

**VASSAR PUBLIC SCHOOLS Dental Benefits Plan**  
Secretarial Staff with District Health Coverage

**Group #9805**

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

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

**Maximum Benefits**

**Plan year July 1 through June 30**

Annual Maximum	\$1500 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1200 per eligible individual for covered class IV services

**Class I Preventive Services – 75%**

Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (including Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Space Maintainers	Once per area per lifetime, up to age 14

**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
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment (including Prophylaxes)
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
Onlays and Crowns**	Once per permanent tooth in 60 months
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

**Class III Major Services – 60%**

Complete and Partial Removable Dentures**	Once per arch per 60 months
Fixed Partial Dentures (Bridges)**	Once per area per 60 months
Endosteal Implants	Once per permanent tooth per 60 months
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 75%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

**Not Covered**

Sealants	Eposteal and Transosteal Implants	TMJ/TMD Treatment	Cosmetic Treatment
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Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

\*\*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. 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.**