



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

**LAKESHORE PUBLIC SCHOOLS Dental Benefits Plan  
 Administrators, 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 \$2500 per eligible individual for covered class IV services

**Class I Preventive Services – 100% \$50 lifetime deductible, Class I and II combined**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	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 60 months
All Other X-Rays	
Sealants	To age 14
Space Maintainers	Once per area per lifetime, up to age 14

**Class II Restorative Services – 100% \$50 lifetime deductible, Class I and II combined**

Composite and Amalgam fillings**	
Inlays, Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year, following treatment
Periodontal Root Planing	Once per quadrant per 12 months
Periodontal Surgery	
Oral Surgery and Extractions	
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 – 100% \$50 annual deductible**

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 50%**

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

**Not Covered**

Implants and Related Restorations  
 TMJ/TMD Treatment  
 Cosmetic Treatment

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 \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**