



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

**FAIRVIEW AREA SCHOOLS Dental Benefits Plan**  
**Instructional without Medical**

**Group # 40203**

**The Plan-at-a-Glance**

**PPO Networks: ADN Dental Network**

**Maximum Benefits** **January 1<sup>st</sup> through December 31<sup>st</sup>**

|                  |   |
|------------------|---|
| Annual Maximum   | \$1,000 per eligible individual for covered class I, II and III services. |
| Lifetime Maximum | \$1,500 per eligible individual for covered class IV services             |
| TMJ Services     | Applies to annual maximum, up to lifetime maximum of \$1000               |

**Class I Preventive Services – 100%**

|   |                               |
|---|-------------------------------|
| Routine Oral Examinations                       | Twice per plan year           |
| Prophylaxis (Cleaning), Periodontal Maintenance | Twice per plan year           |
| Topical Application of Fluoride                 | Twice per plan year to age 18 |
| Bitewing X-Rays                                 | Twice per plan year           |
| Full-Mouth Series or Panoramic X-Rays           | Once per 36 months            |
| All Other X-Rays                                |                               |

**Class II Restorative Services – 100%**

|                                   |  |
|-----------------------------------|--|
| Composite and Amalgam fillings**  |  |
| Space Maintainers                 | Up to age 14                                     |
| Root Canal Therapy                |  |
| Periodontal Root Planing          |  |
| Periodontal Surgery               |  |
| Oral Surgery and Extractions      | Medical plan primary for certain procedures      |
| General Anesthesia or IV Sedation | With covered oral surgery or medically necessary |
| Occlusal Guards                   | For Bruxism Only                                 |
| TMJ Appliances and Services       |  |

**Class III Major Services – 90%**

Inlays, Onlays and Crowns  
 Complete and Partial Removable Dentures  
 Fixed Partial Dentures (Bridges)  
 Denture Repair and Adjustment  
 Denture Reline or Rebase  
 Addition of Teeth to Partial Dentures

**Class IV Orthodontic Services – 50%**

|                                   |   |
|-----------------------------------|---|
| Limited and Intercepted Treatment | Removable and Fixed Appliance Therapy, up to age 19 |
| Comprehensive Treatment           | Fixed Appliance Therapy, up to age 19               |

**Not Covered**

Sealants                      Implants and Related Restorations                      Cosmetic Treatment

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

\*\*Composite and resins are 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 document for additional coverage details and limitations. 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.**