

B E N E F I T S C H E D U L E
(The pages, which follow, refer to this Schedule)

EMPLOYER: FENNVILLE PUBLIC SCHOOLS – REVISION – JULY 1, 2014
3050- DEN1B – 3050000 DEN2B – 2010701 COMP - 3050000

Dental Expense Benefit - Employee and Dependents Benefit (Assignable)
Benefit Year - A Calendar Year (January 1 through December 31)
List of Dental Services - See List of Dental Services

DENTAL EXPENSE BENEFITS

Basic Benefits I: 100% Examinations Cleanings (Prophylaxis) Fluoride Treatment (to age 18) Diagnostic X-Rays Lifetime Deductible Amount \$0.00	Basic Benefits II: 80% Oral Surgery and Anesthesia Root Canals (Endodontics) Periodontics Restorations (Fillings) Lifetime Deductible Amount \$0.00
Major Services 50% Crowns and Bridges Crown and/or Bridge Repair Dentures (Full or Partial) Annual Deductible Amount** \$0.00 Combined Annual Basic/ Major Maximum \$1,000.00 <small>(per year/ per person total benefit)</small>	Orthodontic Services 50% <small>(to age 19)</small> Lifetime Deductible Amount \$0.00 Orthodontic Lifetime Maximum \$1,500.00 Benefit

SPECIAL PROVISIONS (as described in the Benefit Schedule Supplement)

- | | | |
|--|--|--|
| (a) Missing Tooth Waiver | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (b) Five Year Denture Waiver | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (c) Basic Services Modification | <input type="checkbox"/> Included | <input checked="" type="checkbox"/> Not Included |
| (d) Major Services Modification | <input type="checkbox"/> Included | <input checked="" type="checkbox"/> Not Included |
| (e) Basic Benefits Percentage Modification | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (f) Pre-Existing Exclusion Waiver | <input checked="" type="checkbox"/> Included | <input type="checkbox"/> Not Included |
| (g) Age Restriction Waiver | <input type="checkbox"/> Included | <input checked="" type="checkbox"/> Not Included |
| (h) Extension of Benefits Waiver | <input type="checkbox"/> Included | <input checked="" type="checkbox"/> Not Included |
| (i) External Coordination of Benefits Only | <input type="checkbox"/> Included | <input checked="" type="checkbox"/> Not Included |
| (m) Incentive Plan Modification M | <input type="checkbox"/> Included | <input checked="" type="checkbox"/> Not Included |
| (n) Incentive Plan Modification N | <input type="checkbox"/> Included | <input checked="" type="checkbox"/> Not Included |
| (r) Reasonable & Customary waiver | <input type="checkbox"/> Included | <input checked="" type="checkbox"/> Not Included |
| (s) Sealants to age 14 | <input type="checkbox"/> Included | <input checked="" type="checkbox"/> Not Included |

Benefit Schedule (cont'd)

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 shall be for the least expensive procedure, as determined by the standards established within the Dental industry, producing a satisfactory professional result

***Basic Benefits Incentive Plan Increment Provision:** The Basic Benefits Percentage applicable to an Eligible Individual under this Plan Document for a benefit year will be increased as indicated, provided the Eligible 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 Benefit 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 this Benefit Plan 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.

Special Provisions Defined:

Your plan includes: **A, B, E & F**

- 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: Waives the five-year replacement limitation on Bridge, Crown or Denture work;
- E: Covers Exams, Prophylaxis, and Fluoride at 100%, with the other Basic Services covered at -%
- F: Covers Orthodontia started prior to the effective contract date;

B E N E F I T S S C H E D U L E

Employer: FENNVILLE PUBLIC SCHOOLS- REVISION - JULY 1, 2014
3050 - VIS- 3050000 COMP - 3050000

VISION EXPENSE BENEFITS- Employee and Dependents Benefit

Complete Vision Examination Maximum	\$ 48.00
Single Vision Prescription Maximum per Pair of Lenses	\$ 63.00
Bifocal Prescription Maximum per Pair of Lenses	\$ 72.00
Trifocal Prescription Maximum per Pair of Lenses	\$ 90.00
Lenticular Prescription Maximum per Pair of Lenses	\$108.00
Contact Lens Prescription Maximum per Pair of Lenses	\$150.00
Standard-type Frames Maximum	\$ 65.00

BENEFIT DETERMINATION PERIOD: JULY 1 through JUNE 30

SERVICE FREQUENCY:

Vision Examination: Once every 12 months
Lenses: Once every 12 months
Frames: Once every 12 months

EXTERNAL COORDINATION OF BENEFITS ONLY: Included **Not Included**

(Any spouse or child who is eligible for benefits as an Employee, or who is entitled to benefits under any extension of such eligibility of benefits, is not a dependent).