Mennonite Church USA
The Corinthian 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	• Dental coverage only available if elected by employer • All eligible employees (and dependents) of employer electing dental coverage will automatically be enrolled in dental plan unless enrolled in other dental coverage • Eligible employee (and dependents) can enroll in dental plan without enrolling in major medical plan if enrolled in other major medical coverage
Premium Requirements	• Employer must pay a minimum of 50 percent of premium

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