



School Insurance Specialists

Northview Public Schools Instructional Employees

Dental Plan with Incentive Plan Benefits-at-a-Glance

This is intended to be an-easy-to-read summary.

Basic Benefits

Examination – includes initial and periodic	Covered - 60% R&C★, 2 per member per benefit year
Cleaning – adult, and child	Covered - 60% R&C★, 2 per member per benefit year
Flouride – to age 18	Covered - 60% R&C★, 2 per member per benefit year
Restorative-Fillings	60% R&C★
Oral Surgery	60% R&C★
Endodontics	60% R&C★
Periodontics	60% R&C★
Inlays, Onlays, Crowns, Post/Cores and Repairs	60% R&C★
Lifetime Deductible	\$0

Major Benefits

Bridges and Repairs	70% R&C★
Dentures	70% R&C★
Annual Deductible	\$100.00 (Maximum Two Per Family)

Annual Maximum

\$1,200.00 per person per benefit year for basic and major services combined.

Orthodontic Services

Payment @	70% R&C★
Deductible	\$50.00
Lifetime maximum	\$1,500.00
<input checked="" type="checkbox"/> To Age 19	
<input type="checkbox"/> Adult Orthodontic coverage – no age limit	

*Benefit year for this plan is September 1 through August 31.

★ The 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.

An Incentive Plan is incorporated in this benefit. The Benefit Level will begin at 60% on selected basic services for the first year, then increase 10% each succeeding benefit year, to a maximum of 100%, provided you visit the dentist at least once during the calendar year for a regular exam and/or cleaning.

Your Plan Includes: Options A, D & H

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 D:	Inlays, Onlays, and Crowns (Post/Cores and Repair) move to the Basic services and are covered; and
Option H:	allows 30 days after termination date for completion of work started before termination.



School Insurance Specialists

Self-Funded Dental Plan
Benefits-at-a-Glance
Northview Public Schools
Administrators and Central Office Clerical Employees

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	
Preventative Benefits	
Examination: includes initial and periodic <input checked="" type="checkbox"/> 2 per member per benefit year	Covered- 70% R&C
Cleaning: adult and child <input checked="" type="checkbox"/> 2 per member per benefit year	Covered- 70% R&C
Fluoride: to age 18 <input checked="" type="checkbox"/> 2 per member per benefit year	Covered- 70% R&C
Basic Benefits	
Restorative- Fillings	Covered- 70% R&C
Oral Surgery	Covered- 70% R&C
Endodontics	Covered- 70% R&C
Periodontics	Covered- 70% R&C
Lifetime Deductible	\$25.00
Major Benefits	
Inlays, Onlays, Crowns, Post/Cores and Repairs	Covered- 70% R&C
Bridges and Repairs	Covered- 70% R&C
Dentures	Covered- 70% R&C
Annual Deductible	\$50.00
Annual Maximum	\$1,000.00 per person per benefit year for Basic and Major Services combined
Orthodontic Services	
Payment @	Covered- 70% R&C
Annual Deductible	\$50.00
Lifetime Maximum	\$1,500.00

Your Plan Includes Options: A, D, H, Full Incentive (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 -%
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 D and N	Periodontics, Endodontics, and Oral Surgery at Basic -% but gives Crowns the incentive
Option D and M	Periodontics, Endodontics, Oral Surgery, and Crowns at -%
Full Incentive	10% each succeeding benefit year, not to exceed a Basic Benefit of 100%



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Self-Funded Dental Plan
Benefits-at-a-Glance

Northview Public Schools

**All Non-Instructional Employees except Custodial/Maintenance,
Secretarial Employees & Central Office Clerical (including Food
Service Personnel not electing Board provided Health or Vision
Insurance)**

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Benefit Year: January 1 through December 31.

Covered Services	
Preventative Benefits	
Examination: includes initial and periodic <input checked="" type="checkbox"/> 2 per member per benefit year	Covered- 70% R&C
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Basic Benefits	
Restorative- Fillings	Covered- 70% R&C
Oral Surgery	Covered- 70% R&C
Endodontics	Covered- 70% R&C
Periodontics	Covered- 70% R&C
Lifetime Deductible	\$25.00
Major Benefits	
Inlays, Onlays, Crowns, Post/Cores and Repairs	Covered- 50% R&C
Bridges and Repairs	Covered- 50% R&C
Dentures	Covered- 50% R&C
Annual Deductible	\$50.00
Annual Maximum	\$1,000.00 per person per benefit year for Basic and Major Services combined
Orthodontic Services	
Payment @	Covered- N/A% R&C
Lifetime Maximum	SN/A

Your Plan Includes Options: A, D, Full Incentive (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 -%
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 D and N	Periodontics, Endodontics, and Oral Surgery at Basic -% but gives Crowns the incentive
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Full Incentive	10% each succeeding benefit year, not to exceed a Basic Benefit of 100%



School Insurance Specialists

Self-Funded Dental Plan
Benefits-at-a-Glance
Northview Public Schools
Custodial/Maintenance & Secretarial Employees

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Lifetime Maximum	\$1,500.00

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