SELF FUNDED DENTAL
EMPLOYER DATA SCHEDULE

Effective Date: July 1, 2004

Employer: Waterford School District
6020 Pontiac Lake Road
Waterford, Michigan 48327
(248) 666-6685

Federal Identification Number: 38-6003100

Group Number: 706-02

Eligible Class(es): Child Care Assistants, Child Care Assistant Coordinators, Child Care Coordinators, Assistants I & II, Classroom Teacher Assistants, Technicians, Administrative Technicians, Assistant -Senior Center, Van Drive-Senior Center, Aide-Senior Center

Service Requirement: The first day following 60 days of employment.

Minimum Work Requirement: 16 hours per week for single coverage.

Employee Contributions: This plan does not require contributions for Employee-only coverage.

Annual Open Enrollment Period: Month of September, effective October 1st.

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 25th 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
250 Monroe NW Suite 800
Calder Plaza Building
Grand Rapids, Michigan 49503
(616) 459-8311
SELF FUNDED DENTAL
SCHEDULE OF BENEFITS

WATERFORD SCHOOL DISTRICT

Effective July 1, 2004

Type I    Preventative Services

Percentage  50%
Incentive Plan Increments  10%

Type II   Restorative Services

Percentage  50%

Plan Maximums

Type I and II Services:

Maximum Annual Benefit Per Covered Member  $1,000.00
Combined Lifetime Deductible on Class I and II  $25.00 per enrolled

Plan Modifications

The following Plan Modifications have been included:

* Benefits will increase in 10% increments (to 100%) per benefit year.