



PO Box 610  
 Southfield, MI 48037  
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**SOUTHGATE COMMUNITY SCHOOL DISTRICT Dental Benefits Plan**

**Group # 40766**

All Employees

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

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

**Maximum Benefits**

**January 1<sup>st</sup> through December 31<sup>st</sup>**

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

**Class I Preventive Services – 80%**

Oral Examinations & Evaluations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 19
Bitewing X-Rays	Twice per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Sealants	Once per 36 months, permanent molars to age 16

**Class II Restorative Services – 80%**

Space Maintainers	Once per area per lifetime, up to age 19
Composite and Amalgam fillings**	Once per tooth surface per 12 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year, following treatment
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 24 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered periodontal surgery, oral surgery or medically necessary
Occlusal Guards	Once per lifetime within 6 months of osseous surgery

**Class III Major Services – 80%**

Inlays, Onlays and Crowns**	Once per permanent tooth per 60 months
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	
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 24 months, per arch
Implant supported prosthetics	Once per 60 months

**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**

Implants      TMJ/TMD Treatment      Cosmetic Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

\*\*Composite, porcelain and ceramic not covered for posterior teeth, alternate benefit applies

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. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. 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.**