

## Plan Definitions

Eligible participants include Administrators, Supervisors, Nurses, Superintendent and Assistant Superintendent's Secretaries, Acct. Dept. Coordinator, Purchasing Agent, Secretary to Finance Director and Supervisor of Security of Traverse City Public Schools.

Eligible dependents include (1) an employee's spouse while not divorced or legally separated from the employee; (2) each of the employee's unmarried children who is a dependent within the meaning of the Internal Revenue Code of the United States, to age 25. Coverage is provided through December 31 of the year in which the dependent becomes age 25.

Eligible dental care charges are the actual costs charged for the listed treatments or services to the extent that such charges are reasonable and customary for the services performed or the materials furnished. Reasonable and customary is determined from a compilation of reported usual dental fees charged by doctors in specific geographic areas.

Eligible charges are reimbursed on a year defined as the 12-month period of January 1 through December 31.

### Your plan:

- 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;
- b) allows you 30 days after your termination date in which to have work completed that was begun prior to your termination.

*The preceding material is a generalization of the plan's provisions; the policy is the controlling document.*

## Ultra-Dent Group Insurance Program

**Basic Services** 80% of R&C\*<sup>o</sup>

*Basic Services Include Services Such As:*

Examinations	Diagnostic X-Rays
Cleaning (Prophylaxis)	Oral Surgery and Anesthetics
Fillings	Root Canals (Endodontics)
Fluoride Treatment (to age 18)	Periodontics

**Lifetime Deductible** \$50

**Major Services** 100% of R&C\*

*Major Services Include Such Services As:*

Inlays	Dentures (Full and Partial)
Crowns and/or Bridges	Crown and/or Bridge Repair

**Annual Deductible** \$50 two per family  
**Annual Maximum** \$1,000 per year/per person

**Orthodontic Services** 50% of R&C\*

**Lifetime Maximum** \$1,000 per person  
**Deductible** \$0

\*R&C means reasonable and customary (see eligible dental care charges, previous page).

<sup>o</sup>An Incentive Plan is incorporated in this benefit. The Benefit Level will begin at 80% on 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.