

**CHELSEA SCHOOL DISTRICT Dental Benefits Plan**

**Group #9709**

Other

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

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

**Maximum Benefits**

**Plan year January 1 through December 31**

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

**Class I Preventive Services – 80%**

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 14
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	

**Class II Restorative Services – 80%**

Composite and Amalgam fillings**	Once per tooth surface per 24 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	With covered oral surgery or medically necessary
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch
Onlays, Crowns**	Once per permanent tooth in 60 months
Occlusal Guards	Once per lifetime

**Class III Major Services – 80%**

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 – 80%**

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

**Not Covered**

Sealants      Eposteal & Transosteal Implants      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. 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 \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**

**CHELSEA SCHOOL DISTRICT Dental Benefits Plan**

**Group #9709**

**Teachers**

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

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

**Maximum Benefits**

**Plan year January 1 through December 31**

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

**Class I Preventive Services – 80%**

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 14
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	

**Class II Restorative Services – 80%**

Composite and Amalgam fillings**	Once per tooth surface per 24 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	With covered oral surgery or medically necessary
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch
Onlays, Crowns**	Once per permanent tooth in 60 months
Occlusal Guards	Once per lifetime

**Class III Major Services – 80%**

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 – 80%**

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

**Not Covered**

Sealants      Eposteal & Transosteal 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 seat/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 \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**

**CHELSEA SCHOOL DISTRICT Dental Benefits Plan Group #9709**

**Transportation**

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

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

**Maximum Benefits**

**Plan year January 1 through December 31**

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

**Class I Preventive Services – 80%**

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 14
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	

**Class II Restorative Services – 80%**

Composite and Amalgam fillings**	Once per tooth surface per 24 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	With covered oral surgery or medically necessary
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch
Onlays, Crowns**	Once per permanent tooth in 60 months
Occlusal Guards	Once per lifetime

**Class III Major Services – 80%**

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 – 80%**

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

**Not Covered**

Sealants      Epostal & Transosteal Implants      TMJ/TMD Treatment      Cosmetic 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 seat/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 \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**



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

**CHELSEA SCHOOL DISTRICT Dental Benefits Plan**  
**Administrators**

**Group # 42047**

**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	\$1,500 per eligible individual for covered class I, II and III services
Lifetime Maximum	\$1,500 per eligible individual for covered class IV services
TMJ Services	Applies to annual maximum, up to lifetime maximum of \$1000

**Class I Preventive Services – 70%** **\*\*\*Incentive Plan Increases 10% per year to 100%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning), Periodontal Maintenance	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 18
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 – 70%** **\*\*\*Incentive Plan Increases 10% per year to 100%**

Composite and Amalgam fillings**	
Space Maintainers	Up to age 14
Root Canal Therapy	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery
Occlusal Guards	For Bruxism Only
TMJ Appliances and Services	

**Class III Major Services – 50%** **Annual deductible applies**

Inlays, Onlays and Crowns	Once per permanent tooth in 60 months
Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Denture Repair and Adjustment	
Denture Reline or Rebase	
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 50%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

**Not Covered**

Sealants                      Implants and Related Restorations                      Cosmetic Treatment

Deductible – \$25 Individual Lifetime Class I & II, \$25 Individual/\$50 Family Annual Class III

Missing Tooth Clause – None

12 Month Billing Limitation

\*\*Composite and resins are not covered for posterior teeth, alternate benefit applies

Waiting Periods – None

\*\*Prosthetics are considered on delivery date

COB – Standard

\*\*\*Annual Routine Exam or Prophy required for increase or retention of higher benefit level

**\*\*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 document for additional coverage details and limitations. 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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**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

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

Annual Maximum	\$1,500 per eligible individual for covered class I, II and III services
Lifetime Maximum	\$1,500 per eligible individual for covered class IV services
TMJ Services	Applies to annual maximum, up to lifetime maximum of \$1000

**Class I Preventive Services – 80%**

**\*\*\*Incentive Plan Increases 10% per year to 100%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning), Periodontal Maintenance	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 18
Bitewing X-Rays	Twice per plan year
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All Other X-Rays	

**Class II Restorative Services – 80%**

**\*\*\*Incentive Plan Increases 10% per year to 100%**

Composite and Amalgam fillings**	
Space Maintainers	Up to age 14
Root Canal Therapy	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery
Occlusal Guards	For Bruxism Only
TMJ Appliances and Services	

**Class III Major Services – 50%**

**Annual deductible applies**

Inlays, Onlays and Crowns	Once per permanent tooth in 60 months
Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Denture Repair and Adjustment	
Denture Reline or Rebase	
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 50%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

**Not Covered**

Sealants      Implants and Related Restorations      Cosmetic Treatment

Deductible – \$25 Individual Lifetime Class I & II, \$25 Individual/\$50 Family Annual Class III

Missing Tooth Clause – None

12 Month Billing Limitation

\*\*Composite and resins are not covered for posterior teeth, alternate benefit applies

Waiting Periods – None

\*\*Prosthetics are considered on delivery date

COB – Standard

\*\*\*Annual Routine Exam or Prophy required for increase or retention of higher benefit level

