



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

Vicksburg Public Schools Dental Benefits Plan
VEA

Group #10123

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits **Plan Year October 1st through September 30th**

Annual Maximum \$ 1,000 per eligible individual for covered class I, II and III services.
 Lifetime Ortho Maximum \$ 1,000 per eligible individual for covered class IV services

Class I Preventive Services – 80%

Routine Oral Examinations	Twice per plan year (100%, no frequency for dependents under age 18)
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 18, covered at 100%
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Sealants	Once per permanent tooth per 36 months to age 19, 1 st & 2 nd molars only
Space Maintainers	Once per area per lifetime, up to age 19

Class II Restorative Services – 80%

Composite and Amalgam fillings	Once per tooth surface per 24 months
Inlays, Onlays and Crowns	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year, following treatment
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	With covered Oral Surgery or medically necessary
Occlusal Guards	Once per 60 months
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

Class III Major Services – 80%

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

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

TMJ/TMD Treatment
 Cosmetic Treatment

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.**