

NORTHERN MICHIGAN UNIVERSITY
DENTAL BENEFIT GUIDE
SET-SEG – GROUP #00045
415 W. KALAMAZOO ST.
LANSING, MI 48933-2079
1-800-292-5421

Enrollment is not automatic.
Enrollment forms must be on file in the Human Resources Department.
Coverage is effective on the first of month following date of hire.
(An Open Enrollment for changes/additions is held each September
-changes become effective October 1.)

BENEFIT YEAR: January 1 – December 31

Basic Services **100% of R & C¹**

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	\$25.00

Major Services **80% of R & C¹**

Major services include services such as:

Inlays	Dentures (Full and Partial)
Crown and/or Bridges ²	Crown and/or Bridge Repair ²
Annual Deductible	\$00.00

Combined Annual Maximum Benefit **\$1,000.00 per year/per person**

Orthodontic Services (to age 19)³ **50% of R & C¹**

Lifetime Maximum Benefit	\$1,500 per person
Deductible	\$00.00

¹R & C means reasonable and customary

²Covers 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

³Does not cover orthodontia started prior to the effective contract date

- Select the dentist of your choice – if charges will exceed \$200, the dentist should submit a pretreatment estimate.
- Claims should be sent to the address above.
- Questions should be directed to the Customer Service number above.

This is a generalization of the plan's provisions and are subject to change.