



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

SPARTA AREA SCHOOLS Dental Benefits Plan

Teachers & Itinerant w/o Medical

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum \$2,000 per eligible individual for covered class I, II and III services.
 Lifetime Maximum \$3,000 per eligible individual for covered class IV services

Class I Preventive Services – 50%

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 – 50%

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 24 months
Onlays & 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
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 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
Addition of Teeth to Partial Dentures	
Endosteal Implants	Once per permanent tooth per 60 months

Class IV Orthodontic Services – 50%

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

Not Covered

Sealants Eposteal & Transosteal Implants TMJ/TMD Treatment Cosmetic Treatment

Deductible – None
 Missing Tooth Clause – None
 12 Month Billing Limitation
 Waiting Periods – None
 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.**



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Maximum Benefits

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Annual Maximum	\$ 2,000 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$ 3,000 per eligible individual for covered class IV services

Class I Preventive Services – 100%

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 – 90%

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 24 months
Onlays & 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
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

Class III Major Services – 90%

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 – 50%

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

Not Covered

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Deductible – None
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