

**TRENTON PUBLIC SCHOOLS Dental Benefits Plan**  
TESP

**Group #9090**

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

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

**Maximum Benefits**

**Plan year July 1 through June 30**

|                  |                                                                          |
|------------------|--------------------------------------------------------------------------|
| Annual Maximum   | \$1000 per eligible individual for covered class I, II and III services. |
| Lifetime Maximum | \$500 per eligible individual for covered class IV services              |

**Class I Preventive Services – 70%**

|                                          |                                          |
|------------------------------------------|------------------------------------------|
| 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 – 70%**

|                                       |                                                   |
|---------------------------------------|---------------------------------------------------|
| 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 – 70%**

|                                           |                             |
|-------------------------------------------|-----------------------------|
| 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 – 50%**

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

**Not Covered**

Epistoleal & Transostoleal 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.**