**Mott Community College Dental Benefits Plan**  
**Faculty**

<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>January 1st through December 31st</strong></td>
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<td>Annual Maximum</td>
<td>$2,000 per eligible individual for covered class I, II and III services.</td>
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<tr>
<td>Lifetime Ortho Maximum</td>
<td>$1,500 per eligible individual for covered class IV services</td>
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**Class I Preventive Services – 100%**
- Routine Oral Examinations: Twice per plan year
- Prophylaxis (Cleaning): 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: Twice per plan year, following treatment

**Class II Restorative Services – 80%**
- Composite and Amalgam fillings**: **
- Root Canal Therapy
- Periodontal Root Planing
- Space Maintainers
- Periodontal Surgery
- Oral Surgery and Extractions
- General Anesthesia or IV Sedation: With covered Oral Surgery or medically necessary
- Occlusal Guards
- Denture Repair and Adjustment
- Denture Reline or Rebasing

**Class III Major Services – 80%**
- Inlays, Onlays and Crowns**: **
- Complete and Partial Removable Dentures
- Fixed Partial Dentures (Bridges)
- Addition of Teeth to Partial Dentures
- Endosteal Implants: Once per permanent tooth per 60 months

**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**
- Sealants
- Eposteal & Transosteal Implants
- Cosmetic Treatment

**Deductible** – None
**Missing Tooth Clause** – None
**12 Month Billing Limitation**
**Waiting Periods** – None **Composite, porcelain and ceramic not covered for posterior teeth, alternate benefit applies**
**COB** – Standard **Prosthetics are considered on delivery date**

**Note** – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitations. 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.