



PO Box 610
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ALMA PUBLIC SCHOOLS Dental Benefits Plan
Non-Instructional

Group # 42001

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum
TMJ Services

\$1,000 per eligible individual for covered class I, II and III services
Applies to annual maximum, up to lifetime maximum of \$1000

Class I Preventive Services – 50%

*****Incentive Plan Increases 10% per year to 100%**

Routine Oral Examinations
Prophylaxis (Cleaning), Periodontal Maintenance
Topical Application of Fluoride
Bitewing X-Rays
Full-Mouth Series or Panoramic X-Rays
All Other X-Rays

Twice per plan year
Twice per plan year
Twice per plan year to age 18
Twice per plan year
Once per 36 months

Class II Restorative Services – 50%

*****Incentive Plan Increases 10% per year to 100%**

Composite and Amalgam fillings**
Space Maintainers
Inlays, Onlays and Crowns
Root Canal Therapy
Periodontal Root Planing
Periodontal Surgery
Oral Surgery and Extractions
General Anesthesia or IV Sedation
Occlusal Guards
TMJ Appliances and Services

Up to age 14
Once per permanent tooth in 60 months

Medical plan primary for certain procedures
With covered oral surgery
For Bruxism Only

Class III Major Services – 50%

*****Incentive Plan Increases 10% per year to 100%**

Complete and Partial Removable Dentures
Fixed Partial Dentures (Bridges)
Denture Repair and Adjustment
Denture Reline or Rebase
Addition of Teeth to Partial Dentures

Once per arch per 60 months
Once per area per 60 months

Once per 36 months, per arch

Class IV Orthodontic Services – 0%

Not Covered

Sealants Orthodontics Implants and Related Restorations Cosmetic Treatment

Deductible - None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

**Composite and resins are not covered for posterior teeth, alternate benefit applies

**Prosthetics are considered on delivery date

***Annual Routine Exam or Propy required for increase or retention of higher benefit level

****Note – Quotes of benefits do not constitute a guarantee of payment. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**