



**DENTAL BENEFIT SUMMARY
CROWN CORK & SEAL COMPANY, INC**

**Customer Service: (844) 586-7310
umr.com**

Benefit Plan 001

The dental benefits are the same whether or not your provider participates in the network. Using an in-network provider may lower your cost because discounted rates have been negotiated.

Calendar Year Deductible

Individual	\$50
Family	\$100

Calendar Year Maximum Benefit

\$2,000

Coinsurance

Preventive	100% no deductible
Basic	80% after deductible
Major	50% after deductible
Orthodontia	50% after deductible

Orthodontia Lifetime Maximum

\$1,000

Visits & Exams

Limitations

Visit for Oral examination	100% no deductible	Limited to two per calendar year
Prophylaxis, including scaling & polishing	100% no deductible	Limited to two per calendar year
Fluoride	100% no deductible	Limited to two per calendar year
Sealants	100% no deductible	One per tooth two times per calendar year Limited to children under age 15 Limited to 1 st & 2 nd permanent molars
Space Maintainers	100% no deductible	Initial appliance for children under age 16

X-rays

Bitewing x-rays	100% no deductible	Limited to two per calendar year
Full mouth x-rays	100% no deductible	Every 36 months
Panoramic x-rays	100% no deductible	Every 36 months

Endodontics

Pulpotomy	80% after deductible
Apicoectomy	80% after deductible
Root canal	80% after deductible

Minor Restorations

Amalgam (silver) fillings	80% after deductible
Composite fillings	80% after deductible
Stainless steel crowns	80% after deductible

**DENTAL BENEFIT SUMMARY
CROWN CORK & SEAL COMPANY, INC**

**Customer Service: (844) 586-7310
umr.com**

Benefit Plan 001

Benefit Plan 001		
<u>Periodontics</u>		
Scaling and root planning	80% after deductible	Limited to two per calendar year
Subgingival curettage	80% after deductible	Limited to two per calendar year
Gingivectomy (per tooth)	80% after deductible	Limited to two per calendar year
Osseous surgery	80% after deductible	Limited to two per calendar year
<u>Oral Surgery</u>		
Incision and drainage of abscess	80% after deductible	
Uncomplicated extractions	80% after deductible	
Surgical removal of erupted tooth	80% after deductible	
Surgical removal of impacted tooth	No Dental Benefit	Covered under Medical Benefit
<u>Prosthodontics</u>		
Inlays	80% after deductible	Limited to one per 5 years
Onlays	80% after deductible	Limited to one per 5 years
Crowns	80% after deductible	Limited to one per 5 years
<u>Major Restorations</u>		
Denture repairs	50% after deductible	Limited to one per 36 months
Full & partial dentures	50% after deductible	Limited to one per 5 years
Bridges	50% after deductible	Limited to one per 5 years
Implant and related services	50% after deductible	Limited to one every 5 years
<u>Orthodontia</u>		
	50% after deductible	\$1,000 maximum lifetime benefit
<u>Occlusals</u>		
Occlusal Guard	80% after deductible	Limited to one every 5 years
Occlusal Adjustment	80% after deductible	Limited to one every 24 months

Benefit payments apply only to reasonable and customary charges for the covered service. An out-of-network provider may charge the member amounts that exceed reasonable and customary.

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a summary plan description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time and without advance notice to any person.