



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

KELLOGGSVILLE PUBLIC SCHOOLS Dental Benefits Plan
 Instructional, Dual Employees

Group # 42109

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

September 1st through August 31st

| | |
|------------------|--|
| Annual Maximum | \$1,000 per eligible individual for covered class I, II and III services |
| Lifetime Maximum | \$2,500 per eligible individual for covered class IV services |
| TMJ Services | Applies to annual maximum, up to lifetime maximum of \$1000 |

Class I Preventive Services – 50%

*****Incentive Plan Increases 10% per year to 100%**

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|---|-------------------------------|
| Routine Oral Examinations | Twice per plan year |
| Prophylaxis (Cleaning), Periodontal Maintenance | 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 | |

Class II Restorative Services – 50%

*****Incentive Plan Increases 10% per year to 100%**

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|-----------------------------------|---|
| Composite and Amalgam fillings** | |
| Space Maintainers | Up to age 14 |
| Inlays, Onlays and Crowns | |
| Root Canal Therapy | |
| Periodontal Root Planing | |
| Periodontal Surgery | |
| Oral Surgery and Extractions | Medical plan primary for certain procedures |
| General Anesthesia or IV Sedation | With covered oral surgery |
| Occlusal Guards | For Bruxism Only |
| TMJ Appliances and Services | |

Class III Major Services – 50%

Annual deductible applies

Complete and Partial Removable Dentures
 Fixed Partial Dentures (Bridges)
 Denture Repair and Adjustment
 Denture Reline or Rebase
 Addition of Teeth to Partial Dentures

Class IV Orthodontic Services – 50%

| | |
|------------------------------------|---|
| 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 and Related Restorations Cosmetic Treatment

Deductible –\$25 Individual/\$50 Family Annual Class III

Missing Tooth Clause – None

12 Month Billing Limitation

**Composite and resins are not covered for posterior teeth, alternate benefit applies

Waiting Periods – None

**Prosthetics are considered on delivery date

COB – Standard

***Annual Routine Exam or Prophy required for increase or retention of higher benefit level

****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 document for additional coverage details and limitations. 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.**