



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

EAST GRAND RAPIDS PUBLIC SCHOOLS Dental Benefits Plan
Full-Time Teachers

Group # 10160

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum \$1,500 per eligible individual for covered class I, II and III services.
 Lifetime Maximum \$2,000 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 14
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 – 90%

Sealants	Once per 1 st and 2 nd Permanent Molars in 60 months, to age 14
Space Maintainers	Once per area per lifetime, up to age 19
Composite and Amalgam fillings	Once per tooth surface per 24 months
Inlays, Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	Once per tooth per 24 months
Periodontal Maintenance	Four per plan year, following treatment (includes Prophylaxes)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	One Surgical procedure 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	
Denture Repair and adjustment	Once per plan year, per arch
Addition of Teeth to Partial Dentures	
Denture Reline or Rebase	Once per 48 months, per arch

Class III Major Services – 60%

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Implant Placement	Once per permanent tooth or area per 120 months

Class IV Orthodontic Services – 80% (Effective 12-01-2020)

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, to age 19 or 25 Full-time Student
Comprehensive Treatment	Fixed Appliance Therapy, to age 19 or 25 for Full-time Student

Not Covered

TMJ/TMD Treatment Cosmetic Treatment

Deductible – None
 Missing Tooth Clause – None
 12 Month Billing Limitation
 Waiting Periods – Yes
 COB – Standard

**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 \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**



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EAST GRAND RAPIDS PUBLIC SCHOOLS Dental Benefits Plan
 Union Support Staff

Group #10160

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum \$1,500 per eligible individual for covered class I, II and III services.

Class I Preventive Services – 100%

Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 14
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 – 100%

Sealants	Once per 1 st and 2 nd Permanent Molars in 60 months, to age 14
Space Maintainers	Once per area per lifetime, up to age 19
Composite and Amalgam fillings	Once per tooth surface per 24 months
Inlays, Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	Once per tooth per 24 months
Periodontal Maintenance	Four per plan year, following treatment (includes Prophylaxes)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	One Surgical procedure 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	
Denture Repair and adjustment	Once per 12 months, per arch
Addition of Teeth to Partial Dentures	
Denture Reline or Rebase	Once per 48 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 area per 60 months
Implant Placement	Once per permanent tooth or area per 120 months

Not Covered

Orthodontics TMJ/TMD Treatment Cosmetic Treatment

Deductible – \$25 Individual/\$50 family Class II & III Services

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – Yes

COB – Standard

**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 \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**

EAST GRAND RAPIDS PUBLIC SCHOOLS Dental Benefits Plan
Administrators and Non-Bargaining Support

Group # 10160

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum	\$1,500 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$2,500 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 14
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 – 100%

Sealants	Once per 1 st and 2 nd Permanent Molars in 60 months, to age 14
Space Maintainers	Once per area per lifetime, up to age 19
Composite and Amalgam fillings	Once per tooth surface per 24 months
Inlays, Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	Once per tooth per 24 months
Periodontal Maintenance	Four per plan year, following treatment (includes Prophylaxes)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	One Surgical procedure 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	
Denture Repair and adjustment	Once per plan year, per arch
Addition of Teeth to Partial Dentures	
Denture Reline or Rebase	Once per 48 months, per arch

Class III Major Services – 50%

****deductible applies**

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Implant Placement	Once per permanent tooth or area per 120 months

Class IV Orthodontic Services – 80%

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, to age 19 or 25 Full-time Student
Comprehensive Treatment	Fixed Appliance Therapy, to age 19 or 25 for Full-time Student

Not Covered

TMJ/TMD Treatment Cosmetic Treatment

**Deductible – \$25 Individual/ \$50 Family Class III Services

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – Yes

COB – Standard

**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 \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**