



PO Box 610
 Southfield, MI 48037
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WARREN WOODS PUBLIC SCHOOLS Dental Benefits Plan

Group #10157

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

July 1 through June 30

Annual Maximum \$1,200 per eligible individual for covered class I, II and III services.
 Lifetime Maximum \$1,200 per eligible individual for covered class IV services

Class I Preventive Services –100%

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Once per plan year to age 19
Bitewing X-Rays	Once per plan year
Space Maintainers	Once per area per lifetime, up to age 14

Class II Restorative Services –80%

Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Sealants	Once per lifetime for 1 st and 2 nd permanent molars, to age 14
Composite and Amalgam fillings*	Once per tooth surface per 24 months
Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year, following treatment (includes Prophylaxis)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 24 months, per arch

Class III Major Services –80%

Inlay and Onlays**	Once per permanent tooth per 60 months
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 –80%

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

Not Covered

Episternal & Transosteal Implants TMJ/TMD Treatment Cosmetic Treatment

Deductible – None
 Missing Tooth Clause – None
 12 Month Billing Limitation
 Waiting Periods – None
 COB – Standard

*Composite 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 \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**