 | \$260.00 | 6242 | Pontic - porcelain fused to noble metal | Balance Billing |
| \$430.00 | \$215.00 | \$215.00 | 6250 | Pontic - resin with high noble metal | Balance Billing |
| \$385.00 | \$192.50 | \$192.50 | 6251 | Pontic - resin with base metal | Balance Billing |
| \$398.00 | \$199.00 | \$199.00 | 6252 | Pontic - resin with noble metal | Balance Billing |
| \$415.00 | \$207.50 | \$207.50 | 6720 | Crown - resin with high noble metal | Balance Billing |
| \$320.00 | \$160.00 | \$160.00 | 6721 | Crown - resin with base metal | Balance Billing |
| \$359.00 | \$179.50 | \$179.50 | 6722 | Crown - resin with noble metal | Balance Billing |
| \$530.00 | \$265.00 | \$265.00 | 6750 | Crown - porcelain/high noble metal | Balance Billing |
| \$500.00 | \$250.00 | \$250.00 | 6751 | Crown - porcelain fused to base metal | Balance Billing |
| \$520.00 | \$260.00 | \$260.00 | 6752 | Crown - porcelain fused to noble metal | Balance Billing |
| \$512.00 | \$256.00 | \$256.00 | 6780 | Crown - 3/4 cast high noble metal | Balance Billing |
| \$530.00 | \$265.00 | \$265.00 | 6790 | Crown - full cast high noble metal | Balance Billing |
| \$419.00 | \$209.50 | \$209.50 | 6791 | Crown - full cast base metal | Balance Billing |
| \$429.00 | \$214.50 | \$214.50 | 6793 | Crown - full cast noble metal | Balance Billing |
| \$45.00 | \$22.50 | \$22.50 | 6930 | Recement fixed partial denture | Balance Billing |

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BR 2102 07

1/29/2007