

**BERKLEY SCHOOL DISTRICT Dental Benefits Plan**

**Group # 9981**

Custodians with and without Medical

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

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

**Maximum Benefits**

**Plan Year July 1 through June 30**

Annual Maximum	\$2,000 per eligible individual for covered class I, II and III services.
Lifetime Ortho Maximum	\$2,000 per eligible individual for covered class IV services

**Class I Preventive Services – 80%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Once per plan year to age 19
Bitewing X-Rays	Twice per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
Space Maintainers	
Sealants	Once per lifetime, posterior teeth only, to age 19

**Class II Restorative Services – 80%**

All other X-Rays	
Composite and Amalgam fillings**	
Root Canal Therapy	
Periodontal Maintenance	Up to four per plan year, following treatment (includes Prophylaxis)
Periodontal Root Planing	Once per quadrant per 36 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	
General Anesthesia or IV Sedation	With covered Oral Surgery or medically necessary
Occlusal Guards	Once per lifetime

**Class III Major Services – 80%**

Inlays, Onlays and Crowns**	Once per permanent tooth per 60 months
Denture Reline or Rebase	
Denture Repair and Adjustment	
Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Addition of Teeth to Partial Dentures	

**Class IV Orthodontic Services – 80%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

**Not Covered**

Implants and Related Restorations      TMJ/TMD Treatment      Cosmetic 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 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 \$200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**