

MYBLUEDENTALSM
SCHEDULE OF BENEFITS

Employer Name: Anderson Funeral Home, Inc.

Client Effective Date: May 1, 2015
Coverage Effective Date: May 1, 2015
Anniversary Date: May 1
Benefit Year: May 1st thru April 30th
Option: Standard 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 \$1,000
per Benefit Year for Class I,
Class II and Class III Benefits

Maximum Deductible Amount per \$ 50 per Member
Benefit Year 3 per Family

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.

Group Name: Anderson Funeral Home, Inc.
Group Number: 0
Client Number:
Effective Date: May 1, 2015

SCHEDULE A

Premiums for the Dental insurance applied for shall be as follows:

<u>Types of Membership</u>	<u>Monthly Premium</u>
Single	\$17.89
Family	\$60.82
Emp-Spouse	\$37.56
Emp-Child(ren)	\$41.15

Initial premiums are payable in advance of the Effective Date. Subsequent premiums shall be payable on or before the same date of each month thereafter. In no event shall coverage hereby applied for become effective until payment for the initial premiums is received by Blue Cross[®] and Blue Shield[®] of South Carolina.

Blue Cross and Blue Shield of South Carolina may change the monthly premium whenever benefits under the Contract are changed by amendment or as of any monthly due date upon giving 31 days prior notice to the Applicant.

The Benefit Year of this Contract is 12 months commencing on the Effective Date of this Contract and each like year thereafter.

DA(100C)2
DA(100B)1
DM(5-49)

5/91
8/77

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