



MEDICAL MUTUAL®



SuperDental 186 (No Ortho)

Benefit Period: January 1st through December 31st

Member Pays

Benefits	In-Network	Non-Network
Dependent Age Limit	Please refer to your medical schedule of benefits	
Benefit Period Maximum (per member)	\$1,000	
Benefit Period Deductible – Single/Family	\$50/\$150	\$100/\$300
Preventive Services		
Oral Exams – two per benefit period	100%	20%
Bite Wing X-Rays – two sets per benefit period	100%	20%
Prophylaxis (cleaning) – two per benefit period	100%	20%
Fluoride Treatment – One treatment per benefit period, limited to dependents up to age 19	100%	20%
Dental Sealants ¹ - one per tooth per rolling 36 months	100%	20%
Space Maintainers- limited to eligible dependents up to age 19	100%	20%
Emergency Palliative Treatment – includes emergency oral exam	100%	20%
Basic Services		
Consultations and Other Exams by Specialist	20% after deductible	40% after deductible
Diagnostic X-Rays	20% after deductible	40% after deductible
Full Mouth/Panoramic X-Rays-one every 36 months	20% after deductible	40% after deductible
Fillings	20% after deductible	40% after deductible
Endodontics/Pulp Services	20% after deductible	40% after deductible
Periodontal Services	20% after deductible	40% after deductible
Repairs, Relines & Adjustments of Prosthetics	20% after deductible	40% after deductible
Extractions	20% after deductible	40% after deductible
Impactions	20% after deductible	40% after deductible
Minor Oral Surgery Services	20% after deductible	40% after deductible
IV Sedation	20% after deductible	40% after deductible
General Anesthesia	20% after deductible	40% after deductible
Major Services		
Inlays, Onlays – one every five years per tooth	40% after deductible	50% after deductible
Crowns – one every five years per tooth	40% after deductible	50% after deductible
Fixed Partial Dentures (Bridges) – one every five years per unit	40% after deductible	50% after deductible
Dentures (Partial and Complete) – one every five years	40% after deductible	50% after deductible
Orthodontia (Not Available)		

Note: 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. No person other than 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.

¹Dental Sealants are limited to eligible teeth free from decay or restoration on the occlusal surface