



ADN Administrators, Inc.  
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**LOWELL AREA SCHOOLS Dental Benefits Plan  
 Bus Drivers**

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

**PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax**

**Maximum Benefits Plan year August 1 through July 31**

Annual Maximum \$1000 per eligible individual for covered class I, II and III services.  
 Lifetime Maximum \$500 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Dependents up to age 19
Bitewing X-Rays	Once per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Space Maintainers	

**Class II Restorative Services – 50%**

Composite and Amalgam fillings	
Inlays, Onlays and Crowns	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	Medical coverage primary for surgical procedures
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 – 50%**

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

**Class IV Orthodontic Services – 50%**

Limited and Interceptive 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	TMJ/TMD Treatment	Cosmetic Treatment
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Deductible – None  
 Missing Tooth Clause – None  
 12 Month Billing Limitation  
 Waiting Periods – None  
 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.**