**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.coremg.com