



PO Box 610
 Southfield, MI 48037
 248-901-3705

GLEN LAKE COMMUNITY SCHOOLS Dental Benefits Plan
 Teachers

Group #10156

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits **Plan Year July 1 through June 30**

Annual Maximum	\$1,000 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1,000 per eligible individual for covered class IV services
TMJ Lifetime Maximum	\$ 500 per eligible individual

Class I Preventive Services –50% Incentive Plan Increases 10% per year to 100%**

Routine Oral Examinations	Twice per calendar year
Prophylaxis (Cleaning)	Twice per plan year
Periodontal Maintenance	Twice per plan year following periodontal treatment
Topical Application of Fluoride	Once per plan year to age 19
Sealants	Once per 24 months to age 14, 1 st and 2 nd permanent molars
Bitewing X-Rays-up to 4 films	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	
Space Maintainers	Once per quad per lifetime, up to age 19

Class II Restorative Services –50% Incentive Plan Increases 10% per year to 100%**

Composite and Amalgam fillings**	Once per tooth surface per 24 months
Root Canal Therapy	Once per tooth per 12 months
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 24 months
Oral Surgery and Extractions	
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Occlusal Guards	Once per 24 months
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 60 months, per arch
TMJ Appliances	Up to TMJ lifetime Maximum

Class III Major Services –50%

Inlay, Onlays and Crowns**	Once per permanent tooth per 60 months
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, except third molars per lifetime

Class IV Orthodontic Services –50%

Limited and Interceptve Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

Not Covered

Epoosteal & Transosteal Implants Cosmetic Treatment

- Deductible – None
- Missing Tooth Clause – None
- 12 Month Billing Limitation
- Waiting Periods – None
- COB – Standard

**Composite, 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 \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**