

Dental Plan—Premium (High Option)

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)	\$1,000 per Member	
Lifetime Ortho Maximum (Children Ages 6 to 18 only)	\$800 per Member	

The dental plan is administered by ADN Administrators, Inc. As a participant in the dental plan, 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. The 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—Standard (Low Option)

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 (Class I, II, III benefits)	\$1,000 per Member	
Lifetime Ortho Maximum (Children Ages 6 to 18 only)	\$600 per Member	

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