

MedMutual Dental Plans

Dental PPO #2 (Employer Sponsored—No Orthodontia)

Coverage that Keeps You Smiling

Dental coverage is an important part of the benefits offered by your employer. Medical Mutual has been administering dental plans for more than 35 years, offering coverage for your dental needs with the quality of care you deserve. MedMutual Dental plans offer a lot to smile about, from our expansive network to ways you can easily save money. Dental coverage offsets the financial burden of oral health costs and helps protect your overall health and wellness.

Nationwide Network Access

With 70,000 dental care providers nationwide and one of the largest networks in Ohio, our SuperDental® network offers superior access and savings. You and your family can find participating dentists and specialists no matter where you live, work or travel—making it easy to save money on dental care.



To view the participating SuperDental dentists and specialists in your area, visit [MedMutual.com/SuperDental](https://www.MedMutual.com/SuperDental).

Out-of-pocket Savings

While our dental plans allow you and your family to receive care from any dental provider you like, you can maximize your dental benefits by staying in the network. Selecting a SuperDental dentist or specialist can help you save an average of 20 to 40% on dental care. You can also avoid unexpected out-of-network balance billing, which is when an out-of-network dental provider bills for the difference between their fee for a service and our reimbursement amount.

Protection for Your Health Beyond Your Smile

Preventive services like cleanings and exams can uncover dental issues early so you can be treated before extensive procedures are required. Avoiding major dental procedures can save you multiple visits to the dentist and thousands of dollars in dental work. Preventive services can even protect your overall health, as some dental problems reveal more serious health issues, like heart disease or diabetes.

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Benefit Period: January 1 through December 31

	Plan Pays	
	In-Network	Non-Network
Benefit Period Deductible	\$50/\$150	\$50/\$150
Benefit Period Maximum (per member)	\$1,500	\$1,500
Reimbursement Basis	Network allowable	80th Percentile
Preventive Services		
Oral Exams (two per benefit period)	100%	100%
Bite Wing X-rays (two sets per benefit period)	100%	100%
Prophylaxis (cleaning—two per benefit period)	100%	100%
Sealants (one every rolling 36 months per tooth)	100%	100%
Basic Services		
Consultations and Other Exams by Specialist	50% after deductible	50% after deductible
Diagnostic X-rays	50% after deductible	50% after deductible
Composite or Amalgam Fillings	50% after deductible	50% after deductible
Emergency Palliative Treatment (includes emergency oral exam)	50% after deductible	50% after deductible
Minor Restorative Services	50% after deductible	50% after deductible
Repairs, Relines and Adjustments of Prosthetics (one every rolling 36 months; but not within six months of placement of a denture)	50% after deductible	50% after deductible
Simple Extractions	50% after deductible	50% after deductible
Endodontics/Pulp Services	50% after deductible	50% after deductible
Periodontal Services	50% after deductible	50% after deductible
Impactions (impacted tooth)	50% after deductible	50% after deductible
Minor Oral Surgery Services	50% after deductible	50% after deductible
General Anesthesia	50% after deductible	50% after deductible
Major Services		
Gold Foil Restoration (one every five years)	50% after deductible	50% after deductible
Inlays, Onlays (one every five years)	50% after deductible	50% after deductible
Crowns (one every five years)	50% after deductible	50% after deductible
Bridgework (pontics and abutments— one every five years)	50% after deductible	50% after deductible
Partial and Complete Dentures (one every five years)	50% after deductible	50% after deductible
Implants (one per tooth every five years)	50% after deductible	50% after deductible

Employer Sponsored assumes minimum employer contribution of 50% of premium and minimum participation of 50% of eligible employees (not including eligibility valid waivers).
Out-of-network reimbursement based on usual, customary and reasonable charges.

Benefits will be determined based on the certificate of insurance issued by Medical Mutual. Like most insurance plans, this Dental insurance includes certain limitations and exclusions. A complete list of exclusions can be found in the certificate of insurance once the policy is issued.

Frequently Asked Questions

Can I choose any dentist?

Yes. Your dental plan lets you choose any dentist for services, but you may end up paying more for a service if you visit a dentist that's not participating in the SuperDental network.

What is a SuperDental dentist?

A SuperDental dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Enrolled employees can pay less out of pocket for their dental care by staying in the network. You can also avoid unexpected out-of-network balance billing, which is when an out-of-network dental provider bills for the difference between their fee for a service and our reimbursement amount.

Is there a waiting period before I can get dental services once I'm enrolled?

No. There are no waiting periods once you enroll in a MedMutual Dental plan. You can use these services as soon as your coverage begins.

What tools and resources are available to me?

MedMutual Dental plans give you access to online tools and resources that provide helpful plan information when you need it. Managing your plan is simple with our online member portal, My Health Plan®, and mobile app for when you're on-the go. These tools offer a convenient way to search for a provider, view your claims, Explanation of Benefits (EOB), certificate of benefits and provides digital ID card access.

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. Although not required, submitting a request for pre-determination will tell you what your out-of-pocket expenses are going to be and what your plan will cover. This will prevent you from being surprised by the cost for services such as crowns, bridges, inlays, and periodontics. To receive a benefit estimate, simply have your dentist submit a request for predetermination. Then, Medical Mutual will notify you and your dental provider regarding which services will and will not be covered as requested, as well as the approximate amounts that will be covered. Please note that this benefit verification does not guarantee payment. The amount payable is subject to all the contract limitations effective at the time the services are rendered.

If my dentist is not a participating network provider, how can they join the network?

You can invite your dentist to join the SuperDental network by contacting us at 1-800-762-3159, or by completing our Dentist Referral Form located on [MedMutual.com/SuperDental](https://www.MedMutual.com/SuperDental).

How can I contact Medical Mutual for plan assistance or questions I may have?

Our local Customer Care team is based right here in Ohio and is available by telephone or email. You will always speak to a Medical Mutual employee with the knowledge and experience to help—never a contracted telephone operator. Give us a call at 1-866-336-8251, or visit [MedMutual.com](https://www.MedMutual.com) and click Email Us at the bottom of the site to reach Medical Mutual by email.

Important Details

This information provides an overview of dental benefits. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail. Dental insurance includes certain limitations and exclusions.

Benefits will be determined based on the administrative policies and procedures of Medical Mutual in accordance with the certificate of insurance.

This document is only a partial listing of benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of covered benefits.