



**GODFREY-LEE PUBLIC SCHOOLS Dental Benefits Plan Group # 9870  
 Administration**

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

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

**Maximum Benefits**

**Plan year July 1 through June 30**

Annual Maximum \$2000 per eligible individual for covered class I, II and III services.  
 Lifetime Maximum \$1500 per eligible individual for covered class IV services

**Class I Preventive Services – 100%**

Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning)	Twice per plan year
Topical Application of Fluoride	Once per plan year to age 16
Bitewing X-Rays	Twice per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	
Sealants	To age 16
Space Maintainers	

**Class II Restorative Services – 100%**

Composite and Amalgam fillings	Once per tooth surface per 24 months
Inlays, Onlays and Crowns	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Once per 3 month period, following treatment (includes prophylaxes)
Periodontal Root Planing	Twice per quadrant per plan year
Periodontal Surgery	
Oral Surgery and Extractions	Medical coverage primary for surgical procedures
General Anesthesia or IV Sedation	Medically necessary and with covered oral surgery
Occlusal Guards	Once per 60 months
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 24 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	
Endosteal Implants	Once per permanent tooth per 60 months

**Class IV Orthodontic Services – 80%**

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy
Comprehensive Treatment	Fixed Appliance Therapy

**Not Covered**

Eposteal and Transosteal Implants      TMJ/TMD Treatment      Cosmetic Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

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 limitation. 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.**