

KENTWOOD PUBLIC SCHOOLS Dental Benefits Plan
KESA (Secretaries and Clerks)

Group #9793

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, 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	\$1500 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Oral Examinations	Twice per plan year
Bitewing X-Rays	Once per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Dependents up to age 19
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Sealants	Once per permanent first and second molar in 36 months, to age 14
Space Maintainers	

Class II Restorative Services – 100%

Composite and Amalgam fillings	
Inlays, Onlays, Crowns**	Once per permanent tooth in 60 months
Root Canal Therapy	
Periodontal Maintenance	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	Medical coverage primary for certain services
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per lifetime
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

Class III Major Services – 70%

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per arch per 60 months
Endosteal Implants	Once per permanent tooth per 60 months
Addition of Teeth to Partial Dentures	

Class IV Orthodontic Services – 70%

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

Not Covered

Eposteal and Transosteal Implants	TMJ/TMD Treatment
Deductible – None	
Missing Tooth Clause – None	
12 Month Billing Limitation	
Waiting Periods – None	**Composite, porcelain and ceramic not covered for posterior teeth, alternate benefit applies
COB – Standard	**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.**