



MEDICAL MUTUAL®

Why Choose Medical Mutual's Dental Plans?

When choosing a Medical Mutual dental plan, you have benefits and coverage to meet your needs and access to high-quality, affordable dentists. With a dental plan from Medical Mutual, we provide you the options you want and the value you expect.

Our plans let you choose from more than 2,300 Ohio dentists in our DenteMax network.

Our dental policies are certified by the Affordable Care Act.



How much do plans cost?

	Adults (Ages 65 & Over)		Adults (Ages 19 to 64)		Ages 0 to 18	
	On Exchange	Off Exchange	On Exchange	Off Exchange	On Exchange	Off Exchange
Dental Plan 1	\$24.73 Per month, per person	\$23.67 Per month, per person	\$23.57 Per month, per person	\$21.43 Per month, per person	n/a	n/a
Dental Plan 2	\$36.04 Per month, per person	\$34.38 Per month, per person	\$34.18 Per month, per person	\$30.95 Per month, per person	n/a	n/a
Dental Plan 3	\$22.85 Per month, per person	\$21.86 Per month, per person	\$22.89 Per month, per person	\$20.96 Per month, per person	n/a	n/a
Pediatrics Plan	n/a	n/a	n/a	n/a	\$38.13 Per month, per person	\$31.17 Per month, per person

Plan Details On Reverse

Medical Mutual's Dental Plans

Medical Mutual Dental Plan Details

Plans	Deductible	Maximum Out of Pocket	Benefit Period Maximum	Network Services			
				Preventive Member Pays	Basic Member Pays	Major Member Pays	Ortho Medically Necessary
Dental Plan 1 (19 years and older)	\$100	N/A	\$1,000 ¹	0%	50% ²	70% ²	Not Covered
Dental Plan 2 (19 years and older)	\$50	N/A	\$1,000 ¹	0%	20% ²	50% ²	Not Covered
Dental Plan 3 (19 years and older)	\$50	N/A	\$1,000 ¹	0%	Fillings only, 20% ²	Not Covered	Not Covered
Pediatric Plan (18 years and younger)	\$50	\$350	Unlimited	0%	20%	50%	50% after \$50 deductible ^{3,4}

Adult Plans (Ages 19 years and older)

For adult services, there is a deductible and benefit maximum that applies to each member with no cap for multiple members. The benefit period deductible doesn't apply to preventive services.

Pediatric Plan (Ages 18 years and younger)

For pediatric services provided in-network, the deductible and maximum out of pocket are for each member. However, when there are more than two pediatric members on a contract, the total maximum out of pocket for all pediatric members combined is capped at two times the single member. There is no benefit maximum for in-network pediatric services. For pediatric services provided out of network, each member is subject to the deductible and benefit maximum. The benefit period deductible doesn't apply to preventive services.

Footnotes

1. Network and non-network combined.
2. Basic has a six-month waiting period. Major has a 12-month waiting period for dental plans one and two.
3. Separate deductible from the benefit period deductible.
4. Medically necessary orthodontia for the pediatric plan designs have a 24-month waiting period.

General Notes

Dental plans one, two and three include coverage for pediatric services.

Medical Mutual offers the pediatric dental plan as a stand-alone option.

This document is only a partial listing of benefits. The contract or certificate will contain the complete listing of covered services.

Finding a DenteMax dentist is easy at MedMutual.com/Dental.

Contact your broker to learn more.