



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

Macomb ISD Dental Benefits Plan

Group #10012

Transportation

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

Annual Maximum \$1500.00 per eligible individual for covered class I, II and III services.
 Lifetime Ortho Maximum \$1000.00 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Routine Oral Examination	1 st & 2 nd occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	1 st & 2 nd occurrence
Topical Application of Fluoride	Twice per plan year, to age 19
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
Emergency Palliative Treatment	
Sealants*** (see below)	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	3 rd & 4 th occurrence
Cleaning (Prophylaxis & Periodontal Maintenance)	3 rd & 4 th occurrence
Composite and Amalgam fillings	Once per tooth surface per 24 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

Class III Major Services – 50%

Inlays, Onlays, Crowns**	Once per tooth per 60 months
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	
Denture Reline or Rebase	Once per 24 months, per arch
Denture Repair or Adjustment	

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

Not Covered

Implants Occlusal Guards TMJ/TMD Treatment Cosmetic Treatment

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

***Sealants – In Network 100% of PPO fee schedule / Out of Network \$20.00 per tooth
 **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. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. 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.**



PO Box 610
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Macomb ISD Dental Benefits Plan
 Mechanics / Operators

Group # 10012

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

Annual Maximum \$1,500.00 per eligible individual for covered class I, II and III services.
 Lifetime Ortho Maximum \$1,000.00 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Routine Oral Examination	1 st & 2 nd occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	1 st & 2 nd occurrence
Topical Application of Fluoride	Twice per plan year, to age 19
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
Emergency Palliative Treatment	
Sealants*** (see below)	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	3 rd & 4 th occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	3 rd & 4 th occurrence
Composite and Amalgam fillings	Once per tooth surface, per 24 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

Class III Major Services – 50%

Inlays, Onlays, Crowns**	Once per tooth per 60 months
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	
Denture Reline or Rebase	Once per 24 months, per arch
Denture Repair or Adjustment	

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

Not Covered

Implants Occlusal Guards TMJ/TMD Treatment Cosmetic Treatment

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

***Sealants – In Network 100% of PPO fee schedule / Out of Network \$20.00 per tooth
 **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. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. 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.**



PO Box 610
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MACOMB ISD Dental Benefits Plan
Non-Bargaining C

Group # 10012

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

Annual Maximum \$1500.00 per eligible individual for covered class I, II and III services.
Lifetime Ortho Maximum \$1000.00 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Routine Oral Examination	1 st & 2 nd occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	1 st & 2 nd occurrence
Topical Application of Fluoride	Twice per plan year, to age 19
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
Emergency Palliative Treatment	
Sealants*** (see below)	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	3 rd & 4 th occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	3 rd & 4 th occurrence
Composite and Amalgam fillings	Once per tooth surface, per 24 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

Class III Major Services – 50%

Inlays, Onlays, Crowns**	Once per tooth per 60 months
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	
Denture Reline or Rebase	Once per 24 months, per arch
Denture Repair or Adjustment	

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

Not Covered

Implants Occlusal Guards TMJ/TMD Treatment Cosmetic Treatment

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

***Sealants – In Network 100% of PPO fee schedule / Out of Network \$20.00 per tooth
**Prosthetics are considered on delivery date

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Macomb ISD Dental Benefits Plan
 Non-Bargaining

Group #10012

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

Annual Maximum \$1500.00 per eligible individual for covered class I, II and III services.
 Lifetime Ortho Maximum \$2000.00 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Routine Oral Examination	1 st & 2 nd occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	1 st & 2 nd occurrence
Topical Application of Fluoride	Twice per plan year, to age 19
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
Emergency Palliative Treatment	
Sealants*** (see below)	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	3 rd & 4 th occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	3 rd & 4 th occurrence
Composite and Amalgam fillings	Once per tooth surface per 24 months
Root Canal Therapy	
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once pre quadrant per 36 months
Oral Surgery and Extractions	
General Anesthesia or IV Sedation	With covered Oral Surgery or medically necessary

Class III Major Services – 50%

Inlays, Onlays, Crowns**	Once per tooth per 60 months
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	
Denture Reline or Rebase	Once per 24 months, per arch
Denture Repair or Adjustment	

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

Not Covered

Implants Occlusal Guards TMJ/TMD Treatment Cosmetic Treatment

Deductible –None

Missing Tooth Clause - Yes

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

***Sealants – In Network 100% of PPO fee schedule / Out of Network \$20.00 per tooth

**Prosthetics are considered on delivery date

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Macomb ISD Dental Benefits Plan
 Administration

Group # 10012

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

Annual Maximum \$1500.00 per eligible individual for covered class I, II and III services.
 Lifetime Ortho Maximum \$2000.00 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Routine Oral Examination	1 st & 2 nd occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	1 st & 2 nd occurrence
Topical Application of Fluoride	Twice per plan year, to age 19
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
Emergency Palliative Treatment	
Sealants*** (see below)	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	3 rd & 4 th occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	3 rd & 4 th occurrence
Composite and Amalgam fillings	Once per tooth surface per 24 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

