



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

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

**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.**