



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

**TRENTON PUBLIC SCHOOLS Dental Benefits Plan**  
 Teachers

**Group #9090**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**Plan year July 1 through June 30**

Annual Maximum \$1200 per eligible individual for covered class I, II and III services.  
 Lifetime Maximum \$900 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Oral Examinations	Twice per plan year
Prophylaxis/Perio Maintenance (Cleaning)	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 19
Space Maintainers	Once per area per lifetime, up to age 19

**Class II Restorative Services – 90%**

Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
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	
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch
Inlays, Onlays, Crowns**	Once per permanent tooth in 60 months
Occlusal Guards	Once per lifetime

**Class III Major Services – 90%**

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 60 months
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 90%**

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

**Not Covered**

Eposteal & Transosteal Implants    Sealants    TMJ/TMD Treatment    Cosmetic Treatments

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 seat/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.**