

ADN Dental SF

Policy Information	
Name	ADN Dental SF
Benefit	Dental
Plan Type	Basic Dental
Carrier	ADN Administrators
Admin Name	
Carrier Plan Type Description	
Carrier Plan Type	
Renewed From	2023-24 ADN Dental SF
Dates	09/01/2024 - 08/31/2025
Original Plan Effective Date	
Plan Renewal Date	09/01/2025
Situs State	Michigan
Policy #	9877
Carrier Plan Code	
Bill Option	List Bill
Generate PDF Enrollment Form	No
Carrier Form	

Carrier Form Group Size

Processing Types

834 EDI

Disable renewed from link

No

Communications

Plan Summary

Plan Summary

Bath Community School District offers dental benefits designed to protect our employees. Below is the summary for our ADN Dental SF.

Primary Contact Number

SET SEG Employee Benefits

1-800-292-5421

Plan Links

[ADN \(American Dental Network\)](#)

Contacts

Custom Text

Plan Documents

[Bath Community Schools ADN Dental 80% \\$1000 Benefit Summary](#)

[Bath Community Schools ADN Dental Benefit Summary](#)

Vendor Documents

Document	Name	States	Products
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Eligibility Rules

Eligibility

Rule

Eligible to Enroll

Applies To

Administrative Assistants, Bus Drivers, Custodian - Maintenance, Food Service, Non-Union, Parapros, Teachers, Technology Technicians

Coverage Waiting Period

Rule

0 Day(s)

Applies To

Everyone

Entry Date

Rule

1st of month coinciding with or after

Applies To

Everyone

Termination Date

Rule

End of Month of Termination

Applies To

Everyone

Eligibility Options

Disable new hire / newly eligible enrollment

No

Restrict employees over age

Restrict spouses over age

Allow employee over age coverage to continue

No

Allow spouse over age coverage to continue

No

Dependent age not eligible

26

Student age not eligible

26

Over age dependent drop rule

End of calendar year

Enable auto drop of over age dependents

Yes

Enforce variable hour eligibility

No

Enrollment Options

Capture Primary Care Physician

No

Require Primary Care Physician

No

PCP Link

Capture Coordination of Benefits

No

Require Coordination of Benefits

Yes

HSA is offered

No

HRA is offered

No

Require Participation

No

Allow Negative Employee Cost

No

Qualified HDHP

Plan Rate Info

Rate Type

Composite

Max # of children for +children tier**Self-Funded**

Yes

Non-contributory

No

Plan Rates

Employee	\$6.50
Employee + One	\$6.50
Employee + Family	\$6.50

Name _____

Signature _____ Date ____ / ____ / ____