



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

**GENESEE ISD Dental Benefits Plan**  
 GIESPA without other coverage

**Group #10134**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**January 1<sup>st</sup> through December 31<sup>st</sup>**

Annual Maximum \$ 1,800 per eligible individual for covered class I, II and III services.  
 Lifetime Ortho Maximum \$ 1,500 per eligible individual for covered class IV services

**Class I Preventive Services – 90%**

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 – 90%**

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 – 90%**

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

**Class IV Orthodontic Services – 90%**

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      Implants & Related Restorations      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.**