



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

**LAPEER COMMUNITY SCHOOLS Dental Benefits Plan**  
 Full-Time LESP without other dental coverage

**Group # 9652**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**Plan year October 1 through September 30**

Annual Maximum  
 Lifetime Maximum

\$2,000 per eligible individual for covered class I, II and III services.  
 \$1,200 per eligible individual for covered class IV services

**Class I Preventive Services – 80%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
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 12 months
Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year, following treatment (includes Prophylaxis)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Occlusal Guards	Once per lifetime
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	

**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      TMJ/TMD Treatment      Cosmetic Treatment

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 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. 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.**



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**LAPEER COMMUNITY SCHOOLS Dental Benefits Plan**  
**Full-Time LESP with other dental coverage and Part-Time LESP**

**Group # 9652**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network, DenteMax**

**Maximum Benefits**

**Plan year October 1 through September 30**

Annual Maximum	\$2,000 per eligible individual for covered class I, II and III services.
Lifetime Maximum	\$1,200 per eligible individual for covered class IV services

**Class I Preventive Services – 50%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Space Maintainers	Once per area per lifetime, up to age 19

**Class II Restorative Services – 50%**

Composite and Amalgam fillings**	Once per tooth surface per 12 months
Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year, following treatment (includes Prophylaxis)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

**Class III Major Services – 50%**

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	

**Class IV Orthodontic Services – 50%**

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      TMJ/TMD Treatment      Cosmetic Treatment

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 delivery date

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