



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

**TROY SCHOOL DISTRICT Dental Benefits Plan**  
 Administrators/Non-Rep without other dental coverage

**Group # 9941**

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

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

**Maximum Benefits**

**Plan year January 1 through December 31**

Annual Maximum \$1000 per eligible individual for covered class I, II and III services  
 Lifetime Maximum \$1500 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Routine Oral Examinations Twice per plan year  
 Prophylaxis (Cleaning) Twice per plan year  
 Topical Application of Fluoride Twice per plan year to age 19  
 Space Maintainers To age 19

**Class II Restorative Services – 90%**

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 permanent tooth per 60 months  
 Inlays, Onlays and Crowns  
 Root Canal Therapy  
 Periodontal Maintenance Once per 3 month period, following treatment  
 Periodontal Root Planing Once per quadrant per 24 months  
 Periodontal Surgery  
 Oral Surgery and Extractions  
 General Anesthesia or IV Sedation Medically necessary and with covered oral surgery  
 Occlusal Guards Once per lifetime  
 Denture Repair and Adjustment  
 Denture Reline or Rebase Once per 36 months, per arch

**Class III Major Services – 90%**

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

**Class IV Orthodontic Services – 90%**

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

**Not Covered**

Sealants      Implants and Related Restorations      TMJ/TMD Treatment      Cosmetic Treatment

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

\*\*Composite 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 \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**