



ROCKFORD PUBLIC SCHOOLS Dental Benefits Plan Union Support Staff, Security

Group #9906

The Plan-at-a	-Glance	PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax
Maximum Be		through June 30
Annual Maximu Lifetime Maximu		individual for covered class I, II and III services. individual for covered class IV services
Class I Preventive Services – 60%		
Oral Examination Prophylaxis (Clean Topical Applicat Bitewing X-Rays) Full-Mouth Series All Other X-Rays Space Maintaine	eaning) ion of Fluoride s s or Panoramic X-Rays	Twice per plan year Twice per plan year (includes Periodontal Maintenance) Twice per plan year to age 19 Once per plan year Once per 60 months Once per area per lifetime, up to age 14
Class II Restorative Services – 60%		
Composite and Amalgam fillings Onlays and Crowns** Root Canal Therapy Periodontal Maintenance Periodontal Root Planing Periodontal Surgery Oral Surgery and Extractions General Anesthesia or IV Sedation Occlusal Guards Denture Repair and Adjustment Denture Reline or Rebase		Once per tooth surface per 24 months Once per permanent tooth per 60 months Twice per plan year following treatment (includes prophylaxes) Once per quadrant per 24 months Once per quadrant per 36 months Medical coverage primary for surgical procedures Medically necessary and with covered oral surgery Once per lifetime Once per 36 months, per arch
Class III Major Services – 60%		
Fixed Partial Der	to Partial Dentures	Once per arch per 60 months Once per 60 months Once per permanent tooth per 60 months
Class IV Orthodontic Services – 60%		
Limited and Interceptive Treatment Comprehensive Treatment		Removable and Fixed Appliance Therapy, up to age 19 Fixed Appliance Therapy, up to age 19
Not Covered		
Sealants	Eposteal and Transosteal Imp	olants TMJ/TMD Treatment Cosmetic Treatment

Eposteal and Transosteal Implants

Deductible - None Missing Tooth Clause - None 12 Month Billing Limitation

Waiting Periods - None COB - Standard

**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.



ADN Administrators, Inc. PO Box 610 Southfield, MI 48037 248-901-3705

ROCKFORD PUBLIC SCHOOLS Dental Benefits Plan Non-Union, Childcare

The Plan-at-a-Glance

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

Maximum Benefits

Plan year July 1 through June 30

Annual Maximum

\$1500 per eligible individual for covered class I, II and III services.

Lifetime Maximum \$1000 per eligible individual for covered class IV services

Class I Preventive Services - 80%

Oral Examinations Twice per plan year

Twice per plan year (includes Periodontal Maintenance) Prophylaxis (Cleaning)

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 14

Class II Restorative Services - 80%

Composite and Amalgam fillings Once per tooth surface per 24 months

Onlays and Crowns*1 Once per permanent tooth per 60 months Root Canal Therapy

Twice per plan year following treatment (includes prophylaxes) Periodontal Maintenance

Once per quadrant per 24 months Periodontal Root Planing Periodontal Surgery Once per quadrant per 36 months

Oral Surgery and Extractions Medical coverage primary for surgical procedures General Anesthesia or IV Sedation Medically necessary and with covered oral surgery

Once per lifetime Occlusal Guards

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 arch per 60 months Addition of Teeth to Partial Dentures

Endosteal 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

Fixed Appliance Therapy, up to age 19 Comprehensive Treatment

Not Covered

Sealants TMJ/TMD Treatment Eposteal and Transosteal Implants Cosmetic Treatment

Deductible - None Missing Tooth Clause - None 12 Month Billing Limitation

Waiting Periods - None **Porcelain and ceramic not covered for posterior teeth, alternate benefit applies

COB - Standard **Prosthetics are considered on delivery date

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ROCKFORD PUBLIC SCHOOLS Dental Benefits Plan

Teachers with Medical Coverage

PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax The Plan-at-a-Glance

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Plan year July 1 through June 30 Maximum Benefits

Annual Maximum \$1500 per eligible individual for covered class I, II and III services.

\$1600 per eligible individual for covered class IV services Lifetime Maximum

Class I Preventive Services - 80%

Oral Examinations Twice per plan year

Twice per plan year (includes Periodontal Maintenance) Prophylaxis (Cleaning)

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 14

Class II Restorative Services - 80%

Composite and Amalgam fillings Once per tooth surface per 24 months Onlays and Crowns** Once per permanent tooth per 60 months

Root Canal Therapy

Twice per plan year following treatment (includes prophylaxes) Periodontal Maintenance

Once per quadrant per 24 months Periodontal Root Planing Periodontal Surgery Once per quadrant per 36 months

Medical coverage primary for surgical procedures Oral Surgery and Extractions Medically necessary and with covered oral surgery General Anesthesia or IV Sedation Once per lifetime

