



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

BAY DE NOC COMMUNITY COLLEGE Dental Benefits Plan

Group # 40127

The Plan-at-a-Glance

PPO Networks: ADN Dental Network

Maximum Benefits

January 1st through December 31st

Annual Maximum \$1,500 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 – 80%

*****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	
Sealants	To age 14
Composite and Amalgam fillings**	

Class II Restorative Services – 80%

Space Maintainers	Up to age 14
Inlays, Onlays and Crowns	
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
Occlusal Guards	For Bruxism Only
TMJ Appliances and Services	

Class III Major Services – 80%

Complete and Partial Removable Dentures
 Fixed Partial Dentures (Bridges)
 Denture Repair and Adjustment
 Denture Reline or Rebase
 Addition of Teeth to Partial Dentures

Not Covered

Orthodontics Implants and Related Restorations Cosmetic Treatment

Deductible – None
 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 booklet for additional coverage details and limitation. 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.**