

**Core Management Resources Employee Healthcare Plan  
Open Enrollment Quick Reference Summary  
Effective Jan 1, 2022**

**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 80% of the first \$500.00

Plan pays 50% up to the plan max of \$1,200

**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.

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