Occlusal Guards

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 arch per 60 months

Addition of Teeth to Partial Dentures Endosteal Implants Once per permanent tooth per 60 months

Class IV Orthodontic Services - 80%

Removable and Fixed Appliance Therapy, up to age 19 Limited and Interceptive Treatment Fixed Appliance Therapy, up to age 19 Comprehensive Treatment

Not Covered

Sealants Eposteal and Transosteal Implants TMJ/TMD Treatment Cosmetic Treatment

Deductible - None

COB - Standard

Missing Tooth Clause - None 12 Month Billing Limitation Waiting Periods - None

**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.



ADN Administrators, Inc. PO Box 610 Southfield, MI 48037 248-901-3705

ROCKFORD PUBLIC SCHOOLS Dental Benefits Plan

Teachers without Medical Coverage

The Plan-at-a-Glance

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

Maximum Benefits

Plan year July 1 through June 30

Annual Maximum

\$1500 per eligible individual for covered class I, II and III services.

Lifetime Maximum

\$900 per eligible individual for covered class IV services

Class | Preventive Services - 100%

Oral Examinations

Twice per plan year Twice per plan year (includes Periodontal Maintenance)

Prophylaxis (Cleaning) Topical Application of Fluoride

Twice per plan year to age 19

Space Maintainers Once per area per lifetime, up to age 14

Class II Restorative Services - 90%

Bitewing X-Rays

Full-Mouth Series or Panoramic X-Rays

All Other X-Rays

Composite and Amalgam fillings

Onlays and Crowns**

Root Canal Therapy

Periodontal Maintenance

Periodontal Root Planing

Periodontal Surgery Oral Surgery and Extractions

General Anesthesia or IV Sedation

Occlusal Guards

Denture Repair and Adjustment

Denture Reline or Rebase

Once per plan year

Once per 60 months

Once per tooth surface per 24 months

Once per permanent tooth per 60 months

Twice per plan year following treatment (includes prophylaxes)

Once per quadrant per 24 months Once per quadrant per 36 months

Medical coverage primary for surgical procedures Medically necessary and with covered oral surgery

Once per lifetime

Once per 36 months, per arch

Class III Major Services - 90%

Complete and Partial Removable Dentures

Fixed Partial Dentures (Bridges)

Addition of Teeth to Partial Dentures

Endosteal Implants

Once per arch per 60 months Once per arch per 60 months

Once per permanent tooth per 60 months

Class IV Orthodontic Services - 90%

Limited and Interceptive Treatment

Removable and Fixed Appliance Therapy

Comprehensive Treatment Fixed Appliance Therapy

Not Covered

Sealants

Eposteal and Transosteal Implants

TMJ/TMD Treatment

Cosmetic Treatment

97.3

Deductible - None

Missing Tooth Clause - None 12 Month Billing Limitation

Waiting Periods - None COB - Standard

**Porcelain and ceramic not covered for posterior teeth, alternate benefit applies

**Prosthetics are considered on delivery date

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ROCKFORD PUBLIC SCHOOLS Dental Benefits Plan Administration, Central Office

The Plan-at-a-Glance

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

Plan year July 1 through June 30 Maximum Benefits

Annual Maximum

\$1500 per eligible individual for covered class I, II and III services.

\$2000 per eligible individual for covered class IV services Lifetime Maximum

Class I Preventive Services - 100%

Oral Examinations Prophylaxis (Cleaning) Periodontal Maintenance

Twice per plan year Twice per plan year, following active treatment

Topical Application of Fluoride Twice per plan year to age 18

Class II Restorative Services - 100%

Bitewing X-Rays

Full-Mouth Series or Panoramic X-Rays

All Other X-Rays Space Maintainers

Composite and Amalgam fillings**

Root Canal Therapy Periodontal Root Planing

Periodontal Surgery Oral Surgery and Extractions

General Anesthesia or IV Sedation Occlusal Guards

Twice per plan year

Twice per plan year

Once per 36 months

Once per area per lifetime, up to age 19 Once per tooth surface per 12 months

Once per quadrant per 24 months Once per quadrant per 36 months

Medical coverage primary for surgical procedures Medically necessary and with covered oral surgery

Once per lifetime

Class III Major Services - 80%

Inlays, Onlays and Crowns**

Complete and Partial Removable Dentures Fixed Partial Dentures (Bridges) Denture Repair and Adjustment

Denture Reline or Rebase

Addition of Teeth to Partial Dentures

Once per permanent tooth per 60 months

Once per arch per 60 months Once per arch per 60 months

Once per 36 months, per arch

Class IV Orthodontic Services - 70%

Limited and Interceptive Treatment Comprehensive Treatment

Removable and Fixed Appliance Therapy, up to age 19

Fixed Appliance Therapy, up to age 19

Not Covered

Implants and Restorations over 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. 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.