

DENTAL BENEFIT INFORMATION

HARDIN NORTHERN LOCAL SCHOOLS (Plan 3)

A MEMBER OF HARDIN COUNTY CONSORTIUM - ADMINISTERED BY CORESOURCE

Group Number HN04

CoreSource Customer Service: (800) 282-3920

Claim Address: CoreSource

PO Box 2821 Clinton, IA 52733-2821

www.mycourcesource.com

ALL PROVIDERS

Individual Calendar Year Deductible

\$50

Family Calendar Year Deductible

\$100

Deductible applies to classes II and III

Class I - Preventive & Diagnostic	Cleanings, exams, fluorides, x-rays, sealants, and space maintainers.	The Plan Pays 100% of Usual & Customary Charges
Class II - Basic Restorative	Amalgam & resin fillings, extractions, root canals, oral surgery, bruxism appliances, crown/denture repair, recement crowns, anesthesia, palliative treatment and periodontics.	The Plan Pays 80% of Usual & Customary Charges
Class III - Major Restorative	bridges, crowns, inlays/onlays and dentures.	The Plan Pays 60% of Usual & Customary Charges
Class IV - Orthodontics	Initial study, appliances, full banding, and retention.	The Plan Pays 60% of Usual & Customary Charges
Calendar Year Maximum Payable Per Person	Includes Classes I, II, & III	\$1,500
Orthodontic Lifetime Maximum	Includes Class IV	\$1,500

ADULT ORTHO	Yes
BITEWINGS	As needed
EXAMINATIONS	2 per 12 months
FLUORIDE TREATMENTS	1 per 12 months
FULL MOUTH X-RAYS/PANOREX	1 in 36 consecutive months
IMPLANTS	NOT COVERED
PROPHYLAXIS (CLEANINGS)	2 per 12 months
PROSTHODONTICS	5 year replacement
SPACE MAINTAINERS	As need to replace primary teeth
SEALANTS	1 in 36 consecutive months to age 14

This is a summary of benefits only and does not represent a contract.