



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

LANSING COMMUNITY COLLEGE Dental Benefits Plan
 Basic Plan

Group #9760

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

Plan year January 1st through December 31st

Annual Maximum \$1300 per eligible individual for covered class I, II and III services.

Class I Preventive Services – 90%

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|---------------------------------------|---|
| Oral Examinations | Twice per plan year |
| Bitewing X-Rays | Twice per plan year |
| Prophylaxis (Cleaning) | Twice per plan year |
| Topical Application of Fluoride | Twice per plan year to age 19 |
| Sealants | Once per 36 months for permanent molars to age 19 |
| Full-Mouth Series or Panoramic X-Rays | Once per 36 months |
| All Other X-Rays | |
| Space Maintainers | Once per area per lifetime, up to age 19 |

Class II Restorative Services – 75%

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|-----------------------------------|--|
| Composite and Amalgam fillings | Once per tooth surface per 12 months |
| Root Canal Therapy | |
| Periodontal Maintenance | Four times per plan year following periodontal treatment |
| Periodontal Root Planing | Once per quadrant per 24 months |
| Periodontal Surgery | Once per quadrant per 36 months |
| Inlays, Onlays and Crowns** | Once per permanent tooth in 60 months |
| Occlusal Guards | Once per lifetime |
| Oral Surgery and Extractions | |
| General Anesthesia or IV Sedation | Medically necessary and with covered oral surgery |

Class III Major Services – 55%

| | |
|---|---------------------------------------|
| Endosteal Implants | Once per permanent tooth in 60 months |
| Complete and Partial Removable Dentures** | Once per arch per 60 months |
| Fixed Partial Dentures (Bridges)** | Once per area per 60 months |
| Denture Repair and Adjustment | |
| Denture Reline or Rebase | Once per arch per 36 months |
| Addition of Teeth to Partial Dentures | |

Not Covered

Orthodontics Eposteal and Transosteal Implants TMJ/TMD Treatment Cosmetic Procedures

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

**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. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Benefits are payable at the applicable percentage level of the Usual and Customary or PPO Fee Schedule allowed amount for the procedure rendered. 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.**