

**KENTWOOD PUBLIC SCHOOLS Dental Benefits Plan**  
Administrators

**Group # 9793**

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

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

**Maximum Benefits**

**Plan year January 1 through December 31**

Annual Maximum \$1000 per eligible individual for covered class I, II and III services.  
Lifetime Maximum \$1500 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Oral Examinations	Twice per plan year
Bitewing X-Rays	Once per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Dependents up to age 19
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Sealants	Once per permanent first and second molar in 36 months, to age 14
Space Maintainers	

**Class II Restorative Services – 100%**

Composite and Amalgam fillings	
Inlays, Onlays, Crowns**	Once per permanent tooth in 60 months
Root Canal Therapy	
Periodontal Maintenance	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	Medical coverage primary for certain surgical procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

**Class III Major Services – 90%**

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per arch per 60 months
Endosteal Implants	Once per permanent tooth per 60 months
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 50%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

**Not Covered**

Eposteal and Transosteal Implants      TMJ/TMD Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

\*\*Composite, 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. 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 \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**