

Dental Plan-High Option-Premium

PLAN YEAR DECEMBER-NOVEMBER

Administered by ADN Administrators, Inc

| Coinsurance | In-Network | Out-of-Network |
|---|--------------------|--------------------|
| ◦ Class I (Preventive) | 80% | 80% |
| ◦ Class II (Basic) | 80% | 80% |
| ◦ Class III (Major) | 80% | 80% |
| ◦ Class IV (Ortho) (Children between ages 6 & 18 only) | 80% | 80% |
| Office Visit Copay | None | |
| Deductible | None | |
| Annual Maximum (Class I, II, III benefits) | \$1,500 per Member | \$1,200 per Member |
| Lifetime Ortho Maximum (Children Ages 6 to 18 only) | \$1,200 per Member | \$1,000 per Member |

The dental plans are administered by ADN Administrators, Inc. As a participant in the dental plans, you can choose an In-Network Provider from three different dental networks. These networks are ADN, Michigan Dental Plan or DenteMax. To locate a Participating Provider in any one of these networks, please visit www.adndental.com. If you visit a dentist within these networks you will receive deeper discounts than if you visit a Non-Network Provider.



Please refer to the Appendix portion of this communication for a detailed description of the benefits.

EFFECTIVE APRIL 1, 2013—ADN will be phasing out mailing EOBs to your residence. If you have not done so already be sure to enroll in the system to ensure the timely receipt of your EOBs.

CREATE YOUR PERSONAL ACCOUNT: Go to www.adndental.com—click on the “Member Sign-In” button. Then click the link “New User Registration” to set up your account. To set up your account. You will need to enter your **GROUP NUMBER 9591** as well as your Contract Number (can be found on your ADN ID card) or Social Security Number. You will be required to enter your email address to receive notification when a new EOB is posted on your account. If you need assistance with this new procedure you can call Judy Thompson at ADN - 248-901-3705 Ext. 245.

Dental Plan-Low Option –Standard

PLAN YEAR DECEMBER-NOVEMBER

Administered by ADN Administrators, Inc

| Coinsurance | In-Network | Out-of-Network |
|---|------------------------------|----------------------|
| ◦ Class I (Preventive) | 60% | 60% |
| ◦ Class II (Basic) | 60% after deductible | 60% after deductible |
| ◦ Class III (Major) | 60% after deductible | 60% after deductible |
| ◦ Class IV (Ortho) (Children between ages 6 & 18 only) | 60% after deductible | 60% after deductible |
| Office Visit Copay | None | |
| Deductible | \$25 Individual/ \$50 Family | |
| Annual Maximum | \$1,000 per Member | |
| Lifetime Ortho Maximum (Children between ages 6 & 18 only) | \$600 per Member | |

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