

STOCKBRIDGE COMMUNITY SCHOOLS Dental Benefits Plan

Group #9898

Custodians

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year October 1 through September 30

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|----------------------|---|
| Annual Maximum | \$800 per eligible individual for covered class I, II and III services. |
| Lifetime Maximum | \$800 per eligible individual for covered class IV services |
| TMJ Lifetime Maximum | \$500 per eligible individual for covered TMJ services |

Class I Preventive Services – 80%

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|---------------------------------------|--|
| Routine Oral Examinations | Twice per plan year |
| Prophylaxis (Cleaning) | Twice per plan year |
| Topical Application of Fluoride | Once per plan year to age 18 |
| Sealants | Once per 24 months; permanent molars 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 | |
| Space Maintainers | Once per area per lifetime, up to age 19 |

Class II Restorative Services – 80%

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|-----------------------------------|---|
| Composite and Amalgam fillings** | |
| 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 | Medically necessary and with covered oral surgery |
| Occlusal Guards | Once per 24 months |

Class III Major Services – 80%

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| 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 |
| Denture Repair and Adjustment | |
| Denture Reline or Rebase | Once per 24 months, per arch |
| Addition of Teeth to Partial Dentures | |

Class IV Orthodontic Services – 50%

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|-----------------------------------|---|
| Limited and Intercepted Treatment | Removable and Fixed Appliance Therapy, up to age 19 |
| Comprehensive Treatment | Fixed Appliance Therapy, up to age 19 |

Not Covered

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