



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

Genesee Education Consultation Services Dental Benefits Plan

Group #

All Employees

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

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

Class I Preventive Services – 100%

Oral Examinations & Evaluations	Twice per plan year (regardless of specialty)
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Topical Application of Fluoride	Twice per plan year to age 14
Sealants	Once per permanent molar per 36 months, up to age 16
Space Maintainers	Once per area per lifetime, up to age 16

Class II Restorative Services – 80%

Crowns	
Composite and Amalgam fillings**	Once per tooth surface per 12 months to age 19 Once per tooth surface per 36 months age 19+
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	
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Occlusal Guards	Within 6 months of osseous surgery, once per lifetime
Implant Placement	
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 24 months

Class III Major Services – 50%

Inlays/Onlays and Veneers**
 Complete and Partial Removable Dentures
 Fixed Partial Dentures (Bridges)
 Addition of Teeth to Partial Dentures

Class IV Orthodontic Services – 50%

Treatment beginning 1/1/2023 or later

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

Not Covered

TMJ/TMD Treatment Cosmetic Treatment

Deductible – None
 Missing Tooth Clause – None
 12 Month Billing Limitation
 Waiting Periods – None
 COB – Standard

**Composite 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. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. 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.**