**LANSING COMMUNITY COLLEGE Dental Benefits Plan**

**Group #9760**

**Premium Plan**

<table>
<thead>
<tr>
<th>The Plan-at-a-Glance</th>
<th>PPO Networks: ADN Dental Network, DenteMax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum Benefits</strong></td>
<td>Plan year January 1 through December 31</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$2000 per eligible individual for covered class I, II and III services.</td>
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<tr>
<td>Lifetime Maximum</td>
<td>$1000 per eligible individual for covered class IV services</td>
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</tbody>
</table>

### Class I Preventive Services – 100%

- **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**: Once per area per lifetime, up to age 19
- **Space Maintainers**: Once per lifetime

### Class II Restorative Services – 75%

- **Composite and Amalgam fillings**: Once per tooth surface per 12 months
- **Root Canal Therapy**: Four times per plan year following periodontal treatment
- **Periodontal Maintenance**
- **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**: 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**: Once per arch per 36 months
- **Denture Reline or Rebase**: Once per arch per 36 months

### 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

- **Eposteal and Transosteal Implants**
- **TMJ/TMD Treatment**
- **Cosmetic Procedures**

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

**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.