

MedMutual Dental PPO Plans

Groups of 1 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, 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
- Implants covered as major services
- No Missing Tooth clause

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

Effective 1/1/22

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%	
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 or Employer Sponsored				
Out-of-Network Reimbursement	Choice of Value ¹ or UCR		Choice of Value ¹ or UCR		Value ¹ Only

	PPO #1 In-/Out-of-Network		PPO #2 In-/Out-of-Network		PPO #3 In-/Out-of-Network
	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>
Voluntary PPO <i>No Orthodontia</i>					
Employee	\$26.35	\$30.99	\$23.71	\$27.89	\$20.33
Employee + Spouse	\$52.70	\$61.98	\$47.42	\$55.78	\$40.66
Employee + Child(ren)	\$65.61	\$77.16	\$59.04	\$69.44	\$50.62
Family	\$91.96	\$108.15	\$82.75	\$97.33	\$70.95
<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	\$30.73		\$26.55		\$22.97
Employee + Spouse	\$61.46		\$53.10		\$45.94
Employee + Child(ren)	\$76.52		\$66.10		\$57.19
Family	\$107.25		\$92.65		\$80.16
<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	\$23.95	\$28.17	\$21.56	\$25.36	\$17.86
Employee + Spouse	\$47.90	\$56.34	\$43.12	\$50.72	\$35.72
Employee + Child(ren)	\$59.64	\$70.14	\$53.68	\$63.15	\$44.47
Family	\$83.59	\$98.31	\$75.24	\$88.51	\$62.33
<i>(INTERNAL USE ONLY) TOC:</i>	330174	330171	330184	330180	330083

¹ Value bases out-of-network reimbursement on allowable in-network fee. UCR is based on 80th percentile Fairhealth UCR.

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

Effective 1/1/22

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 or Employer Sponsored	
Out-of-Network Reimbursement	Choice of Value ¹ or UCR	Choice of Value ¹ or UCR

	PPO #1		PPO #2	
	In-/Out-of-Network		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"/>
Employee	\$30.64	\$36.72	\$26.67	\$32.17
Employee + Spouse	\$61.28	\$73.44	\$53.34	\$64.34
Employee + Child(ren)	\$76.30	\$91.43	\$66.42	\$80.11
Family	\$106.94	\$128.15	\$93.09	\$112.28
<i>(INTERNAL USE ONLY) TOC:</i>	180168	180164	180176	180172
Employer Sponsored PPO <i>No Orthodontia</i>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>
Employee	\$27.38	\$32.92	\$23.81	\$28.76
Employee + Spouse	\$54.76	\$65.84	\$47.62	\$57.52
Employee + Child(ren)	\$68.17	\$81.97	\$59.28	\$71.62
Family	\$95.55	\$114.89	\$83.09	\$100.38
<i>(INTERNAL USE ONLY) TOC:</i>	180166	180162	180174	180170

¹ 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