

SELF FUNDED DENTAL BENEFIT COVERAGE

Employer: Bay-Arenac ISD
4228 Two Mile Rd
Bay City, MI 48706
(989) 667-3256 - Benefits Dept.

Eligible Classes: Administrators and Administrative Support
Service Requirement: None
Min. Work Requirement: 20 hours per week
Annual Open Enrollment Period: Month of September
Benefit Period: January 1 thru December 31
Coordination of Benefits: Standard
Plan Year: The records of the Plan are kept separately for each Plan Year.
The Plan Year begins July 1 & ends on June 30.

Predetermination of Benefits: Charges in excess of \$200 require predetermination of benefits.

SCHEDULE OF DENTAL BENEFITS

Type I	Preventative Services	
	Percentage.....	100%
	Annual Deductible.....	\$-0-
	Incentive Plan Increments.....	N/A
Type II	Restorative & Replacement Services	
	Percentage.....	70%
	Annual Deductible.....	\$-0-
Type III	Orthodontia Services	
	Percentage.....	70%
	Lifetime Deductible.....	\$-0-

Plan Maximums

Type I and II Services:
Maximum Annual Benefit per Covered Member.....\$1,000.00
Type III Services:
Maximum Lifetime Benefit per Covered Member.....\$1,500.00

Plan Modifications

The Following Plan Modifications have been included

Five Year Denture Waiver
Missing Tooth Waiver
Orthodontic Pre-Existing Exclusion Waiver