



ADN Administrators, Inc.
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LEWIS CASS ISD Dental Benefits Plan
Non-Affiliate, Support Staff, Clerical and Transportation

The Plan-at-a-Glance **PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**

Maximum Benefits **Plan year July 1st through June 30th**

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

Class I Preventive Services – 50%

Oral Examinations	Twice per plan year
Bitewing X-Rays	Once per plan year
Prophylaxis (Cleaning)	Twice per plan year (including Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
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 19

Class II Restorative Services – 50%

Composite and Amalgam fillings**	Once per tooth surface per 24 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year following treatment (including Prophylaxes)
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	Medically necessary and with covered oral surgery
Onlays and Crowns**	Once per permanent tooth in 60 months
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

Class III Major Services – 50%

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per arch per 60 months
Endosteal Implants	Once per permanent tooth per 60 months
Addition of Teeth to Partial Dentures	

Not Covered

Sealants
 Orthodontics
 Eposteal and Transosteal implants
 TMJ/TMD Treatment

Deductible – None
 Missing Tooth Clause – None
 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.**