

# MedMutual Dental PPO Plans

Groups of 1 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 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

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	PPO #3 In-/Out-of-Network		
<b>Coverage</b>	<b>Preventive</b>	100/100%	100/100%	100/80%	
	<b>Basic</b>	80/80%	50/50%	80/50%	
	<b>Major</b>	50/50%	50/50%	Not covered	
	<b>Calendar Year Maximum</b>	\$1,000	\$1,000	\$1,000	
	<b>Deductible</b> Basic and Major only	\$50/150	\$50/150	\$50/150	
	<b>Contribution</b>	Choice of Voluntary or Employer Sponsored			
	<b>Out-of-Network Reimbursement</b>	Choice of Value <sup>1</sup> or UCR	Choice of Value <sup>1</sup> or UCR	Value <sup>1</sup> Only	
<b>Voluntary PPO No Orthodontia</b>	<b>Value</b>	<b>UCR</b>	<b>Value</b>	<b>UCR</b>	<b>Value</b>
<b>Employee</b>	\$26.35	\$30.99	\$23.71	\$27.89	\$20.33
<b>Employee + Spouse</b>	\$52.70	\$61.98	\$47.42	\$55.78	\$40.66
<b>Employee + Child(ren)</b>	\$65.61	\$77.16	\$59.04	\$69.44	\$50.62
<b>Family</b>	\$91.96	\$108.15	\$82.75	\$97.33	\$70.95
<i>(INTERNAL USE ONLY) TOC:</i>	330177	330173	330186	330182	330084
<b>Open Access PPO No Orthodontia</b> Voluntary, no minimum participation	<b>Value</b>		<b>Value</b>		<b>Value</b>
<b>Employee</b>	\$30.73		\$26.55		\$22.97
<b>Employee + Spouse</b>	\$61.46		\$53.10		\$45.94
<b>Employee + Child(ren)</b>	\$76.52		\$66.10		\$57.19
<b>Family</b>	\$107.25		\$92.65		\$80.16
<i>(INTERNAL USE ONLY) TOC:</i>	330179		330188		330085
<b>Employer Sponsored PPO No Orthodontia</b>	<b>Value</b>	<b>UCR</b>	<b>Value</b>	<b>UCR</b>	<b>Value</b>
<b>Employee</b>	\$23.95	\$28.17	\$21.56	\$25.36	\$17.86
<b>Employee + Spouse</b>	\$47.90	\$56.34	\$43.12	\$50.72	\$35.72
<b>Employee + Child(ren)</b>	\$59.64	\$70.14	\$53.68	\$63.15	\$44.47
<b>Family</b>	\$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

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	
<b>Coverage</b>	<b>Preventive</b>	100/100%	100/100%
	<b>Basic</b>	80/80%	50/50%
	<b>Major</b>	50/50%	50/50%
	<b>Calendar Year Maximum</b>	\$1,500	\$1,500
	<b>Deductible</b> Basic and Major only	\$50/150	\$50/150
	<b>Contribution</b>	Choice of Voluntary or Employer Sponsored	
	<b>Out-of-Network Reimbursement</b>	Choice of Value <sup>1</sup> or UCR	Choice of Value <sup>1</sup> or UCR

Voluntary PPO No Orthodontia	Value	UCR	Value	UCR
<b>Employee</b>	\$30.64	\$36.72	\$26.67	\$32.17
<b>Employee + Spouse</b>	\$61.28	\$73.44	\$53.34	\$64.34
<b>Employee + Child(ren)</b>	\$76.30	\$91.43	\$66.42	\$80.11
<b>Family</b>	\$106.94	\$128.15	\$93.09	\$112.28
<i>(INTERNAL USE ONLY) TOC:</i>	330344	330340	330352	330348

Employer Sponsored PPO No Orthodontia	Value	UCR	Value	UCR
<b>Employee</b>	\$27.38	\$32.92	\$23.81	\$28.76
<b>Employee + Spouse</b>	\$54.76	\$65.84	\$47.62	\$57.52
<b>Employee + Child(ren)</b>	\$68.17	\$81.97	\$59.28	\$71.62
<b>Family</b>	\$95.55	\$114.89	\$83.09	\$100.38
<i>(INTERNAL USE ONLY) TOC:</i>	330342	330338	330350	330346

<sup>1</sup> 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
--------------------------	------