

VAN DYKE PUBLIC SCHOOLS Dental Benefits Plan
All Employees

Group # 9404

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1 – December 31

Annual Maximum	\$1400 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1400 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Oral Examinations	Twice per plan year
Bitewing X-Rays	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 19
Full-Mouth Series or Panoramic X-Rays	Once per 24 months
Sealants	Once per permanent molar per 36 months, to age 14

Class II Restorative Services – 90%

deductible applies

All Other X-Rays	
Space Maintainers	Once per area per lifetime, up to age 14
Composite and Amalgam fillings**	Once per tooth surface per 12 months
Inlays, Onlays and Crowns**	Once per permanent tooth in 60 months
Oral Surgery and Extractions	
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Denture Reline or Rebase	Once per 36 months, per arch

Class III Major Services – 70%

deductible applies

Periodontal Maintenance	Once per 6 months following periodontal treatment
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Root Canal Therapy	
Complete and Partial Removable Dentures**	Once per arch per 60 months
Fixed Partial Dentures (Bridges)**	Once per arch per 60 months
Denture Repair and Adjustment	
Addition of Teeth to Partial Dentures	

Class IV Orthodontic Services – 60%

deductible applies

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, must begin between ages 6 - 18
Comprehensive Treatment	Fixed Appliance Therapy, must begin between ages 6 - 18

Not Covered

Implants and Restorations over implants TMJ/TMD Treatment Occlusal Guards Cosmetic Treatments

Deductible – Class II, III & IV \$25 Individual/\$50 Family Annually

Waiting Periods – 12 months for replacement prosthetics

Missing Tooth Clause – Yes

12 Month Billing Limitation

COB – Standard

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

**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 \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**