

**POTTERVILLE PUBLIC SCHOOLS.
DENTAL
SCHEDULE OF BENEFITS**

Verification of Eligibility 616-285-2480, or 1-800-732-3412

Call this number to verify eligibility for Plan benefits **before** the charge is incurred.

DENTAL BENEFITS

No Annual Deductible

Dental Percentage Payable

Class A Services - Preventive	100%
Class B Services - Basic.....	80%
Class C Services - Major.....	80%
Class D Services - Orthodontia	80%

Maximum Benefit Amount

For Class A, B, and C Services:

Per person per Calendar Year	\$1,000
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For Class D-Orthodontia:

Lifetime maximum per person	\$800
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