



Kalamazoo College, G-1013

Benefit Description	Dental Plan
	Limits
<u>Benefit Year</u>	January 1 through December 31
<u>Deductible per Benefit Year</u>	\$50/employee \$150/employee plus one or more dependents
<u>Benefit Percentage</u> Type I - Preventive Dental Services Type II - Minor Restorative Dental Services Type III - Major Restorative Dental Services Type IV - Orthodontic Services (for dependent children under age 19 only)	100%; deductible waived (0% coinsurance) 80% after deductible (20% coinsurance) 50% after deductible (50% coinsurance) 50% after deductible (50% coinsurance)
<u>Maximum Benefit Paid per Covered Person per Benefit Year for Types I, II, and III Dental Services</u>	\$1,200
<u>Lifetime Maximum Benefit Paid per Eligible Dependent Child for Type IV Orthodontic Services</u>	\$1,000
Special Eligibility Provision for Working Spouses and Domestic Partners	
<p>A participant's spouse or domestic partner who is eligible for medical, dental, or vision coverage under his or her own employer's group health plan must enroll for that coverage at his or her next available enrollment opportunity. Coverage under the spouse's or domestic partner's own employer's group health plan will be considered his or her primary coverage, and this Plan will be the secondary coverage. A participant's spouse or domestic partner who is eligible for coverage under his or her own employer's group health plan, but who declines to take that other coverage will not be eligible to enroll in or participate in the Plan.</p> <p>The participant is obligated to immediately report to the Plan Administrator any change that would affect his or her spouse's or domestic partner's eligibility under this Plan (i.e., the individual changes employers or the individual's employer offers its employees a medical, dental, or vision plan for the first time). If it is found that a spouse or domestic partner who is eligible for coverage under his or her own employer's group health plan has not enrolled for his or her own employer's group health plan as required by this provision, benefits for the spouse or domestic partner may be terminated. Coverage may not be retroactively rescinded except as permitted by law (e.g., in cases of fraud or intentional misrepresentation). Notice that coverage will be retroactively rescinded must be provided 30 days before proceeding with the termination process. Otherwise, coverage will be terminated prospectively once the error is discovered.</p> <p>The following exceptions to this provision shall apply:</p> <ul style="list-style-type: none">• A participant, spouse, or domestic partner who is an employee of Kalamazoo College and who is married to or in a domestic partner relationship with an individual who is also an employee of Kalamazoo College will not be penalized for declining to enroll separately as individual participants in this Plan.• A spouse or domestic partner who is required to pay at least 50% or more of the total cost for medical, dental, or vision coverage under his or her employer's group health plan will not be subject to this provision and can enroll for primary / sole coverage under this Plan for that benefit type.	
Special Provision for Injuries Arising Out of Automobile Accidents	
<p>In the event that a covered person is injured in an accident involving an automobile, this Plan shall be the primary plan for purposes of paying benefits and the covered person's automobile insurance shall pay as secondary.</p>	

Effective July 1, 2023

This brochure represents only a summary of your group health benefits Plan as it applies to all eligible employees and dependents. This brochure is not the Plan Document or the Summary Plan Description for ERISA purposes and shall not be relied upon to establish or determine eligibility, benefits, procedures, or the content or validity of any section or provision of the Vision Benefits Plan. Please refer to the Plan Document for specific information regarding Plan provisions.