



PO Box 610
 Southfield, MI 48037
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WATERFORD SCHOOL DISTRICT Dental Benefit Plan
 Secretarial, Support Staff, Cafeteria, Custodial and Transportation

Group # 9582

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1 through December 31

Annual Maximum \$1000 per eligible individual for covered class I, II and III services.
 Lifetime Maximum \$ 700 per eligible individual for covered class IV services

Class I Preventive Services – 100% Network/100% Non-Network

Oral Examinations	Twice per plan year
Bitewing X-Rays	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Once per plan year to age 18
Sealants	Once per permanent molar to age 14
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	Up to 8 periapicals per plan year
Space Maintainers	Once per area per lifetime, up to age 19

Class II Restorative Services – 80% Network/50% Non-Network

Periodontal Maintenance	
Composite and Amalgam fillings**	Once per tooth surface per 12 months
Root Canal Therapy	
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Considered after Medical Plan determination
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per lifetime

Class III Major Services – 50% Network/50% Non-Network

Inlays, Onlays and Crowns**	Once per permanent tooth in 60 months
Complete and Partial Removable Dentures**	Once per arch per 60 months
Fixed Partial Dentures (Bridges)**	Once per arch per 60 months
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 24 months, per arch
Addition of Teeth to Partial Dentures	

Class IV Orthodontic Services – 70% Network/ 70% Non-Network

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

Not Covered

Implants and Restorations over implants TMJ/TMD Treatment Cosmetic Procedures

Deductible – None

Missing Tooth Clause – Yes

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.**