

MedMutual Dental PPO Plans

5–50 COSE Benefit Plan 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 SDC Network

MedMutual Dental plans include the SDC network, which offers national access to providers. The network has a strong presence in Ohio, featuring more than 10,000 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 5–50 Standard Plans with \$1,000 Calendar Year Maximum Effective 7/1/24

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	PPO #3
	In-/Out-of-Network	In-/Out-of-Network	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

Voluntary PPO No Orthodontia	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>
Employee	\$25.92	\$30.48	\$23.33	\$27.44	\$20.00
Employee + Spouse	\$51.84	\$60.96	\$46.66	\$54.88	\$40.00
Employee + Child(ren)	\$64.54	\$75.90	\$58.09	\$68.33	\$49.80
Family	\$90.46	\$106.38	\$81.42	\$95.77	\$69.80
<i>(INTERNAL USE ONLY) TOC:</i>	330177	330173	330186	330182	330084

Open Access PPO No Orthodontia Voluntary, no minimum participation	Value <input type="checkbox"/>	Value <input type="checkbox"/>	Value <input type="checkbox"/>
Employee	\$30.24	\$26.12	\$22.59
Employee + Spouse	\$60.48	\$52.24	\$45.18
Employee + Child(ren)	\$75.29	\$65.03	\$56.25
Family	\$105.53	\$91.15	\$78.84
<i>(INTERNAL USE ONLY) TOC:</i>	330179	330188	330085

Employer Sponsored PPO No Orthodontia	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>
Employee	\$23.56	\$27.71	\$21.21	\$24.95	\$17.57
Employee + Spouse	\$47.12	\$55.42	\$42.42	\$49.90	\$35.14
Employee + Child(ren)	\$58.67	\$69.00	\$52.81	\$62.12	\$43.75
Family	\$82.23	\$96.71	\$74.02	\$87.07	\$61.32
<i>(INTERNAL USE ONLY) TOC:</i>	330174	330171	330184	330180	330083

Employer Sponsored PPO With Orthodontia	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	—
Employee	\$23.56	\$27.71	\$21.21	\$24.95	—
Employee + Spouse	\$47.12	\$55.42	\$42.42	\$49.90	—
Employee + Child(ren)	\$65.99	\$77.68	\$59.41	\$69.89	—
Family	\$89.55	\$105.39	\$80.62	\$94.84	—
<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 5–50 Standard Plans with \$1,500 Calendar Year Maximum Effective 7/1/24

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.

	PPO #1 In-/Out-of-Network	PPO #2 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

Coverage	PPO #1		PPO #2	
	Value <input type="checkbox"/>	UCR <input type="checkbox"/>	Value <input type="checkbox"/>	UCR <input type="checkbox"/>
Voluntary PPO No Orthodontia				
Employee	\$30.15	\$36.12	\$26.24	\$31.65
Employee + Spouse	\$60.30	\$72.24	\$52.48	\$63.30
Employee + Child(ren)	\$75.07	\$89.95	\$65.34	\$78.81
Family	\$105.22	\$126.07	\$91.58	\$110.46
<i>(INTERNAL USE ONLY) TOC:</i>	330344	330340	330352	330348
Employer Sponsored PPO No Orthodontia				
Employee	\$26.93	\$32.39	\$23.42	\$28.30
Employee + Spouse	\$53.86	\$64.78	\$46.84	\$56.60
Employee + Child(ren)	\$67.06	\$80.65	\$58.32	\$70.46
Family	\$93.99	\$113.04	\$81.74	\$98.76
<i>(INTERNAL USE ONLY) TOC:</i>	330342	330338	330350	330346
Employer Sponsored PPO With Orthodontia				
Employee	\$26.93	\$32.39	\$23.42	\$28.30
Employee + Spouse	\$53.86	\$64.78	\$46.84	\$56.60
Employee + Child(ren)	\$74.38	\$89.32	\$64.91	\$78.23
Family	\$101.31	\$121.71	\$88.33	\$106.53
<i>(INTERNAL USE ONLY) TOC:</i>	330343	330339	330351	330347

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