



PO Box 610  
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**MECOSTA OSCEOLA ISD Dental Benefits Plan**  
**Support Staff, Maintenance and Non-Union Instructional Staff**

**Group# 9755**

**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 | \$1300 per eligible individual for covered class IV services             |

**Class I Preventive Services – 80%**

|   |                     |
|---|---------------------|
| 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 – 80%**

|                                       |   |
|---------------------------------------|---|
| 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 – 80%**

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 – 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      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

\*\*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.**