



PO Box 610
 Southfield, MI 48037
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SPRINGPORT PUBLIC SCHOOLS Dental Benefits Plan
Non-Instructional

Group # 42217

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum \$600 per eligible individual for covered class I, II and III services.
 TMJ Services Applies to annual maximum, up to lifetime maximum of \$1000

Class I Preventive Services – 70%

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

| | |
|---|-------------------------------|
| 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 – 70%

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

| | |
|-----------------------------------|--|
| Composite and Amalgam fillings** | |
| Space Maintainers | Up to age 14 |
| 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 or medically necessary |
| Occlusal Guards | For Bruxism Only |
| TMJ Appliances and Services | |

Class III Major Services – 70%

Annual deductible applies

| | |
|---|---------------------------------------|
| Inlays, Onlays and Crowns | Once per permanent tooth in 60 months |
| Complete and Partial Removable Dentures | Once per arch per 60 months |
| Fixed Partial Dentures (Bridges) | Once per area per 60 months |
| Denture Repair and Adjustment | |
| Denture Reline or Rebase | |
| Addition of Teeth to Partial Dentures | |

Not Covered

Sealants Orthodontics Implants and Related Restorations Cosmetic Treatment

Deductible – \$50 Individual Lifetime Class I & II, \$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.**