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Wayne-Westland Community Schools Dental Benefits Plan

Group #9991

B.O.S.S. (Brotherhood of Specialized Skills)

The Plan-at-a-Glance

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

Maximum Benefits November 1 through October 31

Annual Maximum \$1,500 per eligible individual for covered class I, II and III services.
 Lifetime Ortho Maximum \$2,500 per eligible individual for covered class IV services

Class I Preventive Services – 90%

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 18
Space Maintainers	Up to age 14

Class II Restorative Services – 90%

Bitewing X-Rays	Twice per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	
Composite and Amalgam fillings**	
Root Canal Therapy	
Sealants	Up to age 14
Periodontal Maintenance	Up to four 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	
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Occlusal Guards	By Report, Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	
TMJ/TMD Treatment	

Class III Major Services – 90%

Inlays, Onlays and Crowns**
 Complete and Partial Removable Dentures
 Fixed Partial Dentures (Bridges)
 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

Implants 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 \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**