



MEDICAL MUTUAL®

Dental – Traditional Dental with Orthodontia

Benefits		
Benefit Period	January 1 – December 31	
Dependent Child Age Limit	End of Month of 26 th Birthday	
Benefit Period Max	\$1,500 per eligible member	
Orthodontic Lifetime Max	\$1,500 per eligible member	
Orthodontic Eligibility	Available for all members	
How Claims are Processed and Paid		
Benefit Period Deductible - Single	\$25	
Benefit Period Deductible - Family	\$75	
Dental Preventive Services Coinsurance	100%	
Dental Basic/Essential Services Coinsurance	80%	
Dental Major/Complex Services Coinsurance	60%	
Orthodontic Services Coinsurance	50%	
Preventive Services		
BiteWing X-rays	(2 sets per benefit period)	100%
Emergency Palliative Treatment Services	(includes emergency exams, pain treatment, incision and drainage of abscess, excision of pericoronal gingiva, home and hospital visits)	100%
Fluoride Treatments	(limited to dependents up to age 19)(1 per benefit period)	100%
Exams/Evaluations	(2 per benefit period)	100%
Prophylaxis(cleaning)	(2 per benefit period)	100%
Sealants		100%
Space Maintainers	(limited to dependents up to age 19)	100%
Basic/Essential Services		
Consultation and Non-Preventive Exams/Evaluations		80% after deductible
Professional Visits		80% after deductible
Diagnostic X-rays - Full Mouth Series/Panorex X-rays	(Full Mouth or Panoramic are limited to 1 every 5 years)	80% after deductible
Diagnostic X-rays - Intraoral Periapical X-rays		80% after deductible
Diagnostic X-rays - Occlusal X-ray		80% after deductible
Diagnostic X-rays - Extraoral X-ray		80% after deductible
Diagnostic X-rays - Cephalometric X-ray		80% after deductible
Tests and Exams - Pulp Vitality Test		80% after deductible
Minor Restorations - Amalgam Restorations		80% after deductible

Minor Restorations - Resin-Based Composites Anterior Teeth		80% after deductible
Recement - Inlay, Onlay, Crown, Post and Core, Fixed Partial Denture	(1 per tooth every 5 years)	80% after deductible
Sedative Filling (Protective Restoration)		80% after deductible
Minor Restorative Service - Pin Retention		80% after deductible
Endodontics - Pulp Services Pulp Cap - Direct		80% after deductible
Endodontics - Pulp Services- Therapeutic Pulpotomy		80% after deductible
Endodontics - Pulp Services-Pulpal Debridement		80% after deductible
Endodontics - Pulp Services-Partial Pulpotomy		80% after deductible
Endodontics - Pulp Services-Pulpal Therapy		80% after deductible
Endodontic Therapy Services - Root Canals		80% after deductible
Endodontic Therapy Services - Root Canal Retreatment		80% after deductible
Endodontics - Apexification/Recalcification and Pulpal Regeneration Services		80% after deductible
Endodontics - Apicoectomy/Periradicular Services-Surgery		80% after deductible
Endodontics - Apicoectomy/Periradicular Services-Retrograde Filling		80% after deductible
Endodontics - Apicoectomy/Periradicular Services - Root Amputation		80% after deductible
Endodontic Other Services - Surgical Procedure for Isolation of Tooth		80% after deductible
Endodontic Other Services - Hemisection		80% after deductible
Endodontic Other Services - Canal Preparation and Fitting of Dowel or Post		80% after deductible
Periodontal Surgical Services - Gingivectomy or Gingivoplasty		80% after deductible
Periodontal Surgical Services - Anatomical Crown Exposure		80% after deductible
Periodontal Surgical Services - Gingival Flap Procedure		80% after deductible
Periodontal Surgical Services - Apically Positioned Flap		80% after deductible
Periodontal Surgical Services - Clinical		80% after deductible

Crown Lengthening - Hard Tissue		
Periodontal Surgical Services - Osseous Surgery		80% after deductible
Periodontal Surgical Services - Bone Replacement Graft		80% after deductible
Periodontal Surgical Services - Biologic Materials to Aid in Soft and Osseous Tissue Regeneration		80% after deductible
Periodontal Surgical Services - Guided Tissue Regeneration		80% after deductible
Periodontal Surgical Services - Pedicle Soft Tissue Graft Procedure		80% after deductible
Periodontal Surgical Services - Free Soft Tissue Graft Procedure		80% after deductible
Periodontal Surgical Services - Subepithelial (Autogenous) Connective Tissue Graft Procedures		80% after deductible
Periodontal Surgical Services - Distal or Proximal Wedge Procedure		80% after deductible
Periodontal Surgical Services - Combined Connective Tissue and Double Pedicle Graft		80% after deductible
Periodontal Non-Surgical Services - Provisional Splinting		80% after deductible
Periodontal Non-Surgical Services - Periodontal Scaling and Root Planing		80% after deductible
Periodontal Non-Surgical Services - Localized delivery of antimicrobial agents	(effective 10/1/17)	80% after deductible
Periodontal Other Services - Periodontal Maintenance		100%
Periodontal Other Services - Unscheduled Dressing Change (other than treating dentist)		80% after deductible
Adjustments to Dentures - Complete Dentures		80% after deductible
Adjustments to Dentures - Partial Dentures		80% after deductible
Relines/Rebase of Dentures - Complete Dentures	(1 every rolling 36 months; but not within 6 months of placement of a denture)	80% after deductible
Relines/Rebase of Dentures - Partial Dentures	(1 every rolling 36 months; but not within 6 months of placement of a denture)	80% after deductible
Tissue Conditioning		80% after deductible
Repairs - Crowns		80% after deductible
Repairs - Fixed Partial Dentures		80% after deductible
Repairs - Partial and Complete Dentures		80% after deductible

