



Linden Community Schools
Association & Non-Association Admin + Admin Assistants
Dental Comparison

Current Plan (Self Insured)

Delta Dental Plan Pays

ADN Plan Pays

↳ TPA

Class 1 Benefits		
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	80%	80%
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%
Brush Biopsy - to detect oral cancer	80%	80%
Radiographs - X-rays	80%	80%
Class II Benefits		
Major Restorative Services - includes crowns	80%	80%
Minor Restorative Services - includes fillings	80%	80%
Periodontic Services - to treat gum disease	80%	80%
Endodontic Services - includes root canals	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%
Relines and Repairs - to bridges and dentures	80%	80%
Other Basic Services - misc. services	80%	80%
Class III Benefits		
Prosthetic Services - includes bridges and dentures	80%	80%
Implants - endosteal implants to replace missing teeth	80%	80%
Class IV Benefits		
Orthodontic Services - includes braces	80%	80%
Orthodontic Age Limit -	To Age 19	To Age 19

Delta Dental Plan

ADN Plan

Maximum Payment		
Per person total per contract year on all services except Orthodontics -	\$1,000	\$1,000
Per person total per lifetime on Orthodontic Services -	\$1,300	\$1,300

Delta Dental Plan

ADN Plan

Provider Network	DenteMax	ADN Dental Network, Michigan Dental Plan (MDP), and DenteMax
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Linden Community Schools
 Association & Non-Association Admin & Admin Assistants
 Vision Comparison

Current Plan (Self Insured)
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VSP 3

ADN

↳ TPA

Exam Deductible	In-Network	Out-of-Network	ADN
Optometrist	No Deductible	Reimbursement - Up to \$35	No Deductible
Ophthalmologist	No Deductible	Reimbursement - Up to \$45	No Deductible
Contact Lens Allowance (includes exam)			
Necessary	Covered in full	Reimbursement - Up to \$115	Covered in full
Cosmetic (elective)	Covered - Up to \$115	Reimbursement - Up to \$115	Covered - Up to \$115
Disposable	Covered - Up to \$115	Reimbursement - Up to \$115	Covered - Up to \$115
Frame Allowance			
	Covered - Up to \$65	Reimbursement - Up to \$55	Covered - Up to \$65
Lenses			
Single Vision	Covered	Reimbursement - Up to \$38	Covered
Bifocal	Covered	Reimbursement - Up to \$60	Covered
Trifocal	Covered	Reimbursement - Up to \$72	Covered
Lenticular	Covered	Reimbursement - Up to \$108	Covered
Extra Lens Features			
Pink # 1 or # 2 Tint	Covered	**	Covered
Rimless	Covered	**	Covered
Oversize	Covered	**	Covered
Blended	Covered	**	Covered
Progressive	Not Covered	**	Not Covered
Tinted			
Single Vision	Covered	Reimbursement - Up to \$42	Covered
Bifocal	Covered	Reimbursement - Up to \$70	Covered
Trifocal	Covered	Reimbursement - Up to \$84	Covered
Lenticular	Covered	Reimbursement - Up to \$118	Covered
Polarized			
Single Vision	Covered	Reimbursement - Up to \$56	Covered
Bifocal	Covered	Reimbursement - Up to \$90	Covered
Trifocal	Covered	Reimbursement - Up to \$110	Covered
Lenticular	Covered	Reimbursement - Up to \$138	Covered

VSP 3

ADN Plan

Provider Network	VSP 3	ADN Plan
	VSP	None - All services are covered at the In-Network level

** Out-of Network provider materials including lens features are subject to and limited by the lens and frame maximum reimbursement. The patient is responsible for paying the cost of materials and services above the maximum reimbursement amount.