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LAKE ORION COMMUNITY SCHOOLS Dental Benefits Plan
LOEA

Group # 10180

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

July 1st through June 30th

Annual Maximum
Lifetime Maximum

\$1,500 per eligible individual for covered class I, II and III services.
\$1,500 per eligible individual for covered class IV services

Class I Preventive Services – 100%

Routine Oral Examinations
Prophylaxis (Cleaning)
Topical Application of Fluoride
Space Maintainers

Twice per plan year
Twice per plan year (includes Periodontal Maintenance)
Twice per plan year, up to age 19
Once per area per lifetime, up to age 14

Class II Restorative Services – 90%

Bitewing X-Rays
Full-Mouth Series or Panoramic X-Rays
All Other X-Rays
Composite and Amalgam fillings
Onlays and Crowns**
Root Canal Therapy
Periodontal Maintenance
Periodontal Root Planing
Periodontal Surgery
Oral Surgery and Extractions
General Anesthesia or IV Sedation
Occlusal Guards
Denture Repair and Adjustment
Denture Reline or Rebase

Once per plan year
Once per 60 months
Once per primary tooth surface per 24 months
Once per permanent tooth per 60 months
Twice per plan year, following treatment (includes Prophylaxis)
Once per quadrant per 24 months
Once per quadrant per 36 months
Medical plan primary for certain procedures
With covered oral surgery or medically necessary
Once per lifetime
Once per 36 months, per arch

Class III Major Services – 90%

Complete and Partial Removable Dentures
Fixed Partial Dentures (Bridges)
Addition of Teeth to Partial Dentures
Endosteal Implants

Once per arch per 60 months
Once per area per 60 months
Once per permanent tooth per 60 months

Class IV Orthodontic Services – 90%

Limited and Interceptive Treatment
Comprehensive Treatment

Removable and Fixed Appliance Therapy, up to age 19
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

**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. 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.**