



School Insurance Specialists

Self-Funded Dental Plan
Benefits-at-a-Glance
Kearsley Community Schools
Custodians, Maintenance, Mechanics, Senior Bus Drivers and
Cooks of AFSCME

This plan will pay the Reasonable and Customary (R&C) amount to the dentist for the eligible services. You are responsible for the co-payment and/or deductible amount as identified in the benefit summary. Any remaining balance in excess of the R&C amount is your responsibility. Also the district may modify R&C maximum as needed to match current amount. If current claims were not available, SET Self-Funded plan cost will be based on an industry standard utilization of 80%.

Benefit Year: January 1 through December 31.

| Covered Services | |
|---|--|
| Preventive Benefits | |
| Examination: includes initial and periodic <input checked="" type="checkbox"/> 2 per member per benefit year | Covered- 80% R&C |
| Cleaning: adult and child <input checked="" type="checkbox"/> 2 per member per benefit year | Covered- 80% R&C |
| Fluoride: to age 18 <input checked="" type="checkbox"/> 2 per member per benefit year | Covered- 80% R&C |
| Basic Benefits | |
| Restorative- Fillings | Covered- 80% R&C |
| Oral Surgery | Covered- 80% R&C |
| Endodontics | Covered- 80% R&C |
| Periodontics | Covered- 80% R&C |
| Lifetime Deductible | \$0.00 |
| Major Benefits | |
| Inlays, Onlays, Crowns, Post/Cores and Repairs | Covered- 80% R&C |
| Bridges and Repairs | Covered- 80% R&C |
| Dentures | Covered- 80% R&C |
| Annual Deductible | \$0.00 |
| Annual Maximum | \$750.00 per person per benefit year for Basic and Major Services combined |
| Orthodontic Services | |
| Payment @ | Covered- 80% R&C |
| Lifetime Maximum | \$750.00 |

Your Plan Includes Options: F (please see reverse side for Option details)

| | |
|-----------------------|--|
| Option A | Covers bridge and/or denture work for new or existing insured if the missing teeth were extracted prior to the effective date of the service contract (only exception is congenitally missing teeth) |
| Option B | Waives the five-year replacement limitation on bridge, crown, or denture work |
| Option C | Crowns are covered at stainless steel crown allowance, and at the percentage specified under Basic Service |
| Option D | Inlays, onlays, and crowns (post/cores and repairs) move to the Basic Services and are covered accordingly |
| Option E | Covers exams, prophylaxis, and fluoride at 100%, with the other Basic Services covered at -%. X-rays not included in 100%, unless requested by group. |
| Option F | Covers eligible orthodontia started prior to the effective contract date |
| Option G | Covers orthodontia without regard to patient's age |
| Option H | Our contracts allow you 30 days to have work completed if start prior to the termination. With this option all work must be completed prior to the termination date. There is no grace period. |
| Option I | Permits external coordination of benefits only |
| Option M | Limits services involving Endodontics, Periodontics, and Oral Surgery to the base percentage (- %) |
| Option N | Covers single crowns, Endodontics, Periodontics, and Oral Surgery under Basic Services rate (-%) but does not allow for the incentive increase |
| Option R | Does not allow for the cut back of any charges for R&C |
| Option S | Covers sealants |
| Option T | Implants (to be listed under Major Services) |
| Option V | Composite restorations paid in full |
| Option D and N | Periodontics, Endodontics, and Oral Surgery at Basic -% but gives Crowns the incentive |
| Option D and M | Crowns, Endodontics, Periodontics, and Oral Surgery at Basic % |
| Full Incentive | 10% each succeeding benefit year, not to exceed a Basic Benefit of 100% |