



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

NORTHVIEW PUBLIC SCHOOLS Dental Benefits Plan
Instructional

Group # 40441

The Plan-at-a-Glance

PPO Networks: ADN Dental Network

Maximum Benefits **September 1st through August 31st**

Annual Maximum	\$1,200 per eligible individual for covered class I, II and III services
Lifetime Maximum	\$1,500 per eligible individual for covered class IV services
TMJ Services	Applies to annual maximum, up to lifetime maximum of \$1000

Class I Preventive Services – 60% *****Incentive Plan Increases 10% per year to 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 – 60% *****Incentive Plan Increases 10% per year to 100%**

Composite and Amalgam fillings**	
Inlays, Onlays and Crowns	Once per permanent tooth per 60 months
Space Maintainers	Up to age 14
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	For Bruxism Only
TMJ Appliances and Services	

Class III Major Services – 70% **Annual deductible applies**

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	

Class IV Orthodontic Services – 70%

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	Implants and Related Restorations	Cosmetic Treatment
----------	-----------------------------------	--------------------

Deductible – \$100 Individual/\$200 Family Annual Class III, \$50 Individual Lifetime Class IV

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

**Composite and resins are not covered for posterior teeth, alternate benefit applies

**Prosthetics are considered on delivery date

***Annual Routine Exam or Prophy required for increase or retention of higher benefit level

****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.**



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

NORTHVIEW PUBLIC SCHOOLS Dental Benefits Plan
 Custodial, Maintenance, Mechanics, Secretaries

Group # 40441

The Plan-at-a-Glance

PPO Networks: ADN Dental Network

Maximum Benefits **January 1st through December 31st**

Annual Maximum \$1,000 per eligible individual for covered class I, II and III services
 Lifetime Maximum \$1,500 per eligible individual for covered class IV services
 TMJ Services Applies to annual maximum, up to lifetime maximum of \$1000

Class I Preventive Services – 60% *****Incentive Plan Increases 10% per year to 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 – 60% *****Incentive Plan Increases 10% per year to 100%**

Composite and Amalgam fillings** Once per permanent tooth per 60 months
 Inlays, Onlays and Crowns Up to age 14
 Space Maintainers
 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 For Bruxism Only
 TMJ Appliances and Services

Class III Major Services – 70% **Annual deductible applies**

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

Class IV Orthodontic Services – 70%

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 Implants and Related Restorations Cosmetic Treatment

Deductible – \$25 Individual Lifetime Class I & II, \$50 Individual/\$100 Family Annual Class III, \$50 Individual Lifetime Class IV

Missing Tooth Clause – None

12 Month Billing Limitation

**Composite and resins are not covered for posterior teeth, alternate benefit applies

Waiting Periods – None

**Prosthetics are considered on delivery date

COB – Standard

***Annual Routine Exam or Prophy required for increase or retention of higher benefit level

****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.**



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

NORTHVIEW PUBLIC SCHOOLS Dental Benefits Plan

Group # 40441

Administrators, Administrative Assistants, Central Office, Daycare, Superintendent, 52 Week

The Plan-at-a-Glance

PPO Networks: ADN Dental Network

Maximum Benefits **January 1st through December 31st**

Annual Maximum	\$1,000 per eligible individual for covered class I, II and III services
Lifetime Maximum	\$1,500 per eligible individual for covered class IV services
TMJ Services	Applies to annual maximum, up to lifetime maximum of \$1000

Class I Preventive Services – 70% *****Incentive Plan Increases 10% per year to 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 – 70% *****Incentive Plan Increases 10% per year to 100%**

Composite and Amalgam fillings**	
Inlays, Onlays and Crowns	Once per permanent tooth per 60 months
Space Maintainers	Up to age 14
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	For Bruxism Only
TMJ Appliances and Services	

Class III Major Services – 70% **Annual deductible applies**

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	

Class IV Orthodontic Services – 70%

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 Implants and Related Restorations Cosmetic Treatment

Deductible – \$25 Individual Lifetime Class I & II, \$50 Individual/\$100 Family Annual Class III, \$50 Individual Lifetime Class IV

Missing Tooth Clause – None

12 Month Billing Limitation

**Composite and resins are not covered for posterior teeth, alternate benefit applies

Waiting Periods – None

**Prosthetics are considered on delivery date

COB – Standard

***Annual Routine Exam or Prophy required for increase or retention of higher benefit level

****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.**



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

NORTHVIEW PUBLIC SCHOOLS Dental Benefits Plan
 Food Service, Interpreters, Para-Professionals, Transportation

Group # 40441

The Plan-at-a-Glance

PPO Networks: ADN Dental Network

Maximum Benefits **January 1st through December 31st**

Annual Maximum \$1,000 per eligible individual for covered class I, II and III services
 TMJ Services Applies to annual maximum, up to lifetime maximum of \$1000

Class I Preventive Services – 70% *****Incentive Plan Increases 10% per year to 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 – 70% *****Incentive Plan Increases 10% per year to 100%**

Composite and Amalgam fillings**	
Space Maintainers	Up to age 14
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	For Bruxism Only
TMJ Appliances and Services	

Class III Major Services – 50% **Annual deductible applies**

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

Orthodontics Sealants Implants and Related Restorations Cosmetic Treatment

Deductible – \$25 Individual Lifetime Class I & II, \$50 Individual/\$100 Family Annual Class III

Missing Tooth Clause – None

12 Month Billing Limitation

**Composite and resins are not covered for posterior teeth, alternate benefit applies

Waiting Periods – None

**Prosthetics are considered on delivery date

COB – Standard

***Annual Routine Exam or Prophy required for increase or retention of higher benefit level

****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.**