



ADN Administrators, Inc.  
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**FOREST HILLS PUBLIC SCHOOLS Dental Benefit Plan**

**Support Staff**

**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 \$1000 per eligible individual for covered class I, II and III services.  
 Lifetime Maximum \$1200 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Oral Examinations	Twice per plan year
Bitewing X-Rays	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
Sealants	Once per permanent molar (occlusal surface) to age 16
All Other X-Rays	
Space Maintainers	Once per area per lifetime, up to age 19

**Class II Restorative Services – 85%**

Composite and Amalgam fillings	
Root Canal Therapy	
Periodontal Maintenance	Three times per plan year
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	

**Class III Major Services – 50%**

Inlays, Onlays, Crowns**	Once per permanent tooth in 60 months
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 – 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**

Implants and Restorations over implants  
 TMJ/TMD Treatment  
 Occlusal Guards

Deductible – \$25 Annual per Individual Class II & III, \$50 Lifetime Class IV

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Non-Duplication

\*\*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.**