Class III Major Services – 50%

Inlays, Onlays, Crowns**	Once per tooth per 60 months
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	
Denture Reline or Rebase	Once per 24 months, per arch
Denture Repair or Adjustment	

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

Not Covered

Implants Occlusal Guards TMJ/TMD Treatment Cosmetic Treatment

Deductible –None
 Missing Tooth Clause - Yes
 12 Month Billing Limitation
 Waiting Periods – None
 COB – Standard

***Sealants – In Network 100% of PPO fee schedule / Out of Network \$20.00 per tooth
 **Prosthetics are considered on delivery date

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Macomb ISD Dental Benefits Plan
 Paraprofessional

Group #10012

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

Annual Maximum \$1500.00 per eligible individual for covered class I, II and III services.
 Lifetime Ortho Maximum \$1000.00 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Routine Oral Examination	1 st & 2 nd occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	1 st & 2 nd occurrence
Topical Application of Fluoride	Twice per plan year, to age 19
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
Emergency Palliative Treatment	
Sealants*** (see below)	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	3 rd & 4 th occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	3 rd & 4 th occurrence
Composite and Amalgam fillings	Once per tooth surface, per 24 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

Class III Major Services – 50%

Inlays, Onlays, Crowns**	Once per tooth per 60 months
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	
Denture Reline or Rebase	Once per 24 months, per arch
Denture Repair or Adjustment	

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

Not Covered

Implants Occlusal Guards TMJ/TMD Treatment Cosmetic Treatment

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

***Sealants – In Network 100% or PPO fee schedule / Out of Network \$20.00 per tooth
 **Prosthetics are considered on delivery date

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Macomb ISD Dental Benefits Plan
 Professional

Group #10012

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

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

Class I Preventive Services – 100%

Routine Oral Examination	1 st & 2 nd occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	1 st & 2 nd occurrence
Topical Application of Fluoride	Twice per plan year, to age 19
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
Emergency Palliative Treatment	
Sealants*** (see below)	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	3 rd & 4 th occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	3 rd & 4 th occurrence
Composite and Amalgam fillings	Once per tooth surface, per 24 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

Class III Major Services – 50%

Inlays, Onlays, Crowns**	Once per tooth per 60 months
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	
Denture Reline or Rebase	Once per 24 months, per arch
Denture Repair or Adjustment	

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

Not Covered

Implants Occlusal Guards TMJ/TMD Treatment Cosmetic Treatment

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

***Sealants – In Network 100% of PPO fee schedule / Out of Network \$20.00 per tooth
 **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. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. 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.**



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Macomb ISD Dental Benefits Plan
 Administrative Support

Group # 10012

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

Annual Maximum \$1500.00 per eligible individual for covered class I, II and III services.
 Lifetime Ortho Maximum \$1000.00 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Routine Oral Examination	1 st & 2 nd occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	1 st & 2 nd occurrence
Topical Application of Fluoride	Twice per plan year, to age 19
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
Emergency Palliative Treatment	
Sealants*** (see below)	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	3 rd & 4 th occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	3 rd & 4 th occurrence
Composite and Amalgam fillings	Once per tooth surface per 24 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

Class III Major Services – 50%

Inlays, Onlays, Crowns**	Once per tooth per 60 months
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	
Denture Reline or Rebase	Once per 24 months, per arch
Denture Repair or Adjustment	

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

Not Covered

Implants Occlusal Guards TMJ/TMD Treatment Cosmetic Treatment

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

***Sealants – In Network 100% of PPO fee schedule / Out of Network \$20.00 per tooth
 **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. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. 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.**



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Macomb ISD Dental Benefits Plan

Group # 10012

Data Technicians

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

Annual Maximum \$1500.00 per eligible individual for covered class I, II and III services.
 Lifetime Ortho Maximum \$1000.00 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Routine Oral Examination	1 st & 2 nd occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	1 st & 2 nd occurrence
Topical Application of Fluoride	Twice per plan year, to age 19
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
Emergency Palliative Treatment	
Sealants*** (see below)	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	3 rd & 4 th occurrence
Cleaning (Prophylaxis / Periodontal Maintenance)	3 rd & 4 th occurrence
Composite and Amalgam fillings	Once per tooth surface per 24 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

Class III Major Services – 50%

Inlays, Onlays, Crowns**	Once per tooth per 60 months
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	
Denture Reline or Rebase	Once per 24 months, per arch
Denture Repair or Adjustment	

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

Not Covered

Implants Occlusal Guards TMJ/TMD Treatment Cosmetic Treatment

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

***Sealants – In Network 100% of PPO fee schedule / Out of Network \$20.00 per tooth
 **Prosthetics are considered on delivery date

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