



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

**Saginaw Township Community Schools Dental Benefits Plan**  
**Teachers**

**Group #10127**

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

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

**Maximum Benefits** **Plan Year October 1<sup>st</sup> through September 30<sup>th</sup>**

Annual Maximum \$2,400 per eligible individual for covered class I, II and III services.  
 Lifetime Maximum \$1,300 per eligible individual for covered class IV services

**Class I Preventive Services –80%**

Routine Oral Examinations Twice per plan year  
 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  
 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  
 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**

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 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 \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**