



ADN Administrators, Inc.  
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**Grand Rapids Public Schools Dental Benefits Plan      Group #**  
**SN & SG Support Non-Exempt Staff**

**The Plan-at-a-Glance      PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**  
**Maximum Benefits      Plan year July 1 through June 30**

Annual Maximum      \$1,500 per family 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	Twice per plan year
Prophylaxis/Perio Maintenance (Cleaning)	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 19
Space Maintainers	Once per area per lifetime, up to age 14
Sealants	
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	

**Class II Restorative Services – 90%**

Composite and Amalgam fillings**	Once per tooth surface per 24 months
Root Canal Therapy	
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	Medically necessary and with covered oral surgery
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch
Onlays, Crowns**	Once per permanent tooth in 60 months
Occlusal Guards	Once per lifetime

**Class III Major Services – 90%**

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 60 months
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 90%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

**Not Covered**

Epoosteal & Transosteal Implants  
 TMJ/TMD Treatment

Deductible – None  
 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 seat/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.**