GENESEE ISD Dental Benefits Plan
Admin-Supervisory without other coverage

<table>
<thead>
<tr>
<th>The Plan-at-a-Glance</th>
<th>PPO Networks: ADN Dental Network, DenteMax</th>
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<tbody>
<tr>
<td><strong>Maximum Benefits</strong></td>
<td><strong>January 1st through December 31st</strong></td>
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<td>Annual Maximum</td>
<td>$2,000 per eligible individual for covered class I, II and III services.</td>
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<tr>
<td>Lifetime Ortho Maximum</td>
<td>$1,800 per eligible individual for covered class IV services</td>
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**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
- Implants

**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
- 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**
- 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.**