**LINCOLN CONSOLIDATED SCHOOLS Dental Benefits Plan**

**GROUP #9784**

**Non-Union Administrators**

<table>
<thead>
<tr>
<th>The Plan-at-a-Glance</th>
<th>PPO Networks: ADN Dental Network, Michigan Dental Plan, DenteMax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum Benefits</strong></td>
<td><strong>Plan year January 1 through December 31</strong></td>
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<tr>
<td>Annual Maximum</td>
<td>$1000 per eligible individual for covered class I, II and III services.</td>
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<tr>
<td>Lifetime Maximum</td>
<td>$1500 per eligible individual for covered class IV services</td>
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</tbody>
</table>

**Class I Preventive Services – 100%**

- Oral Examinations: Twice per plan year
- Prophylaxis (Cleaning): Twice per plan year
- Periodontal Maintenance: Twice per plan year
- Topical Application of Fluoride: Twice per plan year to age 18

**Class II Restorative Services – 100%**

- Bitewing X-Rays: Twice per plan year
- Full-Mouth Series or Panoramic X-Rays: Once per 36 months
- All Other X-Rays:
- Space Maintainers: Once per area per lifetime, up to age 19
- Composite and Amalgam fillings**: Once per tooth surface per 12 months
- Root Canal Therapy:
- Periodontal Root Planing: Once per quadrant per 24 months
- Periodontal Surgery: Once per quadrant per 36 months
- Occlusal Guards: Once per lifetime
- Oral Surgery and Extractions:
- General Anesthesia or IV Sedation: Medically necessary and with covered oral surgery

**Class III Major Services – 90%**

- Inlays, Onlays, Crowns**
- Complete and Partial Removable Dentures**
- Fixed Partial Dentures (Bridges)**
- Denture Repair and Adjustment
- Denture Reline or Rebase: Once per 36 months, per arch
- Addition of Teeth to Partial Dentures

**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
- Implants and Restorations over implants
- TMJ/TMD Treatment
- Cosmetic Procedures

- 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
- **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.**