

MedMutual Dental PPO Plans

1–50 COSE MEWA Eligible Employees



Dental care is an important piece of overall health and wellness. With dental insurance, employees have access to regular dental check-ups to help maintain healthy teeth and gums. Having a healthy mouth can help reduce the risk of developing more serious health conditions, like heart disease and stroke. Plus, preventive dental care can help detect early warnings for certain health-related issues.

The SuperDental Network

MedMutual Dental plans include our SuperDental network, which offers national access to providers. The network has a strong presence in Ohio, featuring more than 4,000 dentists, periodontists, orthodontists, oral surgeons and other specialists across the state. Since employees save money on their dental care by visiting a participating dentist or specialist, our expansive (and growing) network is a significant benefit for your group.

Features

- Competitive network discounts throughout the state
- No balance billing (in network)
- Local Ohio service with over 35 years of dental expertise
- No waiting periods
- Adult orthodontia included on plans with orthodontia coverage
- Implants covered as major services
- No Missing Tooth clause

MedMutual Dental 1–50 Standard Plans with \$1,000 Calendar Year Maximum

Choose from one of the group dental PPO plans below. Options include employer sponsored and voluntary plans. Select one plan for the group. This worksheet is not intended for individual member choice. Due to pediatric dental limitations, these products are NOT valid on the ACA platform.

Coverage		PPO #1 In-/Out-of-Network		PPO #2 In-/Out-of-Network		PPO #3 In-/Out-of-Network
	Preventive	100/100%		100/100%		100/80%
	Basic	80/80%		50/50%		80/50%
	Major	50/50%		50/50%		Not covered
	Calendar Year Maximum	\$1,000		\$1,000		\$1,000
	Deductible Basic and Major only	\$50/150		\$50/150		\$50/150
	Contribution	Choice of Voluntary ¹ or Employer Sponsored ²				
	Out-of-Network Reimbursement	Choice of Value ³ or UCR		Choice of Value ³ or UCR		Value ³ Only
	Orthodontia	Optional 50% to \$1,000		Optional 50% to \$1,000		Not covered

	PPO #1 In-/Out-of-Network		PPO #2 In-/Out-of-Network		PPO #3 In-/Out-of-Network
Voluntary PPO <i>No Orthodontia</i>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>
Employee	\$23.95	\$28.17	\$21.56	\$25.36	\$18.48
Employee + Spouse	\$47.90	\$56.34	\$43.12	\$50.72	\$36.96
Employee + Child(ren)	\$59.64	\$70.14	\$53.68	\$63.14	\$46.01
Family	\$83.59	\$98.31	\$75.24	\$88.50	\$64.49
<i>(INTERNAL USE ONLY) TOC:</i>	330177	330173	330186	330182	330084
Open Access PPO <i>No Orthodontia</i> Voluntary, no minimum participation	Value <input type="checkbox"/>		Value <input type="checkbox"/>		Value <input type="checkbox"/>
Employee	\$27.94		\$24.13		\$20.88
Employee + Spouse	\$55.88		\$48.26		\$41.76
Employee + Child(ren)	\$69.57		\$60.09		\$51.99
Family	\$97.51		\$84.22		\$72.87
<i>(INTERNAL USE ONLY) TOC:</i>	330179		330188		330085
Employer Sponsored PPO <i>No Orthodontia</i>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>
Employee	\$21.77	\$25.61	\$19.60	\$23.05	\$16.24
Employee + Spouse	\$43.54	\$51.22	\$39.20	\$46.10	\$32.48
Employee + Child(ren)	\$54.21	\$63.77	\$48.80	\$57.40	\$40.43
Family	\$75.98	\$89.38	\$68.40	\$80.45	\$56.67
<i>(INTERNAL USE ONLY) TOC:</i>	330174	330171	330184	330180	330083
Employer Sponsored PPO <i>With Orthodontia</i>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	—
Employee	\$21.77	\$25.61	\$19.60	\$23.05	—
Employee + Spouse	\$43.54	\$51.22	\$39.20	\$46.10	—
Employee + Child(ren)	\$60.98	\$71.79	\$54.89	\$64.58	—
Family	\$82.75	\$97.40	\$74.49	\$87.63	—
<i>(INTERNAL USE ONLY) TOC:</i>	330176	330172	330185	330181	—

1 Voluntary Plans require 25% participation. Valid waivers should not count in calculation.

2 Employer Sponsored assumes minimum employer contribution of 50% and minimum participation of 50%.

3 Value bases out-of-network reimbursement on allowable in-network fee. UCR is based on 80th percentile Fairhealth UCR.

MedMutual Dental 1–50 Standard Plans with \$1,500 Calendar Year Maximum

Choose from one of the group dental PPO plans below. Options include employer sponsored and voluntary plans. Select one plan for the group. This worksheet is not intended for individual member choice. Due to pediatric dental limitations, these products are NOT valid on the ACA platform.

Coverage	PPO #1	PPO #2	
	In-/Out-of-Network	In-/Out-of-Network	
	Preventive	100/100%	100/100%
	Basic	80/80%	50/50%
	Major	50/50%	50/50%
	Calendar Year Maximum	\$1,500	\$1,500
	Deductible Basic and Major only	\$50/150	\$50/150
	Contribution	Choice of Voluntary ¹ or Employer Sponsored ²	
	Out-of-Network Reimbursement	Choice of Value ³ or UCR	Choice of Value ³ or UCR
	Orthodontia	Optional 50% to \$1,000	Optional 50% to \$1,000

	PPO #1		PPO #2	
	In-/Out-of-Network		In-/Out-of-Network	
Voluntary PPO No Orthodontia	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>
Employee	\$27.86	\$33.38	\$24.25	\$29.25
Employee + Spouse	\$55.72	\$66.76	\$48.50	\$58.50
Employee + Child(ren)	\$69.37	\$83.12	\$60.38	\$72.83
Family	\$97.23	\$116.50	\$84.63	\$102.08
(INTERNAL USE ONLY) TOC:	180168	180164	180176	180172
Employer Sponsored PPO No Orthodontia	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>
Employee	\$24.89	\$29.93	\$21.64	\$26.15
Employee + Spouse	\$49.78	\$59.86	\$43.28	\$52.30
Employee + Child(ren)	\$61.97	\$74.52	\$53.89	\$65.11
Family	\$86.86	\$104.45	\$75.53	\$91.26
(INTERNAL USE ONLY) TOC:	180166	180162	180174	180170
Employer Sponsored PPO With Orthodontia	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>
Employee	\$24.89	\$29.93	\$21.64	\$26.15
Employee + Spouse	\$49.78	\$59.86	\$43.28	\$52.30
Employee + Child(ren)	\$68.74	\$82.54	\$59.98	\$72.29
Family	\$93.63	\$112.47	\$81.62	\$98.44
(INTERNAL USE ONLY) TOC:	180167	180163	180175	180171

1 Voluntary Plans require 25% participation. Valid waivers should not count in calculation.

2 Employer Sponsored assumes minimum employer contribution of 50% and minimum participation of 50%.

3 Value bases out-of-network reimbursement on allowable in-network fee. UCR is based on 80th percentile Fairhealth UCR.

Group Official Rate Acceptance

Please initial next to the benefits that have been selected by the group, and fill out the following information below.

Group Name	Group Number
Group Official Title	
Group Official Signature	Date