

GRAND RAPIDS PUBLIC SCHOOLS Dental Benefits Plan

Group # 50010

IA Staff

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan Year January 1st through December 31st

Family Annual Maximum
Orthodontia Lifetime Maximum

\$1,500 per eligible family for covered class I, II, III and IV services.
\$1,000 per eligible individual for covered class IV services.

Class I Preventive Services – 100%

Oral Examinations	Twice per plan year
Prophylaxis	Twice per plan year
Periodontal Maintenance	Four times per plan year, for patients with a periodontal condition
Topical Application of Fluoride	Twice per plan year to age 19
Space Maintainers	Once per area per lifetime, up to age 14
Sealants	Once per permanent molar, up to age 14
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 – 90%

Composite and Amalgam fillings**	Once per tooth surface per 12 months
Root Canal Therapy	
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical primary for certain procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch
Inlays, Onlays, Crowns**	Once per permanent tooth in 60 months
Occlusal Guards	Once per lifetime

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 60 months
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

Episternal & Transosteal Implants TMJ/TMD Treatment Cosmetic Procedures

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 seat/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 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.**