LAKE ORION COMMUNITY SCHOOLS Dental Benefits Plan
AFSCME

<table>
<thead>
<tr>
<th>The Plan-at-a-Glance</th>
<th>PPO Networks: ADN Dental Network, DenteMax</th>
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</thead>
<tbody>
<tr>
<td><strong>Maximum Benefits</strong></td>
<td><strong>July 1st through June 30th</strong></td>
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<td>Annual Maximum</td>
<td>$1,500 per eligible individual for covered class I, II and III services.</td>
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<tr>
<td>Lifetime Maximum</td>
<td>$1,500 per eligible individual for covered class IV services</td>
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**Class I Preventive Services – 100%**
- Oral Examinations & Evaluations: Twice per plan year (regardless of specialty)
- Prophylaxis (Cleaning): Twice per plan year (includes Periodontal Maintenance)
- Topical Application of Fluoride: Twice per plan year, up to age 19
- Space Maintainers: Once per area per lifetime, up to age 14

**Class II Restorative Services – 90%**
- Bitewing X-Rays: Once per plan year
- Full-Mouth Series or Panoramic X-Rays: Once per 60 months
- All Other X-Rays: Once per primary tooth surface per 24 months
- Composite and Amalgam fillings: Once per permanent tooth per 60 months
- Onlays and Crowns**: Once per quadrant per 24 months
- Root Canal Therapy: Once per quadrant per 36 months
- Periodontal Maintenance: Medical plan primary for certain procedures
- Periodontal Surgery: With covered oral surgery or medically necessary
- Oral Surgery and Extractions: Once per lifetime
- Occlusal Guards: Once per lifetime
- Denture Repair and Adjustment: Once per 36 months, per arch

**Class III Major Services – 90%**
- 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: Once per permanent tooth per 60 months

**Class IV Orthodontic Services – 90%**
- 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
- Eposteal & Transosteal Implants
- TMJ/TMD Treatment
- Cosmetic Treatment

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. 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.**