

Core Management Resources Employee Healthcare Plan

Open Enrollment Quick Reference Summary

Effective February 1, 2013

Dental Coverage

No benefit for Orthodontic Services

Calendar Year Maximum

\$1,000 per covered Individual

PREMIUMS (per pay period)

Employee	\$6.25
Employee + Child(ren)	\$12.50
Employee + Spouse	\$18.75
Family	\$25.00

COINSURANCE

Plan pays 100% of the first \$100.00
Plan pays 80% of the next \$300.00
Plan pays 50% of the next \$1,320.00

WAITING PERIOD FOR LATE ENROLLEES

Type A – Diagnostic and Preventive	Available once Coverage is in Force
Type B – Basic Procedures	Six (6) month waiting period
Type C – Major Procedures	Twelve (12) month waiting period

Plan Payment Provisions – Dental

The following is a summary of Covered Dental Procedures under this Dental Expense Benefit.

For the complete listing, consult your Plan Document.

Type A: Diagnostic and Preventive	Type B: Basic Procedures	Type C: Major Procedures
<ul style="list-style-type: none"> Oral examination Prophylaxis (Cleaning of teeth, including scaling and polishing) Topical Fluoride application (Applicable only to dependent children under age 14) Space maintainers (Applicable only to children under age 16) Topical application of sealers (Applicable only to children under age 14) Fixed and removable appliances (Applicable only to children under age 16) X-Rays <ul style="list-style-type: none"> One complete series of x-rays Bitewing x-rays Occlusal Periapical Panoramic Emergency palliative treatment Outpatient treatment of injuries resulting from an accident 	<ul style="list-style-type: none"> Diagnostic Services <ul style="list-style-type: none"> Examination and diagnosis Diagnostic casts Biopsy and examination of oral tissue Fillings (amalgam, silicate, acrylic, or composite) Recementing of crown Stainless steel crown Oral Surgery <ul style="list-style-type: none"> Extractions Removal of dental cysts and tumors Incision and drainage of abscess Reimplantation of tooth Denture Services <ul style="list-style-type: none"> Repairs – acrylic, when no teeth damaged Repairs – metal Reline Adjustments General Anesthesia Injectable antibiotics for treatment of dental condition 	<ul style="list-style-type: none"> Dentures – full or partial Denture repair – acrylic, when teeth damaged Fixed bridges Crowns <ul style="list-style-type: none"> Acrylic Porcelain Metal Steel post Endodontic Services <ul style="list-style-type: none"> Pulp capping Vital pulpotomy Root canal therapy Periodontic Services <ul style="list-style-type: none"> Gingivectomy Osseous surgery Inlays Onlays