



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

Van Buren Public Schools Dental Benefits Plan

Other Staff

Group #

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum	\$1,000 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1,000 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Oral Examinations & Evaluations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Once per plan year to age 14
Bitewing X-Rays	Once per plan year

Class II Restorative Services – 80%

Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Space Maintainers	Once per area per lifetime, up to age 14
Sealants	Once per 60 months, to age 16, 1 st & 2 nd permanent molars
Composite and Amalgam fillings**	Once per tooth surface per 24 months
Periodontal Maintenance	Twice per plan year, following treatment (includes Prophylaxis)
Periodontal Root Planing	Once per quadrant per 24 months
Simple Extractions	

Class III Major Services – 50%

Root Canal Therapy	Once per tooth per lifetime
Periodontal Surgery	Once per quadrant per 36 months
Inlays, Onlays, Crowns**	Once per permanent tooth per 84 months
Oral Surgery and Surgical Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Fixed Partial Dentures (Bridges)	Once per area per 84 months
Addition of Teeth to Partial Dentures	
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch
Implants	Once per permanent tooth per 60 months

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

Occlusal Guards TMJ/TMD Treatment Cosmetic Treatment

Deductible – \$50 individual / \$150 family annually for Class II & III

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

**Composite, porcelain and ceramic not covered for posterior teeth, alternate benefit applies

COB – Standard

**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. 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.**