MEDICAL MUTUAL®

Stark County Schools Council of Governments

Traditional Dental Benefit Summary with Orthodontia | **Schedule of Benefits**

GENERAL INFORMATION	
Dependent Age	26
Dependent Removal	End of Month
Claims Filing Limit	12 months
HOW CLAIMS ARE PAID	
Benefit Period	January 1st through December 31st
Benefit Period Deductible - Single	$25
Benefit Period Deductible - Family	$75
Preventive and Diagnostic Services Coinsurance	100%
Basic Services Coinsurance	80%
Major Services Coinsurance	80%
Overall Benefit Period Maximum	$3,000
Orthodontic Services Coinsurance	60%
Orthodontic Lifetime Maximum	$2,000 per eligible member

PREVENTIVE/DIAGNOSTIC SERVICES	FREQUENCY/LIMITS	BENEFIT
BiteWing X-rays	2 sets per benefit period	100%
Emergency Palliative Treatment Services	Includes emergency exams and pain treatment, incision and drainage of abscess and excision of pericoronal gingiva	100% (Emergency Exam and Palliative Treatment; 80% after deductible for all other services.)
Exams/Evaluations	2 per benefit period	100%
Fluoride Treatments	2 per benefit period	100%
Prophylaxis (cleaning)	2 per benefit period	100%
Non-Preventive Exams/Evaluations		100%
Diagnostic X-rays	Full Mouth/Panorex are limited to 1 every rolling 36 months	
Space Maintainers		100%

BASIC SERVICES	FREQUENCY/LIMITS	BENEFIT
Consultation/Professional Visits		80% after deductible
Minor Restorations		80% after deductible
Endodontics		80% after deductible
Periodontal Services		80% after deductible
Relines/Rebase of Dentures - Complete Dentures; Partial Dentures	1 every rolling 36 months; but not within 6 months of placement of a denture	80% after deductible
Repairs – Crowns; Fixed Partial Dentures; Partial and Complete Dentures		80% after deductible
Extractions		80% after deductible
Impactions		80% after deductible
Oral Surgery		80% after deductible
Anesthesia		80% after deductible
MAJOR SERVICES	**FREQUENCY/LIMITS**	**BENEFIT**
Gold Foil Restorations	1 per tooth every 5 years	80% after deductible
Inlay/Onlays	1 per tooth every 5 years	80% after deductible
Crowns	1 per tooth every 5 years	80% after deductible
Major Restorative		80% after deductible
Fixed Partial Dentures	1 per tooth every 5 years	80% after deductible
Dentures	1 every 5 years	80% after deductible
ORTHODONTIC SERVICES	**FREQUENCY/LIMITS**	**BENEFIT**
Orthodontic Services	Available for all members	60% up to $2,000 maximum

SUPERIOR DENTAL CARE NETWORK OPTION.

As a Stark County Schools Council of Governments member, you have the freedom to choose any dentist and receive these benefits. You have the *option* to receive covered dental services from a dentist who participates in the Superior Dental Care Network. Choosing to receive covered dental services from a **Superior Dental Care network provider protects you from balance bills** (the difference between the amount paid by Medical Mutual and providers billed amount). Superior Dental Care providers agree to accept Medical Mutual's payment and not bill Stark County School's members for the balance.

ABOUT SUPERIOR DENTAL CARE.

- All dentists go through an advanced credentialing process.
- No referral is needed. You will not be limited on referrals and your dentist will work directly with you on your treatment plans.
- Superior Dental Care is hassle free. Change dentists at any time without paperwork or waiting period, and each family member can choose their own dentist.

To view the participating dentists and specialists in your area, visit: MedMutual.com/SDCnetwork