



Dearborn School Employee Health Plan - DSOEA

Alternative Dental Plan

Summary Plan Description (SPD) for

Active Employees

Effective May 1, 2012

About Your Dental Plan

Other organizations also participate in this Plan; however, there are certain provisions that only apply to employees at your employer. Provisions specific to your employer's Plan are detailed in the following chart.

To avoid unnecessary expenses, we recommend your dentist provide a treatment plan for any amounts over \$250.

Effective Date	May 1, 2012
Plan Name	Alternative Dental Plan for DSEHP - DSOEA
Group Number	8042
Employer	DSEHP-DSOEA 18700 Audette Dearborn, MI 48124
Employer Identification Number (EIN)	38-1456543
Eligible Employees	All Eligible Employees
Service Requirement	First of the month following date of hire
Minimum Hour Requirement	As insured eligible
Employee Contributions	This Plan does not require employee contributions
Open Enrollment Period	August 23 rd through September 24 th effective October 1 st
Termination of Coverage	First of the month following date of termination
Dependent Child Eligibility	End of the calendar year of the 26th birthday
Assignment of Benefits	Benefits may be assigned
Coordination of Benefits	This Plan coordinates benefits

Network	A.D.N. and Dentemax
Benefit Administrator	MEBS, Inc. 3809 Lake Eastbrook Boulevard Grand Rapids, MI 49546 (800) 968-6327 or (616) 458-6327 Customerservice@mebs.com www.mebs.com
Underwritten by	Associated Mutual
Benefit Period	January 1 through December 31
Plan Year	The records of the Plan are kept separately for each Plan Year. The Plan Year begins on July 1 st and ends on June 30 th .
Agent for Service of Legal Process	Andrew Nickelhoff, Fund Counsel Sachs Waldman, P.C. 1000 Farmer Detroit, MI 48226

ALTERNATIVE DENTAL PLAN

Summary of Benefits

Dearborn Federation of School Employees - DSOEA

Type I Preventive:

(Based on approved amount)

Benefit	Plan Pays	Frequency
Oral exams/Office visits	100%	Twice per calendar year
Prophylaxis (teeth cleaning)	100%	Twice per calendar year
Difficult Prophylaxis (cleaning)	100%	Once in a seven year period
Periodontal Maintenance	80%	Twice per calendar year
Fluoride treatment	100%	Once per calendar year
Palliative (emergency) treatment	100%	
Sealants on permanent molars for members up to age 19	100%	Once per tooth every 36 months when applied to the first and second permanent molars
Bitewing x-rays (up to 4 films)	100%	Once per calendar year
Full mouth and panoramic x-rays	100%	Once every 84 months
Space maintainers for missing posterior primary teeth for members up to age 16	100%	Once per quadrant per lifetime

Type II Restorative:

(Based on approved amount)

Benefit	Plan Pays	Frequency
Fillings 1. Amalgam 2. Composite (anterior teeth only)	80%	Replacements covered 24 months after initial on primary teeth and 48 months on permanent teeth
Oral surgery including extractions	80%	
Root canal treatment	80%	Once every 36 months for tooth with one or more canals
Periodontal Services including scaling and root planning	80%	Once every 36 months per quadrant
Occlusal guards and limited adjustments (bruxism)	80%	Bite guards once every 60 months, adjustments up to five times in a 60 month period
General anesthesia or IV sedation	80%	As medically necessary and performed with oral or dental surgery
Repairs and adjustment of dentures	80%	After six months or more from delivery
Relining or rebasing of dentures	80%	Once every 36 months
Tissue conditioning	50%	Once every 36 months
Crowns, stainless steel	80%	
TMJ appliances		Not a benefit of this Plan

Type III Replacement Services:

(Based on approved amount)

Benefit	Plan Pays	Frequency
Onlays/Inlays for members over age 12	50%	Once every 84 months per primary tooth
Crowns for members over age 12	50%	Crowns are covered when tooth cannot be restored with a filling material once every 84 months
Recement crowns, veneers, inlays, onlays and bridges	50%	Three times per tooth per calendar year after six months from the original restoration
Removable dentures	50%	Once every 84 months
Bridges for members over age 16	50%	Once every 84 months after original was delivered
Endosteal implants for members over age 16 if covered at the time of actual implant placement	50%	Once per tooth per lifetime for teeth numbered 2 through 15 and 18 through 31

Type IV Orthodontia Services:

(Based on approved amount)

Benefit	Plan Pays	Frequency
Minor treatment for tooth guidance	50%	Members up to age 19
Minor treatment to control harmful habits	50%	Members up to age 19
Intercepting and comprehensive orthodontic treatment	50%	Members up to age 19
Post-treatment stabilization	50%	Members up to age 19
Cephalometric film and diagnostic photos	50%	Members up to age 19

Deductibles

Annual deductible Type I, II, III	\$25.00 per member, limited to \$50 per family
Annual deductible Type IV	None

Dollar Maximums

Type I, II, and III Services	\$1,000.00	Annual Maximum per member
Type IV Services	\$1,000.00	Lifetime Maximum per member

This Plan Utilizes the ADN/Dentemax Networks

If using a network provider, the member may have less out of pocket expenses.

Plan Modifications

Missing Tooth Waiver allows new hires to replace a tooth missing prior to the plan effective date with an eligible service.

Maximum Allowable Cost for non-participating providers.

Adult Fluoride for members over the age of 19.

Resident Exclusion allows charges for treatment by family members.