



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

**Macomb ISD Dental Benefits Plan
 Transportation**

The Plan-at-a-Glance **PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**

Maximum Benefits **January 1st through December 31st**

Annual Maximum \$1000.00 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	Twice per plan year
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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***	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	Twice per plan year
Composite and Amalgam fillings	Once per tooth surface per 24 months
Root Canal Therapy	
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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%

Inlay, Onlay, 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, to age 19
Comprehensive Treatment	Fixed Appliance Therapy, to age 19

Not Covered

Implants
 Occlusal Guards
 TMJ/TMD Treatment
 Cosmetic Treatment
 *** Sealants – In Network 100%, Out of Network \$20.00 per tooth.

Deductible –None
 Missing Tooth Clause – Yes
 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.**



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**Macomb ISD Dental Benefits Plan
 Operators**

The Plan-at-a-Glance **PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**

Maximum Benefits **January 1st through December 31st**

Annual Maximum \$ 750.00 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	Twice per plan year
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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***	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	Twice per plan year
Composite and Amalgam fillings	Once per tooth surface, per 24 months
Root Canal Therapy	
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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%

Inlay, Onlay, 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, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

Not Covered

Implants
 Occlusal Guards
 TMJ/TMD Treatment
 Cosmetic Treatment
 *** Sealants – In Network 100%, Out of Network \$20.00

Deductible –None
 Missing Tooth Clause – Yes
 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.**



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Macomb ISD Dental Benefits Plan
Other - Non Bargaining

The Plan-at-a-Glance **PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**

Maximum Benefits January 1st through December 31st

Annual Maximum \$1000.00 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	Twice per plan year
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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***	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	Twice per plan year
Composite and Amalgam fillings	Once per tooth surface per 24 months
Root Canal Therapy	
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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%

Inlay, Onlay, 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, to age 19
Comprehensive Treatment	Fixed Appliance Therapy, to age 19

Not Covered

Implants
 Occlusal Guards
 TMJ/TMD Treatment
 Cosmetic Treatment
 *** Sealants – In Network 100%, Out of Network \$20.00 per tooth

Deductible –None
 Missing Tooth Clause - Yes
 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.**



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**Macomb ISD Dental Benefits Plan
 Administration**

The Plan-at-a-Glance **PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**

Maximum Benefits **January 1st through December 31st**

Annual Maximum \$1000.00 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	Twice per plan year
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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***	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	Twice per plan year
Composite and Amalgam fillings	Once per tooth surface per 24 months
Root Canal Therapy	
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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%

Inlay, Onlay, 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, to age 19
Comprehensive Treatment	Fixed Appliance Therapy, to age 19

Not Covered

Implants
 Occlusal Guards
 TMJ/TMD Treatment
 Cosmetic Treatment
 *** Sealants – In Network 100%, Out of Network \$20.00 per tooth

Deductible –None
 Missing Tooth Clause - Yes
 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.**



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**Macomb ISD Dental Benefits Plan
 ParaProfessional**

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Maximum Benefits **January 1st through December 31st**

Annual Maximum \$ 750.00 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	Twice per plan year
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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***	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	Twice per plan year
Composite and Amalgam fillings	Once per tooth surface, per 24 months
Root Canal Therapy	
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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%

Inlay, Onlay, 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, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

Not Covered

Implants
 Occlusal Guards
 TMJ/TMD Treatment
 Cosmetic Treatment
 *** Sealants – In Network 100%, Out of Network \$20.00

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

**Prosthetics are considered on delivery date

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**Macomb ISD Dental Benefits Plan
 Professional**

The Plan-at-a-Glance **PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**

Maximum Benefits	January 1st through December 31st
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Annual Maximum \$ 750.00 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	Twice per plan year
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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***	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%
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Routine Oral Examination	Twice per plan year
Composite and Amalgam fillings	Once per tooth surface, per 24 months
Root Canal Therapy	
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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%

Inlay, Onlay, 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%
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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

Implants
 Occlusal Guards
 TMJ/TMD Treatment
 Cosmetic Treatment
 *** Sealants – In Network 100%, Out of Network \$20.00

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

**Prosthetics are considered on delivery date

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Macomb ISD Dental Benefits Plan
Administrative Support

The Plan-at-a-Glance **PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**

Maximum Benefits January 1st through December 31st

Annual Maximum \$1000.00 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	Twice per plan year
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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***	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	Twice per plan year
Composite and Amalgam fillings	Once per tooth surface per 24 months
Root Canal Therapy	
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
Periodontal Root Planning	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%

Inlay, Onlay, 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, to age 19
Comprehensive Treatment	Fixed Appliance Therapy, to age 19

Not Covered

Implants
 Occlusal Guards
 TMJ/TMD Treatment
 Cosmetic Treatment
 *** Sealants – In Network 100%, Out of Network \$20.00 per tooth.

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

**Prosthetics are considered on delivery date

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**Macomb ISD Dental Benefits Plan
 Data Technicians**

The Plan-at-a-Glance **PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**

Maximum Benefits **January 1st through December 31st**

Annual Maximum \$1000.00 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	Twice per plan year
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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***	Once per 1 st , 2 nd permanent molars, per 36 months, to age 19

Class II Restorative Services – 50%

Routine Oral Examination	Twice per plan year
Composite and Amalgam fillings	Once per tooth surface per 24 months
Root Canal Therapy	
Cleaning (Prophylaxis & Periodontal Maintenance)	Twice per plan year
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%

Inlay, Onlay, 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, to age 19
Comprehensive Treatment	Fixed Appliance Therapy, to age 19

Not Covered

Implants
 Occlusal Guards
 TMJ/TMD Treatment
 Cosmetic Treatment
 *** Sealants – In Network 100%, Out of Network \$20.00 per tooth.

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

**Prosthetics are considered on delivery date

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