



PO Box 610  
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**Wayne-Westland Community Schools Dental Benefits Plan**

**Group #9991**

**Building Administrators**

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

**Maximum Benefits November 1 through October 31**

Annual Maximum \$1,000 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 – 100%**

|                                 |  |
|---------------------------------|--|
| 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**      |  |
| Inlays, Onlays and Crowns**           |  |
| 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%**

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.**