



School Insurance Specialists

Madison Public Schools

Employee Segment: Teachers Without Dental Coverage
Through Spouse

Dental Benefits

Basic Benefits

Examination - includes initial and periodontic	Covered - 80% R&C, 2 per member per benefit year
Cleaning - adult and child	Covered - 80% R&C, 2 per member per benefit year
Flouride - to age 18	Covered - 80% R&C, 2 per member per benefit year
Restorative - Fillings	80% R&C
Oral Surgery	80% R&C
Endodontics	80% R&C
Periodontics	80% R&C
Lifetime Deductible	\$0

Major Benefits

Inlays, Onlays, Crowns, Post/Core Repairs	60% R&C
Bridges and Repairs	60% R&C
Dentures	60% R&C
Annual Deductible	\$0

Annual Maximum

\$1,000 per person per benefit year for basic and major services combined

Orthodontic Services

Payment at	80% R&C
Deductible	\$0
Lifetime Maximum	\$1,000

Additional Options

- Option A** Covers bridge and/or Dental 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)
- Option B** Waives the five-year replacement Limitation on bridge, crown or denture work
- Option D** Inlays, Onlays and Crowns (Post/Cores and Repair) move to the Basic services and are covered accordingly
- Option E** Covers Exams, Prophylaxis, and Flouride at 100%, with the other Basic Services covered at 80%
- Option F** Covers Orthodontia started prior to the effective contract date

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 will be for the least expensive procedure which will, as determined by the Insurance Company, produce a professionally satisfactory result.

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 the Coverage 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.



School Insurance Specialists

Madison Public Schools

Employee Segment: Administrators Secretaries Non-Certified
Middle Management Members of Local 1468 & Local 1445,
With Coverage Through Another Carrier

Dental Benefits

Basic Benefits

Examination - includes initial and periodontic	Covered - 80% R&C, 2 per member per benefit year
Cleaning - adult and child	Covered - 80% R&C, 2 per member per benefit year
Flouride - to age 18	Covered - 80% R&C, 2 per member per benefit year
Restorative - Fillings	80% R&C
Oral Surgery	80% R&C
Endodontics	80% R&C
Periodontics	80% R&C
Lifetime Deductible	\$0

Major Benefits

Inlays, Onlays, Crowns, Post/Core Repairs	60% R&C
Bridges and Repairs	60% R&C
Dentures	60% R&C
Annual Deductible	\$0

Annual Maximum

\$1,000 per person per benefit year for basic and major services combined

Orthodontic Services

Payment at	% R&C
Deductible	
Lifetime Maximum	

Additional Options

- Option A** Covers bridge and/or Dental 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)
- Option B** Waives the five-year replacement Limitation on bridge, crown or denture work
- Option D** Inlays, Onlays and Crowns (Post/Cores and Repair) move to the Basic services and are covered accordingly
- Option E** Covers Exams, Prophylaxis, and Flouride at 100%, with the other Basic Services covered at 80%

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 will be for the least expensive procedure which will, as determined by the Insurance Company, produce a professionally satisfactory result.

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 the Coverage 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.



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Madison Public Schools

Employee Segment: Administrators Secretaries Non-Certified
Middle Management Members of Local 1468 & Local 1445,
With Coverage Through Another Carrier

Dental Benefits

Basic Benefits

Examination - includes initial and periodontic	Covered - 50% R&C, 2 per member per benefit year
Cleaning - adult and child	Covered - 50% R&C, 2 per member per benefit year
Flouride - to age 18	Covered - 50% R&C, 2 per member per benefit year
Restorative - Fillings	50% R&C
Oral Surgery	50% R&C
Endodontics	50% R&C
Periodontics	50% R&C
Lifetime Deductible	\$0

Major Benefits

Inlays, Onlays, Crowns, Post/Core Repairs	50% R&C
Bridges and Repairs	50% R&C
Dentures	50% R&C
Annual Deductible	\$0

Annual Maximum

\$1,000 per person per benefit year for basic and major services combined

Orthodontic Services

Payment at	50% R&C
Deductible	\$0
Lifetime Maximum	\$1,000

Additional Options

- Option A** Covers bridge and/or Dental 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)
- Option B** Waives the five-year replacement Limitation on bridge, crown or denture work
- Option F** Covers Orthodontia started prior to the effective contract date

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 will be for the least expensive procedure which will, as determined by the Insurance Company, produce a professionally satisfactory result.

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 the Coverage 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.