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

KENT ISD Dental Benefits Plan

Group # 40298

Non-Instructional Option 1

The Plan-at-a-Glance	PPO Networks: ADN Dental Network
Maximum Benefits	**January 1st through December 31st**
Annual Maximum	$2,000 per eligible individual for covered class I, II and III services
Lifetime Maximum	$1,500 per eligible individual for covered class IV services
TMJ Services	Applies to annual maximum, up to lifetime maximum of $1000
Class I Preventive Services – 70%	*****Incentive Plan Increases 10% per year to 100%**
Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning), Periodontal Maintenance	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	
Class II Restorative Services – 70%	*****Incentive Plan Increases 10% per year to 100%**
Composite and Amalgam fillings**	
Space Maintainers	Up to age 14
Root Canal Therapy	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery
Occlusal Guards	For Bruxism Only
TMJ Appliances and Services	
Class III Major Services – 80%	**Annual deductible applies**
Inlays, Onlays and Crowns	
Complete and Partial Removable Dentures	
Fixed Partial Dentures (Bridges)	
Denture Repair and Adjustment	
Denture Reline or Rebase	
Addition of Teeth to Partial Dentures	
Endosteal Implants	
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

Sealants Eposteal and Transosteal Implants Cosmetic Treatment

Deductible – $50 Individual Lifetime Class I & II, $50 Individual/$100 Family Annual Class III
Missing Tooth Clause – None
12 Month Billing Limitation **Composite and resins are not covered for posterior teeth, alternate benefit applies
Waiting Periods – None **Prosthetics are considered on delivery date
COB – Standard ***Annual Routine Exam or Prophy required for increase or retention of higher benefit level

****Note – Quotes of benefits do not constitute a guarantee of payment. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan document for additional coverage details and limitations. 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.**