



PO Box 610
 Southfield, MI 48037
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SPRING LAKE PUBLIC SCHOOLS Dental Benefits Plan
 Administration

Group # 9923

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax

Maximum Benefits Plan Year January 1 through December 31

Annual Maximum \$ 1000 per eligible individual for covered class I, II and III services.
 Lifetime Maximum \$ 1500 per eligible individual for covered class IV services

Class I Preventive Services – 100%

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| Routine Oral Examinations | Twice per plan year |
| Prophylaxis/Perio Maintenance (Cleaning) | Twice per plan year |
| Fluoride Treatment | Twice per plan year |
| Bitewing X-Rays | Twice per plan year |
| Full-Mouth Series or Panoramic X-Rays | Once per 36 months |
| All Other X-Rays | |
| Space Maintainers | Once per area per lifetime, up to age 19 |
| Sealants | Once per tooth every 36 months, 1 st , 2 nd permanent molars, up to age 19 |

Class II Restorative Services – 80%

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|-----------------------------------|--|
| Composite and Amalgam fillings | Once per tooth surface per 24 months, primary teeth once every 12 months |
| Onlays and Crowns** | Once per permanent tooth per 60 months |
| Root Canal Therapy | |
| Periodontal Root Planing | Once per quadrant per 24 months |
| Periodontal Surgery | Once per quadrant per 36 months |
| Oral Surgery and Extractions | |
| General Anesthesia or IV Sedation | With covered Oral Surgery or medically necessary |
| Occlusal Guards | Once per 12 months |
| Denture Repair and Adjustment | Once per 12 months, per arch |
| Denture Reline or Rebase | Once per 36 months, per arch |

Class III Major Services – 50%

| | |
|---|-----------------------------|
| Complete and Partial Removable Dentures** | Once per arch per 60 months |
| Fixed Partial Dentures (Bridges)** | Once per area per 60 months |
| Endosteal Implants | Once per tooth per lifetime |

Class IV Orthodontic Services – 50%

| | |
|-----------------------------------|---------------------------------------|
| Limited and Interceptve Treatment | Removable and Fixed Appliance Therapy |
| Comprehensive Treatment | Fixed Appliance Therapy |

Not Covered

TMJ/TMD Treatment Cosmetic Treatment Eposteal and Transosteal Implants

Deductible –\$50.00 per member annually Class II, III, IV

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

**Prosthetics are considered on delivery date

****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.**