ADN Administrators, Inc.
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IONIA COUNTY ISD Dental Benefits Plan Group #9708

The Plan-at-a-Glance **PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**

Maximum Benefits	**Plan year January 1 through December 31**
Annual Maximum	$3,000 per eligible individual for covered class I, II and III services.

Class I Preventive Services – 100%	
Oral Examinations	Twice per plan year
Prophylaxis/Perio Maintenance (Cleaning)	Twice per plan year
Topical Application of Fluoride	Once per plan year to age 18
Space Maintainers	Once per area per lifetime, up to age 19

Class II Restorative Services – 100%	
Bitewing X-Rays	Twice per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	
Composite and Amalgam fillings**	Once per tooth surface per 12 months
Root Canal Therapy	
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery

Class III Major Services – 75%	
Inlays, Onlays, 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 arch per 60 months
Denture Reline or Rebase	Once per 36 months, per arch
Denture Repair and Adjustment	
Addition of Teeth to Partial Dentures	
Occlusal Guards	Once per lifetime, by report

Not Covered

Implants
Orthodontics
Sealants
TMJ/TMD 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 seat/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.**