

GENESEE ISD Dental Benefits Plan
Admin-Supervisory with other coverage

Group #10134

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum \$ 2,000 per eligible individual for covered class I, II and III services.
Lifetime Ortho Maximum \$ 1,800 per eligible individual for covered class IV services

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	With covered Oral Surgery or medically necessary
Occlusal Guards	
Denture Repair and Adjustment	
Denture Reline or Rebase	

Class III Major Services – 50%

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

Class IV Orthodontic Services – 50%

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

Not Covered

Sealants 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 \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**