

Core Management Resources Employee Healthcare Plan
Open Enrollment Quick Reference Summary
Effective February 1, 2020

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) • Re-cementing 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 ➢ Re-implantation 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