



PO Box 610
 Southfield, MI 48037
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BYRON CENTER PUBLIC SCHOOLS Dental Benefits Plan
 Administrators, Support Staff and Operations

Group # 9767

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year October 1 through September 30

Annual Maximum \$1,000 per eligible individual for covered class I, II and III services.
 Lifetime Maximum \$2,000 per eligible individual for covered class IV services

Class I Preventive Services – 100%

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
 Onlays and Crowns** Once per permanent tooth in 60 months
 Periodontal Maintenance Twice per plan year (including prophylaxes), following treatment
 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 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 – 90%

Complete and Partial Removable Denture 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 Interceptiv Treatment Removable and Fixed Appliance Therapy, up to age 19
 Comprehensive Treatment Fixed Appliance Therapy, up to age 19

Not Covered

Sealants Epostal and Transosteal implants TMJ/TMD Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

**Composite, 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. 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.**