



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

GENESEE ISD Dental Benefits Plan
GIESPA without other coverage
Group#: 10134

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum \$ 1,800 per eligible individual for covered class I, II and III services
Lifetime Ortho Maximum \$ 1,500 per eligible individual for covered class IV services

Class I Preventive Services – 90%

Routine Oral Examinations Twice per plan year
Prophylaxis (Cleaning) Twice per plan year
Topical Application of Fluoride Twice per plan year to age 18
Bitewing X-Rays Twice per plan year
Full-Mouth Series or Panoramic X-Rays Once per 36 months
All Other X-Rays
Periodontal Maintenance Four per plan year (including Prophylaxis)

Class II Restorative Services – 90%

Composite and Amalgam fillings**
Root Canal Therapy
Periodontal Root Planing
Space Maintainers
Periodontal Surgery
Oral Surgery and Extractions
General Anesthesia or IV Sedation With covered Oral Surgery or medically necessary
Occlusal Guards
Denture Repair and Adjustment
Denture Reline or Rebase

Class III Major Services – 90%

Inlays, Onlays and Crowns**
Complete and partial Removable Dentures
Fixed Partial Dentures (Bridges)
Addition of Teeth to Partial Dentures

Class IV Orthodontic Services – 90%

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, Implants & Related Restorations, 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

**Prosthetics are considered on delivery date

COB – Standard

**Note – Quotes of benefits do not constitute a guarantee of payment. 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 \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.