



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

**TROY SCHOOL DISTRICT Dental Benefits Plan**  
**TESPA with 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  
 Lifetime Maximum

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

**Class I Preventive Services – 50%**

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 – 50%**

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**	
Inlays, Onlays and Crowns	Once per permanent tooth per 60 months
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 – 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	

**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**

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.**