



ADN Administrators, Inc.
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HUDSONVILLE PUBLIC SCHOOLS Dental Benefits Plan

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax

Maximum Benefits Plan year January 1 through December 31

Annual Maximum \$1800 per eligible individual for covered class I, II and III services.
 Lifetime Maximum \$2500 per eligible individual for covered class IV services

Class I Preventive Services – 100% \$25 lifetime deductible, Class I and II combined

Oral Examinations	Twice per plan year
Prophylaxis and/or Perio Maintenance	Combined 4 (not to exceed 2 prophylaxes) per plan year
Topical Application of Fluoride	Once 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	12 per plan year

Class II Restorative Services – 100% \$25 lifetime deductible, Class I and II combined

Space Maintainers	Up to age 19
Composite and Amalgam fillings**	
Inlays, Onlays, Crowns**	Once per permanent tooth in 60 months
Root Canal Therapy	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Denture Repair and Adjustment	
Denture Reline or Rebase	
Habit Control Appliances (Thumbsucking)	
Occlusal Guards	Once per 36 months

Class III Major Services – 80% \$25 individual / \$50 family deductible

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

Class IV Orthodontic Services – 80% \$50 lifetime deductible

Orthodontic Diagnostics	One set per eligible individual, to age 19
Limited and Intercepted Treatment	Removable and Fixed Appliance Therapy, to age 19
Comprehensive Treatment	Fixed Appliance Therapy, to age 19

Not Covered

Sealants
 Implants and Restorations over implants
 TMJ/TMD Treatment
 Cosmetic Procedures

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – External Only

**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.**