## MYBLUEDENTAL<sup>SM</sup> SCHEDULE OF BENEFITS

## Employer Name: ANDERSON FUNERAL HOME INC

Client No.: Group No.: Client Effective Date: Coverage Effective Date: Anniversary Date: Benefit Year: Option:	
Class I – Preventive Care	100% of the Allowable Charge
Class II – Restorative Care	80% of the Allowable Charge
Class III – Major Restorative Care	50% of the Allowable Charge
Maximum Payment per Member per Benefit Year for Class I, Class II and Class III Benefits	\$1,000
Maximum Deductible Amount per Benefit Year	<ul><li>\$ 50 per Member</li><li>3 per Family</li></ul>
This Deductible applies to	X Class II X Class III

A Predetermination of Benefits should be filed to the Corporation when the cost of dental treatment is \$100.00 or more.

Dental Schedule SMGRP (Rev. 4/06)

Ord. #12227M

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<sup>SM</sup>Service mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.