



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

HAMILTON COMMUNITY SCHOOLS Dental Benefits Plan

Group #

All Employees

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum \$1,800 per eligible individual for covered class I, II and III services.
 Lifetime Maximum \$2,300 per eligible individual for covered class IV services

Class I Preventive Services – 90%

Oral Examinations & Evaluations Twice per plan year (regardless of specialty)
 Prophylaxis (Cleaning) Twice per plan year (includes Periodontal Maintenance)
 Topical Application of Fluoride Twice per plan year to age 19
 Space Maintainers Once per area per lifetime, up to age 14

Class II Restorative Services – 80%

Bitewing X-Rays Once per plan year
 Full-Mouth Series or Panoramic X-Rays Once per 60 months
 All Other X-Rays
 Sealants Once per 1st permanent molar to age 9, per 2nd permanent molar to age 14
 Composite and Amalgam fillings** Once per tooth surface per 24 months
 Onlays and Crowns** Once per permanent tooth per 60 months
 Root Canal Therapy
 Periodontal Maintenance Twice per plan year, following treatment (includes Prophylaxis)
 Periodontal Root Planing Once per quadrant per 24 months
 Periodontal Surgery Once 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 Once per lifetime, by report
 Denture Repair and Adjustment
 Denture Reline or Rebase Once per 36 months, per arch

Class III Major Services – 80%

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
 Endosteal Implants Once per permanent tooth per 60 months

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

Eposteal & 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 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.**