Extractions Non-Surgical - Extraction, Coronal Remnants - Deciduous Tooth		80% after deductible
Extractions Non-Surgical - Extraction, Erupted Tooth or Exposed Root		80% after deductible
Extractions Surgical - Surgical Removal of Residual Tooth Roots		80% after deductible
Oral surgery - Coronectomy		80% after deductible
Extractions Surgical - Extraction of Erupted Tooth		80% after deductible
Impactions - Soft Tissue		80% after deductible
Impactions - Partially Bony		80% after deductible
Impactions - Complete Bony		80% after deductible
Oral Surgery - Surgical Access of an Unerupted Tooth		80% after deductible
Oral Surgery - Mobilization of Erupted or malpositioned Tooth to Aid Eruption		80% after deductible
Oral Surgery - Surgical Repositioning of Teeth		80% after deductible
Oral Surgery - Harvest of Bone for Autogenous grafting procedure		80% after deductible
Oral Surgery - Alveoloplasty		80% after deductible
Oral Surgery - Vestibuloplasty		80% after deductible
Oral Surgery - Surgical Reduction of Osseous Tuberosity		80% after deductible
Oral Surgery - Excision of Hyperplastic Tissue		80% after deductible
Anesthesia - General Anesthesia		80% after deductible
Anesthesia - Intravenous Sedation		80% after deductible
Miscellaneous Services-Occlusal Guard		80% after deductible
Miscellaneous Services-Occlusal Adjustment - Limited		80% after deductible
Miscellaneous Services-Occlusal Adjustment - Complete		80% after deductible
Major/Complex Services		
Gold Foil Restorations	(1 per tooth every 5 years)	60% after deductible
Inlay/Onlays - Single	(1 per tooth every 5 years)	60% after deductible
Crowns - Single	(1 per tooth every 5 years)	60% after deductible
Crowns - Implant Supported Crowns - Single	(1 per tooth every 5 years)	60% after deductible
Major Restorative Other - Prefabricated Stainless Steel Crown - Primary Tooth		60% after deductible
Major Restorative Other - Prefabricated Stainless Steel Crown - Permanent Tooth		60% after deductible
Major Restorative Other - Core Buildup, Including any Pins	(1 per tooth every 5 years)	60% after deductible
Major Restorative Other - Cast Post and Core	(1 per tooth every 5 years)	60% after deductible
Major Restorative Other - Prefabricated Post and Core	(1 per tooth every 5 years)	60% after deductible

Major Restorative Other - Temporary Crown - (fractured tooth only)		60% after deductible
Major Restorative Other - Additional Procedures to Construct new Crown Under Existing Partial Denture Framework		60% after deductible
Fixed Partial Dentures - Retainers	(1 per tooth every 5 years)	60% after deductible
Fixed Partial Denture - Inlays/Onlays	(1 per tooth every 5 years)	60% after deductible
Fixed Partial Denture - Pontics	(1 per tooth every 5 years)	60% after deductible
Fixed Partial Denture - Abutments	(1 per tooth every 5 years)	60% after deductible
Fixed Partial Denture - Implant Supported Retainer for Fixed Partial Denture	(1 per tooth every 5 years)	60% after deductible
Dentures - Complete	(1 every 5 years)	60% after deductible
Dentures - Partial	(1 every 5 years)	60% after deductible
Dentures - Immediate	(1 every 5 years)	60% after deductible
Dentures - Overdenture - Complete	(1 every 5 years)	60% after deductible
Dentures - Overdenture - Partial	(1 every 5 years)	60% after deductible
Dentures - Interim - Complete		60% after deductible
Dentures - Interim - Partial		60% after deductible
Dentures - Implant Supported Removable Complete Denture	(1 every 5 years)	60% after deductible
Dentures - Implant Supported Removable Partial Denture	(1 every 5 years)	60% after deductible
Dentures - Pediatric Partial Denture	(1 every 5 years)	60% after deductible
Fixed Partial Denture Other Services - Stress Breaker	(1 every 5 years)	60% after deductible
Fixed Partial Denture Other Services - Cast Post and Core	(1 per tooth every 5 years)	60% after deductible
Fixed Partial Denture Other Services - Prefabricated Post and Core	(1 per tooth every 5 years)	60% after deductible
Fixed Partial Denture Other Services - Core Buildup for Retainer, including any pins	(1 per tooth every 5 years)	60% after deductible
Fixed Partial Denture Other Services - Each Additional Fabricated Post	(1 per tooth every 5 years)	60% after deductible
Fixed Partial Denture Other Services - Each Additional Prefabricated Post	(1 per tooth every 5 years)	60% after deductible
Other Removable Prosthetic Services - Add Tooth to Existing Partial Denture		60% after deductible
Other Removable Prosthetic Services - Add Clasp to Existing Partial Denture		60% after deductible
Precision Attachment	(1 every 5 years)	60% after deductible
Other Removable Prosthetic Services - Modification of Removable Prosthesis following Implant Surgery		60% after deductible
Orthodontic Services		
Orthodontic Services (Limited, Interceptive, Comprehensive)	(available for all members)	50%
Minor Treatment to Control Harmful Habits	(available for all members)	50%

Orthodontic Other Services	(available for all members)	50%
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Benefits will be administered by Medical Mutual of Ohio. Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures. This document is only a partial listing of benefits. This is not a contract of insurance. Only an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services. In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.