



PO Box 610
 Southfield, MI 48037
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MID-MICHIGAN COMMUNITY COLLEGE Dental Benefits Plan

Group # 40374

The Plan-at-a-Glance

PPO Networks: ADN Dental Network

Maximum Benefits

January 1st through December 31st

Annual Maximum \$1,000 per eligible individual for covered class I, II and III services.
 TMJ Services Applies to annual maximum, up to lifetime maximum of \$1000

Class I Preventive Services – 75%

*****Incentive Plan Increases per year to 100%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning), Periodontal Maintenance	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 36 months
All Other X-Rays	
Composite and Amalgam fillings**	
Inlays, Onlays and Crowns	

Class II Restorative Services – 75%

Space Maintainers	Up to age 14
Root Canal Therapy	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Occlusal Guards	For Bruxism Only
TMJ Appliances and Services	

Class III Major Services – 50%

Complete and Partial Removable Dentures
 Fixed Partial Dentures (Bridges)
 Denture Repair and Adjustment
 Denture Reline or Rebase
 Addition of Teeth to Partial Dentures

Not Covered

Orthodontics Sealants Implants and Related Restorations Cosmetic Treatment

Deductible – None
 Missing Tooth Clause – None
 12 Month Billing Limitation **Composite and resins are not covered for posterior teeth, alternate benefit applies
 Waiting Periods – None **Prosthetics are considered on delivery date
 COB – Standard ***Annual Routine Exam or Propy required for increase or retention of higher benefit level

****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 document for additional coverage details and limitations. 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.**