

ADN Vision SF

Policy Information

Name

ADN Vision SF

Benefit

Vision

Plan Type

Basic Vision

Carrier

ADN Administrators

Admin Name**Carrier Plan Type Description****Carrier Plan Type****Renewed From**

2023-24 ADN Vision 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 is concerned about your financial security and we offer benefit plans designed to protect our employees. Below is the summary for our ADN Vision 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 Vision Benefit Summary](#)

Vendor Documents

Document	Name	States	Products
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Eligibility Rules

Eligibility

Rule

Eligible to Enroll

Applies To

Administration, Administrative Assistants, Bus Drivers, Custodian - Maintenance, Directors, Food Service, Non-Union, Parapros, Superintendent, 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	\$1.50
Employee + One	\$1.50
Employee + Family	\$1.50

Name _____

Signature _____ Date ____ / ____ / ____