



PO Box 610  
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**St. Joseph Public Schools Dental Benefits Plan**

**Group #10330**

Administrative & Secretary

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**January 1<sup>st</sup> through December 31<sup>st</sup>**

Annual Maximum \$2,000 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 – 75%**

Oral Examinations & Evaluations Twice per plan year (regardless of specialty)  
 Prophylaxis (Cleaning) Twice per plan year (includes Periodontal Maintenance)  
 Topical Application of Fluoride Twice per plan year to age 19

**Class II Restorative Services – 75%**

Bitewing X-Rays Once per plan year  
 Full-Mouth Series or Panoramic X-Rays Once per 60 months  
 All Other X-Rays  
 Composite and Amalgam fillings\*\* Once per tooth surface per 24 months  
 Onlays and Crowns\*\* Once per permanent tooth per 60 months  
 Root Canal Therapy  
 Periodontal Maintenance Twice per plan year, following treatment (includes Prophylaxis)  
 Periodontal Root Planing Once per quadrant per 24 months  
 Periodontal Surgery Once per quadrant per 36 months  
 Oral Surgery and Extractions Medical plan primary for certain procedures  
 General Anesthesia or IV Sedation With covered oral surgery or medically necessary  
 Denture Repair and Adjustment  
 Denture Reline or Rebase Once per 36 months, per arch

**Class III Major Services – 50%**

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  
 Endosteal Implants Once per permanent tooth per 60 months

**Class IV Orthodontic Services – 75%**

Limited and Intercepted Treatment Removable and Fixed Appliance Therapy, up to age 19  
 Comprehensive Treatment Fixed Appliance Therapy, up to age 19

**Not Covered**

Sealants      Eposteal & Transosteal Implants      TMJ/TMD Treatment      Cosmetic Treatment

Deductible – None  
 Missing Tooth Clause – None  
 12 Month Billing Limitation  
 Waiting Periods – None  
 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. 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.**