## Mennonite Church USA The Corinthian Plan Dental Plan

Dental Plan				
	Preventive Services	Basic Services	Orthodontia*	Major Services*
Maximum Benefits	• \$1,300 per covered person or \$2,100 per family per year for preventive, basic, and major services and orthodontia, combined			
Annual Deductible	• \$0	• \$0	• \$0	• \$0
Annual Coinsurance	• Plan pays 100%	• Plan pays 75%	• Plan pays 80%	• Plan pays 75%
Covered Services	Routine oral exams twice each year Bitewing x-rays twice each year Full mouth x-rays once every 36 months Prophylaxis twice each year Topical fluoride application twice each year, under age 19 Topical fluoride application once each year, age 19 and over Sealants on permanent molars, under age 15 Space maintainers that replace prematurely lost teeth, under age 19	Amalgam, silicate, acrylic, synthetic porcelain, composite filling restorations to restore diseased or broken teeth Endodontic treatment, including root canal therapy Extractions and routine post-operative care Oral surgery and routine post-operative care, not including periodontic services Dental x-rays necessary to diagnose and treat a specific condition Apicoectomy General anesthesia when necessary as part of oral surgery Management of acute infection and oral lesions Emergency treatment for temporary relief of severe pain Emergency treatment of an acute condition	Under age 19 only     Purchase and installation of orthodontic appliances during a course of treatment that begins while the individual is covered under the plan     Non-surgical correction of malocclusions	Restorations of diseased or broken teeth with inlays, onlays, gold fillings, or crowns if they cannot be restored with amalgam Dental implants Occlusal guards for bruxism First installation of removable full or partial dentures First installation of fixed bridgework Periodontic services Replacement of partial dentures, full removable dentures, or fixed bridgework under specific conditions Repair or recementing of crowns, inlays, onlays, bridgework, or dentures Relining and rebasing of dentures under specific conditions
		Miscellaneous Information		
Enrollment Requirements	<ul> <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>			
Premium Requirements	Employer must pay a minimum of 50 percent of premium			

<sup>\*</sup> Orthodontia and Major Services added after two years experience in dental plan