

**Mennonite Church USA  
The Corinthian Plan  
Dental Plan**

	<b>Preventive Services</b>	<b>Basic Services</b>	<b>Orthodontia*</b>	<b>Major Services*</b>
<b>Maximum Benefits</b>	• \$1,250 per covered person or \$2,000 per family per year for preventive, basic, and major services and orthodontia, combined			
<b>Annual Deductible</b>	• \$0	• \$0	• \$0	• \$0
<b>Annual Coinsurance</b>	• Plan pays 100%	• Plan pays 75%	• Plan pays 80%	• Plan pays 75%
<b>Covered Services</b>	<ul style="list-style-type: none"> <li>• Routine oral exams twice each year</li> <li>• Bitewing x-rays twice each year</li> <li>• Full mouth x-rays once every 36 months</li> <li>• Prophylaxis twice each year</li> <li>• Topical fluoride application twice each year, under age 19</li> <li>• Topical fluoride application once each year, age 19 and over</li> <li>• Sealants on permanent molars, under age 15</li> <li>• Space maintainers that replace prematurely lost teeth, under age 19</li> </ul>	<ul style="list-style-type: none"> <li>• Amalgam, silicate, acrylic, synthetic porcelain, composite filling restorations to restore diseased or broken teeth</li> <li>• Endodontic treatment, including root canal therapy</li> <li>• Extractions and routine post-operative care</li> <li>• Oral surgery and routine post-operative care, not including periodontic services</li> <li>• Dental x-rays necessary to diagnose and treat a specific condition</li> <li>• Apicoectomy</li> <li>• General anesthesia when necessary as part of oral surgery</li> <li>• Management of acute infection and oral lesions</li> <li>• Emergency treatment for temporary relief of severe pain</li> <li>• Emergency treatment of an acute condition</li> </ul>	<ul style="list-style-type: none"> <li>• Under age 19 only</li> <li>• Purchase and installation of orthodontic appliances during a course of treatment that begins while the individual is covered under the plan</li> <li>• Non-surgical correction of malocclusions</li> </ul>	<ul style="list-style-type: none"> <li>• Restorations of diseased or broken teeth with inlays, onlays, gold fillings, or crowns if they cannot be restored with amalgam</li> <li>• Dental implants</li> <li>• Occlusal guards for bruxism</li> <li>• First installation of removable full or partial dentures</li> <li>• First installation of fixed bridgework</li> <li>• Periodontic services</li> <li>• Replacement of partial dentures, full removable dentures, or fixed bridgework under specific conditions</li> <li>• Repair or recementing of crowns, inlays, onlays, bridgework, or dentures</li> <li>• Relining and rebasing of dentures under specific conditions</li> </ul>
<b>Miscellaneous Information</b>				
<b>Enrollment Requirements</b>	<ul style="list-style-type: none"> <li>• Dental coverage only available if elected by employer</li> <li>• All eligible employees (and dependents) of employer electing dental coverage will automatically be enrolled in dental plan unless enrolled in other dental coverage</li> <li>• Eligible employee (and dependents) can enroll in dental plan without enrolling in major medical plan if enrolled in other major medical coverage</li> </ul>			
<b>Premium Requirements</b>	• Employer must pay a minimum of 50 percent of premium			

\* Orthodontia and Major Services added after two years experience in dental plan