



Midland County ESA

Employee Segment: All Employees

School Insurance Specialists

Dental Benefits

Basic Benefits

Examination - includes initial and periodontic	Covered - 50% R&C, 2 per member per benefit year
Cleaning - adult and child	Covered - 50% R&C, 2 per member per benefit year
Flouride - to age 18	Covered - 50% R&C, 2 per member per benefit year
Restorative - Fillings	50% R&C
Oral Surgery	50% R&C
Endodontics	50% R&C
Periodontics	50% R&C
Lifetime Deductible	\$25

Major Benefits

Inlays, Onlays, Crowns, Post/Core Repairs	90% R&C
Bridges and Repairs	90% R&C
Dentures	90% R&C
Annual Deductible	\$0

Annual Maximum

\$1,500 per person per benefit year for basic and major services combined

Incentive Plan

Basic Benefit coverage percent increase 10% each succeeding benefit year, not to exceed a Basic Benefit of 100%

Orthodontic Services

Payment at	80% R&C
Deductible	\$0
Lifetime Maximum	\$1,500

Additional Options

- Option A** Covers bridge and/or Dental 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 D** Inlays, Onlays and Crowns (Post/Cores and Repair) move to the Basic services and are covered accordingly

Option F Covers Orthodontia started prior to the effective contract date

Option S Covers Sealants

Alternate Procedures of Treatment: If Alternate Procedures, services or courses of treatment may be performed to properly correct a dental condition, the maximum eligible dental charge which will be considered will be for the least expensive procedure which will, as determined by the Insurance Company, produce a professionally satisfactory result.

Basic Benefits Incentive Plan Increment Provision: The Basic Benefits Percentage application to a covered individual's insurance under the coverage for a benefit year will be increased as indicated provided the Covered Individual visited a Dentist for periodic examination and diagnosis at least once during the preceding Benefit Year, and all Basic Services, indicated in the list of Dental Services as a result of the first of such visits, were completed during that Benefit Year. Otherwise, the original Basic Benefits Percentage will again apply for the current Benefit Year, and future incentive plan increments will be determined as described on the Coverage Schedule.

Additional Benefits Annual Deductible Amount Provision: For the purposes of calculating benefits for charges incurred in connection with any one Treatment Plan, charges used toward the satisfaction of the Additional Benefits Annual Deductible for a Benefit Year will include any charges in connection with the Treatment Plan which were used toward the satisfaction of the Additional Benefit for a previous Benefit Year. If any Benefit has become payable under the Coverage in connection with a charge, that charge shall in no event be considered in the satisfaction of the Additional Benefit Annual Deductible for any Benefit Year.



School Insurance Specialists

Midland County ESA

Employee Segment: Instructional Employees, who were enrolled in dental coverage as of 12/1/03. All New Instructional Employees will be enrolled in sub group 00. If Instructional Employees currently in this plan opt out of dental coverage and choose dental at a later time,

Dental Benefits

Basic Benefits

Examination - includes initial and periodontic	Covered - 100% R&C, 2 per member per benefit year
Cleaning - adult and child	Covered - 100% R&C, 2 per member per benefit year
Flouride - to age 18	Covered - 100% R&C, 2 per member per benefit year
Restorative - Fillings	100% R&C
Oral Surgery	100% R&C
Endodontics	100% R&C
Periodontics	100% R&C
Lifetime Deductible	\$0

Major Benefits

Inlays, Onlays, Crowns, Post/Core Repairs	90% R&C
Bridges and Repairs	90% R&C
Dentures	90% R&C
Annual Deductible	\$0

Annual Maximum

\$1,500 per person per benefit year for basic and major services combined

Orthodontic Services

Payment at	90% R&C
Deductible	\$0
Lifetime Maximum	\$1,500

Additional Options

- Option A** Covers bridge and/or Dental 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 D** Inlays, Onlays and Crowns (Post/Cores and Repair) move to the Basic services and are covered accordingly
- Option F** Covers Orthodontia started prior to the effective contract date
- Option S** Covers Sealants

Alternate Procedures of Treatment: If Alternate Procedures, services or courses of treatment may be performed to properly correct a dental condition, the maximum eligible dental charge which will be considered will be for the least expensive procedure which will, as determined by the Insurance Company, produce a professionally satisfactory result.

Additional Benefits Annual Deductible Amount Provision: For the purposes of calculating benefits for charges incurred in connection with any one Treatment Plan, charges used toward the satisfaction of the Additional Benefits Annual Deductible for a Benefit Year will include any charges in connection with the Treatment Plan which were used toward the satisfaction of the Additional Benefit for a previous Benefit Year. If any Benefit has become payable under the Coverage in connection with a charge, that charge shall in no event be considered in the satisfaction of the Additional Benefit Annual Deductible for any Benefit Year.