

MYBLUEDENTALSM
SCHEDULE OF BENEFITS

Employer Name: RHYTHMLINK INTERNATIONAL LLC

Client No.: 46641

Group No.: 05-16577-00

Client Effective Date: December 1, 2013

Coverage Effective Date: January 1, 2018

Anniversary Date: January 01

Benefit Year: January 1st through December 31st

Option: High

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 \$2,000

Maximum Deductible Amount per
Benefit Year \$ 50 per Member
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.