SELF FUNDED DENTAL
EMPLOYER DATA SCHEDULE

Effective Date:         September 1, 1992 / Revision September 1, 2004

Employer:              Waterford School District
                      6020 Pontiac Lake Road
                      Waterford, Michigan 48327
                      (248) 666-4000

Federal Identification Number: 38-6003100

Group Number:          706-01

Eligible Class(es):    Administrative/Technical and Teachers

Service Requirement:   Per Employee Contract: Date of hire, or following 60 days of Employment.

Minimum Work Requirement: 15 hours per week

Employee Contributions: This plan may require employee contributions per union contract.

Annual Open Enrollment Period: Month of September

Benefit Period:        September 1 through August 31

Plan Year:             The records of the Plan are kept separately for each Plan Year. The Plan Year begins on January 1 and ends on December 31.

Coordination of Benefits: Standard

Child Age Maximum:     Limited to end of the Calendar Year of Child's 19th Birthday

Assignment of Benefits: Benefits may be assigned.

Predetermination of Benefits: Charges in excess of $200.00 require predetermination of benefits.

Agent of Service for Legal Process: Mr. James Bruinsma
                                 Miller, Johnson, Snell & Cumminskey
                                 250 Monroe NW Suite 800
                                 Calder Plaza Building
                                 Grand Rapids, Michigan 49503
                                 (616) 459-8311
SELF FUNDED DENTAL
SCHEDULE OF BENEFITS

WATERFORD SCHOOL DISTRICT

Administrative/Technical, and Teachers
Effective September 1, 1992 / Revision September 1, 2004

Type I Preventative Services
Percentage 100%

Type II Restorative Services
Percentage (Preferred Provider) 80%
Percentage (Non-Preferred Provider) 50%

Type III Replacement Services (e.g., Crowns)
Percentage 50%

Type IV Orthodontia Services (Applicable only for Covered Individuals under age 19)
Percentage 70%

Plan Maximums

Type I, II, and III Services:
Maximum Annual Benefit Per Covered Member $1,100.00

Type IV Services:
Maximum Lifetime Benefit Per Covered Member $800.00

Plan Modifications

The following Plan Modifications have been included:

Orthodontic Pre-Existing Exclusion Waiver - Charges incurred after the person becomes a Covered Individual will be considered in accordance with this provision.

Preferred Provider refers to the Waterford Panel Providers. For a list of these providers please contact MEBS’ Dental/Vision Department.