

CALENDAR YEAR DEDUCTIBLES:

\$75 Satisfied by each covered individual

CO-PAY AFTER DEDUCTIBLE:

\$1 to \$75 is paid by insured as the deductible.

The next \$750 in charges is paid by Mercer @ 80%.

The next \$1200 in charges is paid by Mercer @ 50%.

MAXIMUM ANNUAL COVERAGE

The maximum annual coverage for dental claims is \$1200 per individual.

Orthodontic Services are paid @ 50% until the lifetime maximum coverage of \$1,000 is met.

The insured individual must have been covered on this dental plan for one full year before they are eligible for orthodontic coverage.

IMPORTANT

The Dental Plan calls for a one-year wait before major restorative services are covered. No teeth missing at the time coverage begins will be covered under this dental plan.



Send Claim Forms to:
CORE Administrative Services
P.O. Box 90
Macon, GA 31202-0090

MONTHLY PARTICIPATION COSTS

Employee Only.....	\$25
Employee + One.....	\$45
Employee + Two.....	\$65
Employee + Family.....	\$75

For detailed dental care that is not covered by this brochure, please refer to the plan document online @ <http://mercer.coremrg.com>