



## Traditional Dental w/ Ortho

Benefit Period: January 1<sup>st</sup> through December 31<sup>st</sup>

Member Pays

Benefits	Member Pays
Dependent Age Limit	Please refer to your medical schedule of benefits
Benefit Period Maximum (per member)	\$1,000
Benefit Period Deductible	\$50/\$100
Orthodontic Lifetime Maximum (per eligible Dependent up to age 19)	\$1,000
<b>Preventive Services</b>	
Oral Exams – two per benefit period	100%
Bite Wing X-Rays – two sets per benefit period	100%
Prophylaxis (cleaning) – two per benefit period	100%
Dental Sealants <sup>1</sup> - one per tooth per rolling 36 months	100%
<b>Basic Services</b>	
Consultations and Other Exams by Specialist	20% after deductible
Diagnostic X-Rays	20% after deductible
Full Mouth/panoramic X-Rays- one every 36 months	20% after deductible
Amalgam or resin based composite fillings	20% after deductible
Fluoride Treatment – one treatment per benefit period, limited to dependents up to age 19	20% after deductible
Emergency Palliative Treatment – includes emergency oral exam	20% after deductible
Endodontics/Pulp Services	20% after deductible
Periodontal Services	20% after deductible
Repairs, Relines & Adjustments of Prosthetics	20% after deductible
Simple Extractions	20% after deductible
Impactions	20% after deductible
Minor Oral Surgery Services	20% after deductible
Space Maintainers- limited to eligible dependents up to age 19	20% after deductible
IV Sedation	20% after deductible
General Anesthesia	20% after deductible
<b>Major Services</b>	
Inlays, Onlays – one every five years per tooth	40% after deductible
Crowns – one every five years per tooth	40% after deductible
Fixed Partial Dentures (Bridges) – one every five years per unit	40% after deductible
Dentures (Partial and Complete) – one every five years	40% after deductible
<b>Orthodontia Services</b>	
Orthodontic Diagnostic Services	40%
Minor Treatment for Tooth Guidance	40%
Minor Treatment for Harmful Habits	40%
Interceptive Orthodontic Treatment	40%
Comprehensive Orthodontic Treatment	40%

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.

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.

Benefit verification is required for any course of treatment exceeding \$200 or involving major restorations. Covered services must be performed within 12 months of benefit verification.

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