



PO Box 610
 Southfield, MI 48037
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GRANDVILLE PUBLIC SCHOOLS Dental Benefits Plan
Bus Drivers

Group #

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum

\$1,000 per eligible individual for covered class I, II and III services.

Class I Preventive Services – 100%

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning), Periodontal Maintenance	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 18
Bitewing X-Rays	Twice per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	

Class II Restorative Services – 100%

Space Maintainers	Up to age 14
Composite and Amalgam fillings**	
Inlays, Onlays and Crowns	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Occlusal Guards	

Class III Major Services – 70%

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	
Addition of Teeth to Partial Dentures	

Not Covered

Sealants Implants and Related Restorations Orthodontics TMJ/TMD Services Cosmetic Treatment

Deductible – \$25 Lifetime Class I & II Services, \$25 Annual Class III Services

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. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan document for additional coverage details and limitations. 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.**