



VASSAR PUBLIC SCHOOLS Dental Benefits Plan
 Secretarial without District Medical 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 \$1300 per eligible individual for covered class IV services

Class I Preventive Services – 90%

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 – 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 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 – 90%

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 – 80%

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

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.**