# KENT ISD Dental Benefits Plan

## The Plan-at-a-Glance

<table>
<thead>
<tr>
<th>Maximum Benefits</th>
<th>PPO Networks: ADN Dental Network, DenteMax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Maximum</td>
<td>$2,500 per eligible individual for covered class I, II and III services.</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$1,500 per eligible individual for covered class IV services</td>
</tr>
</tbody>
</table>

## Class I Preventive Services – 100%

- Oral Examinations & Evaluations: Twice per plan year (regardless of specialty)
- Prophylaxis (Cleaning): Twice per plan year (includes Periodontal Maintenance)
- Topical Application of Fluoride: Twice per plan year to age 19
- Space Maintainers: Once per area per lifetime, up to age 14

## Class II Restorative Services – 100%

- Bitewing X-Rays: Once per plan year
- Full-Mouth Series or Panoramic X-Rays: Once per 60 months
- All Other X-Rays: First permanent molar up to age 9, second permanent molar up to age 14
- Sealants: Once per tooth surface per 24 months
- Onlays and Crowns**: Once per permanent tooth per 60 months
- Root Canal Therapy: Twice per plan year, following treatment (includes Prophylaxis)
- Periodontal Maintenance: Once per quadrant per 24 months
- Periodontal Root Planing: Once per quadrant per 36 months
- Oral Surgery and Extractions: Medical plan primary for certain procedures
- General Anesthesia or IV Sedation: With covered oral surgery or medically necessary
- Occlusal Guards: Once per lifetime
- Denture Repair and Adjustment: Once per 36 months, per arch

## Class III Major Services – 90%

- 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: Once per permanent tooth per 60 months

## Class IV Orthodontic Services – 85%

- Limited and Interceptive Treatment: Removable and Fixed Appliance Therapy
- Comprehensive Treatment: Fixed Appliance Therapy

## Not Covered

- Eposteal & Transosteal Implants
- TMJ/TMD Treatment
- Cosmetic Treatment
- Deductible – None
- Missing Tooth Clause – None
- 12 Month Billing Limitation
- Waiting Periods – None
- COB – Standard: **Prosthetics are considered on delivery date

**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 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.