

SOUTH LYON COMMUNITY SCHOOLS Dental Benefits Plan

Group # 9946

Teamsters

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1 through December 31

Annual Maximum	\$1500 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1300 per eligible individual for covered class IV services

Class I Preventive Services – 75%

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Space Maintainers	Once per area per lifetime, up to age 14

Class II Restorative Services – 75%

Composite and Amalgam fillings	Once per tooth surface per 24 months
Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment (includes prophylaxes)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

Class III Major Services – 75%

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 per 60 months

Class IV Orthodontic Services – 75%

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

Not Covered

Sealants Eposteal and Transosteal Implants TMJ/TMD Treatment Cosmetic Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

**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.**