



Pottersville Public Schools

Dental Benefit Summary

Use of a Dentemax provider is voluntary. Dentemax providers have agreed to accept the negotiated discount amount. Non-Dentemax providers are reimbursed based on the Maximum Allowed Amount and may bill you for amounts above the Maximum Allowed Amount.

Annual Maximum Benefit (per person, per plan year)	\$1,000
Orthodontia Maximum Benefit (up to age 19, per lifetime)	\$800
Diagnostic and Preventive Care (Class A) Services	Plan Pays
Oral exams or Consultations (limited to 2 per plan year; limit applies regardless of provider specialty)	100%
Patient Screening Services (limited to 1 per plan year)	100%
Bite-wing X-Rays (limited to 1 per plan year)	100%
Full mouth x-rays (limited to 1 per 5-year period)	100%
Prophylaxis (dental or periodontal) - cleaning of the teeth (limited to 2 per plan year) Full mouth debridement will be included in the limit	100%
Topical fluoride applications (limited to 2 per plan year; limited to dependent children under age 19)	100%
Space maintainers and their fitting (limited to dependent children under age 14)	100%
Emergency palliative treatment to relieve pain	100%
Therapeutic and Restorative (Class B) Services	Plan Pays
Periapical x-rays (PAS)	80%
Any x-rays needed to diagnose a condition requiring treatment	80%
Extraction of teeth, cutting procedures in the mouth, and treatment of fractures and dislocations of the jaw (including pre- or post-operative care)	80%
Periodontics (treatment of the gums and support structures of the teeth)	80%
Periodontal Surgery (limited to 1 per 3-year period)	80%
Full Mouth Debridement (limited to 1 per lifetime)	80%
Root Planing (limited to 1 per 2-year period)	80%
Root canals and other endodontic treatments	80%
Occlusal Guard (limited to 1 per lifetime)	80%



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General anesthetics and their administration in connection with oral surgery, Periodontics, fractures, and dislocations	80%
Injectable antibiotics	80%
Fillings or restorations consisting of amalgam, acrylic, silicate, or composite materials (limited to 1 per 2-year period per tooth)	80%
Relining of full or partial dentures if done more than one year after initial installation (limited to 1 per 3-year period)	80%
Recementing of inlays, crowns, and bridges performed after 6 months of the seat date	80%
Gold restorations, including inlays, onlays, and foil fillings. The cost of gold restorations in excess of the cost for other fillings will not be considered an eligible expense	80%
Repair of crowns, bridgework, and removable dentures	80%
Rebasing of removable dentures or existing dentures which have not been replaced by a new denture	80%
Crowns and gold fillings necessary to restore the structure of teeth broken down by decay/injury (charge for a crown or gold filling is limited to the charge for a silver, porcelain, or other filling material unless the tooth cannot be restored with such materials); covered only if the crown or gold filling is over five years old	80%
Major and Prosthodontic (Class C) Services	Plan Pays
Replacing an existing removable partial or full denture or fixed bridgework, adding teeth to an existing partial denture, or adding teeth to existing bridgework to replace newly extracted natural teeth. Applies only if existing denture or bridgework was installed at least five years prior to its replacement and cannot be made serviceable.	80%
Full to partial dentures, fixed bridges, or adding teeth to an existing denture due to loss of natural teeth while participant is covered under the Plan, or to replace an existing prosthesis which is over five years old	80%
Implants, including any appliances and/or crowns and the surgical insertion or removal of implants. Removal of implants limited to 1 per lifetime per tooth/area. Maintenance limited to 1 per year per tooth/area.	80%
Orthodontia Benefits (Class D) Services	Plan Pays
Treatment and services necessary to move and correct the position of maloccluded or malpositioned teeth.	80%