# LANSING COMMUNITY COLLEGE Dental Benefits Plan

| Group#9760 |

## The Plan-at-a-Glance

<table>
<thead>
<tr>
<th>Maximum Benefits</th>
<th>PPO Networks: ADN Dental Network, DenteMax</th>
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<tbody>
<tr>
<td>Annual Maximum</td>
<td>$1300 per eligible individual for covered class I, II and III services.</td>
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</tbody>
</table>

### Class I Preventive Services – 90%

- Oral Examinations
- Bitewing X-Rays
- Prophylaxis (Cleaning)
- Topical Application of Fluoride
- Sealants
- Full-Mouth Series or Panoramic X-Rays
- All Other X-Rays
- Space Maintainers

#### Class II Restorative Services – 75%

- Composite and Amalgam Fillings
- Root Canal Therapy
- Periodontal Maintenance
- Periodontal Root Planing
- Periodontal Surgery
- Inlays, Onlays and Crowns**
- Occlusal Guards
- Oral Surgery and Extractions
- General Anesthesia or IV Sedation

#### Class III Major Services – 55%

- Endosteal Implants
- Complete and Partial Removable Dentures**
- Fixed Partial Dentures ( Bridges)**
- Denture Repair and Adjustment
- Denture Reline or Rebase
- Addition of Teeth to Partial Dentures

### Not Covered

- Orthodontics
- Eposteal and Transosteal Implants
- TMJ/TMD Treatment
- Cosmetic Procedures

#### Deductible – None

#### Missing Tooth Clause – None

#### 12 Month Billing Limitation

#### Waiting Periods – None

**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.**