

MYBLUEDENTALSM
SCHEDULE OF BENEFITS

Employer Name: GCI Steel Erectors, Inc.

Client No.: 54696
Group No.: 65-23882-01
Client Effective Date: October 1, 2016
Coverage Effective Date: October 1, 2016
Anniversary Date: October 1
Benefit Year: October 1st thru September 30th
Option: High 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 \$2,000
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.

Dental Schedule SMGRP (Rev. 4/06)

i Ord. #12227M

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