

(248) 901-3705

GENESEE ISD Dental Benefits Plan

GIESPA with other coverage

The Plan-at-a-Glance

Group#: 10134

PPO Networks: ADN Dental Network, DenteMax

January 1st through December 31st **Maximum Benefits** Annual Maximum \$ 1,800 per eligible individual for covered class I, II and III services \$ 1,500 per eligible individual for covered class IV services Lifetime Ortho Maximum

Class I Preventive Services - 50%

Routine Oral Examinations Twice per plan year Prophylaxis (Cleaning) Twice per plan year

Topical Application of Fluoride Twice per plan year to age 18

Bitewing X-Rays Twice per plan year Full-Mouth Series or Panoramic X-Rays Once per 36 months

All Other X-Rays

Periodontal Maintenance Four per plan year (including Prophylaxis)

Class II Restorative Services - 50%

Composite and Amalgam fillings**

Root Canal Therapy Periodontal Root Planing **Space Maintainers** Periodontal Surgery Oral Surgery and Extractions

General Anesthesia or IV Sedation

Occlusal Guards

Denture Repair and Adjustment

Denture Reline or Rebase

With covered Oral Surgery or medically necessary

Class III Major Services - 50%

Inlays, Onlays and Crowns** Complete and partial Removable Dentures Fixed Partial Dentures (Bridges) Addition of Teeth to Partial Dentures

Class IV Orthodontic Services – 50%

Limited and Interceptive Treatment Comprehensive Treatment

Removable and Fixed Appliance Therapy, up to age 19

Fixed Appliance Therapy, up to age 19

Not Covered

COB – Standard

Sealants, Implants & Related Restorations, and Cosmetic 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

**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.