



BENEFITS AT A GLANCE

SET Self Funded Dental Plan

Alpena-Montmorency-Alcona ESD
Para-Professionals/Support Staff

This plan will pay the reasonable and customary amount to the dentist for the eligible services.

Covered services and amounts listed below will be paid toward items and services incurred in connection with the subscriber’s appointment; **the remaining balance is the subscriber’s responsibility.**

Benefit Year: September 1-August 31

Preventive Benefits

Includes examination, cleaning (two per member per benefit year) and fluoride (to age 18)	100%
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Basic Benefits

Includes restorative (fillings), oral surgery, endodontics and periodontics	80%
Lifetime Deductible	\$0

Major Benefits

Includes inlays, onlays, crowns, post/cores and repairs, bridges and repairs, and dentures	80%
Annual Deductible	\$0
Annual Maximum	\$1,000

Orthodontic Services

Payment	N/A
Lifetime Maximum (to age 19)	\$0
Annual Deductible	\$0

Included Plan Options

A, B & E

The material is presented is general information; the policy issued by Union Security Insurance Company is the controlling document.

Plan Options Summary

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 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 services
Option D	Inlays, onlays and crowns (post/cores and repairs) move to basic services and are covered accordingly
Option E	Covers exams, prophylaxis and fluoride at 100% with other basic services covered at XX%
Option F	Covers eligible orthodontic services started prior to effective contract date
Option G	Covers orthodontic services regardless of a patient's age
Option H	Contracts allow you to have work completed if started prior to the termination date. 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 (XX%)
Option N	Covers single crowns, endodontics, periodontics and oral surgery under basic services rate (XX%), but does not allow for incentive increase
Option R	Does not allow for the cut back of any charges to the reasonable and customary rate
Option S	Covers sealants
Option T	Implants covered under major services
Option D and N	Periodontics, endodontics, oral surgery, at basic XX%, but gives crowns the incentive
Option D and M	Covers periodontics, endodontics, oral surgery and crowns at XX%
Full Incentive	XX% each succeeding benefit year, not to exceed basic benefit of 100%

Note for insured plans: Your plan includes access to the DENTEMAX dental network. It will pay the DENTEMAX approved amount to the dentist for eligible services. Dentists in this network provide discounted services and agree to accept DENTEMAX dentists at www.dentemaxdental.com. Your benefit levels are the same regardless of whether or not you are in or out of the network.

Note for self-funded plans: The district may modify the reasonable and customary maximum as needed to match current amount. If current claims are not available, SET Self-Funded plan cost will be based on an industry standard utilization of 80 percent.

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