**\*\*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 document for additional coverage details and limitations. 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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**Maximum Benefits**

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 Lifetime Maximum \$1,500 per eligible individual for covered class IV services  
 TMJ Services Applies to annual maximum, up to lifetime maximum of \$1000

**Class I Preventive Services – 90%**

**\*\*\*Incentive Plan Increases 10% per year to 100%**

Routine Oral Examinations Twice per plan year  
 Prophylaxis (Cleaning), Periodontal Maintenance Twice per plan year  
 Topical Application of Fluoride Twice per plan year to age 18  
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**Class II Restorative Services – 90%**

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Composite and Amalgam fillings\*\*  
 Space Maintainers Up to age 14  
 Root Canal Therapy  
 Periodontal Root Planing  
 Periodontal Surgery  
 Oral Surgery and Extractions Medical plan primary for certain procedures  
 General Anesthesia or IV Sedation With covered oral surgery  
 Occlusal Guards For Bruxism Only  
 TMJ Appliances and Services

**Class III Major Services – 50%**

**Annual deductible applies**

Inlays, Onlays and Crowns Once per permanent tooth in 60 months  
 Complete and Partial Removable Dentures Once per arch per 60 months  
 Fixed Partial Dentures (Bridges) Once per area per 60 months  
 Denture Repair and Adjustment  
 Denture Reline or Rebase  
 Addition of Teeth to Partial Dentures

**Class IV Orthodontic Services – 50%**

Limited and Interceptive Treatment Removable and Fixed Appliance Therapy  
 Comprehensive Treatment Fixed Appliance Therapy

**Not Covered**

Sealants Implants and Related Restorations Cosmetic Treatment

Deductible – \$25 Individual Lifetime Class I & II, \$25 Individual/\$50 Family Annual Class III

Missing Tooth Clause – None

12 Month Billing Limitation

\*\*Composite and resins are not covered for posterior teeth, alternate benefit applies

Waiting Periods – None

\*\*Prosthetics are considered on delivery date

COB – Standard

\*\*\*Annual Routine Exam or Prophy required for increase or retention of higher benefit level

**\*\*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 document for additional coverage details and limitations. 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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**Maximum Benefits**

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Lifetime Maximum	\$1,500 per eligible individual for covered class IV services
TMJ Services	Applies to annual maximum, up to lifetime maximum of \$1000

**Class I Preventive Services – 100%**

**\*\*\*Incentive Plan Increases 10% per year to 100%**

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All Other X-Rays	

**Class II Restorative Services – 100%**

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Composite and Amalgam fillings**	
Space Maintainers	Up to age 14
Root Canal Therapy	
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TMJ Appliances and Services	

**Class III Major Services – 50%**

**Annual deductible applies**

Inlays, Onlays and Crowns	Once per permanent tooth in 60 months
Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Denture Repair and Adjustment	
Denture Reline or Rebase	
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 50%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

**Not Covered**

Sealants      Implants and Related Restorations      Cosmetic Treatment

Deductible – \$25 Individual Lifetime Class I & II, \$25 Individual/\$50 Family Annual Class III

Missing Tooth Clause – None

12 Month Billing Limitation

\*\*Composite and resins are not covered for posterior teeth, alternate benefit applies

Waiting Periods – None

\*\*Prosthetics are considered on delivery date

COB – Standard

\*\*\*Annual Routine Exam or Prophy required for increase or retention of higher benefit level

**\*\*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 document for additional coverage details and limitations. 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.**

**CHELSEA SCHOOL DISTRICT Vision Benefits Plan**

**Group #9709**

**The Plan-at-a-Glance** **Benefit Year – January 1 through December 31**

<b>Vision Examination</b>	Covered at 100% of Reasonable & Customary (R&C) Following \$6.50 Copay
<b>Spectacle Lenses (Pair):</b>	
Single Vision	Covered at 100% of R&C
Bifocal	Following \$9.00 Copay
Trifocal	According to Limits & Exclusions
Lenticular	
<b>Frames</b>	Covered up to \$65 Following \$9.00 Copay
<b>Contact Lenses (Pair)</b>	
Cosmetic/Elective	Covered Up to \$90
Medically Necessary	Covered at 100% of R&C

**Extra Lens Features – Tinted, Polarized, Oversize Lenses, Blended Lenses and Rimless Drill**

**Limits & Exclusions**

1. Plan participants are limited to one vision examination during a benefit year
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during a benefit year
3. Plan participants may choose between eyeglasses or contact lenses, but not both

**No Payments will be made for the following:**

1. Non-corrective eyeglass or contact lenses
2. Vision therapy or subnormal vision aids
3. Medical or surgical treatment of the eyes
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
7. The cost of frames that exceeds the plan allowance
8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
9. The additional cost of progressive, photochromic (Transition) and polycarbonate lenses
10. Charges for contact lenses, including the prescription and fitting fee, that exceed the one-time annual plan allowance

**Note: For each benefit year, covered charges for contact lenses are in lieu of all other covered charges for each insured person.**