

Riverview Community Schools Dental Benefits Plan

Group #

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum

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

Lifetime Maximum

\$800 per eligible individual for covered class IV services

Class I Preventive Services – 80%

Oral Examinations & Evaluations

Twice per plan year (regardless of specialty)

Prophylaxis (Cleaning)

Twice per plan year (includes 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 – 80%

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

Onlays and Crowns**

Once per permanent tooth per 60 months

Root Canal Therapy

Periodontal Maintenance

Twice per plan year, following treatment (includes Prophylaxis)

Periodontal Root Planing

Once per quadrant per 24 months

Periodontal Surgery

Once per quadrant per 36 months

Oral Surgery and Extractions

Medical plan primary for certain procedures

General Anesthesia or IV Sedation

With covered oral surgery or medically necessary

Occlusal Guards

Once per lifetime

Denture Repair and Adjustment

Denture Reline or Rebase

Once per 36 months, per arch

Class III Major Services – 80%

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

Endosteal Implants

Once per permanent tooth per 60 months

Class IV Orthodontic Services – 80%

Limited and Interceptive Treatment

Removable and Fixed Appliance Therapy

Comprehensive Treatment

Fixed Appliance Therapy

Not Covered

Sealants

Eposteal & Transosteal Implants

TMJ/TMD Treatment

Cosmetic Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

**Porcelain and ceramic not covered for posterior teeth, alternate benefit applies

COB – Standard

**Prosthetics are considered on delivery date

****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.**