



PO Box 610, Southfield, MI 48037
(248) 901-3705

GENESEE ISD Dental Benefits Plan

Teacher with other coverage
Group#: 10134

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

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|------------------|---|
| Annual Maximum | \$ 2,000 per eligible individual for covered class I, II and III services |
| Lifetime Maximum | \$ 1,500 per eligible individual for covered class IV services |

Class I Preventive Services – 50%

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|---------------------------------------|--|
| Oral Examinations & Evaluations | Twice per plan year (regardless of specialty) |
| Prophylaxis (Cleaning) | Twice per plan year (includes Periodontal Maintenance) |
| Topical Application of Fluoride | Twice per plan year to age 19 |
| Bitewing X-Rays | Once per plan year |
| Full-Mouth Series or Panoramic X-Rays | Once per 60 months |
| All Other X-Rays | |
| Space Maintainers | Once per area per lifetime, up to age 14 |

Class II Restorative Services – 50%

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|-----------------------------------|---|
| Composite and Amalgam fillings** | Once per tooth surface per 24 months |
| Onlays and Crowns** | Once per permanent tooth per 60 months |
| Root Canal Therapy | |
| Periodontal Maintenance | Twice per plan year, following treatment (includes Prophylaxis) |
| Periodontal Root Planing | Once per quadrant per 24 months |
| Periodontal Surgery | Once per quadrant per 36 months |
| Oral Surgery and Extractions | Medical plan primary for certain procedures |
| General Anesthesia or IV Sedation | With covered Oral Surgery or medically necessary |
| Occlusal Guards | Once per lifetime |
| Denture Repair and Adjustment | |
| Denture Reline or Rebase | Once per 36 months, per arch |

Class III Major Services – 50%

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|---|--|
| Complete and Partial Removable Dentures | Once per arch per 60 months |
| Fixed Partial Dentures (Bridges) | Once per area per 60 months |
| Addition of Teeth to Partial Dentures | |
| Endosteal Implants | Once per permanent tooth per 60 months |

Class IV Orthodontic Services – 50%

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|------------------------------------|---|
| Limited and Interceptive Treatment | Removable and Fixed Appliance Therapy, up to age 19 |
| Comprehensive Treatment | Fixed Appliance Therapy, up to age 19 |

Not Covered

Sealants, Eposteal & Transosteal Implants, TMJ/TMD Treatment, and Cosmetic Treatment

Deductible – None
Missing Tooth Clause – None
12 Month Billing Limitation
Waiting Periods – None

**Composite, porcelain and ceramic not covered for posterior teeth, alternate benefit applies

COB – Standard

**Prosthetics are considered on delivery date

**Note – Quotes of benefits do not constitute a guarantee of payment. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.