



MECOSTA-OSCEOLA ISD Dental Benefits Plan

Administrators and Administrative Professionals

Group # 50040

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

Annual Maximum \$1000 per eligible individual for covered class I, II and III services.
 Lifetime Maximum \$1300 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Oral Examinations Twice per plan year
 Prophylaxis (Cleaning), Periodontal Maintenance Twice per plan year
 Topical Application of Fluoride To age 18

Class II Restorative Services – 90%

Bitewing X-Rays
 Full-Mouth Series or Panoramic X-Rays
 All Other X-Rays
 Space Maintainers
 Composite and Amalgam fillings
 Root Canal Therapy
 Periodontal Root Planing
 Periodontal Surgery
 Oral Surgery and Extractions
 General Anesthesia or IV Sedation Medically necessary and with covered oral surgery
 Occlusal Guards

Class III Major Services – 90%

Inlays, Onlays, Crowns**
 Complete and Partial Removable Dentures
 Fixed Partial Dentures (Bridges)
 Denture Repair and Adjustment
 Denture Reline or Rebase
 Addition of Teeth to Partial Dentures

Class IV Orthodontic Services – 90%

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 Restorations over implants TMJ/TMD Treatment Cosmetic Treatments

Deductible – None
 Missing Tooth Clause – None
 12 Month Billing Limitation
 Waiting Periods – None
 COB – Standard

**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. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitations. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. 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.**