



MEDICAL MUTUAL®

Stark County Schools Council of Governments  
 Traditional Dental Benefit Summary  
 With Orthodontia

General Information		
Dependent Age	26	
Dependent Removal	End of Month	
Claims Filing Limit	12 months	
How Claims are Paid		
Benefit Period	January 1st through December 31st	
Benefit Period Deductible - Single	\$25	
Benefit Period Deductible - Family	\$75	
Preventive and Diagnostic Services Coinsurance	100%	
Basic Services Coinsurance	80%	
Major Services Coinsurance	80%	
Overall Benefit Period Maximum	\$2,500	
Orthodontic Services Coinsurance	60%	
Orthodontic Lifetime Maximum	\$1,200 per eligible member	
Preventive/Diagnostic Services	Frequency/Limits	Benefit
BiteWing X-rays	(2 sets per benefit period)	100%
Emergency Palliative Treatment Services	(includes emergency exams and pain treatment, incision and drainage of abscess and excision of pericoronal gingiva)	100% (Emergency Exam and Palliative Treatment; 80% after deductible for all other services.)
Exams/Evaluations	(2 per benefit period)	100%
Fluoride Treatments	(2 per benefit period)	100%
Prophylaxis (cleaning)	(2 per benefit period)	100%
Non-Preventive Exams/Evaluations		100%
Diagnostic X-rays	(Full Mouth/Panorex are limited to 1 every rolling 36 months)	100%
Space Maintainers		100%
Basic Services	Frequency/Limits	Benefit
Consultation/Professional Visits		80% after deductible
Minor Restorations		80% after deductible
Endodontics		80% after deductible
Periodontal Services		80% after deductible
Relines/Rebase of Dentures - Complete Dentures; Partial Dentures	(1 every rolling 36 months; but not within 6 months of placement of a denture)	80% after deductible
Repairs – Crowns; Fixed Partial Dentures; Partial and Complete Dentures		80% after deductible
Extractions		80% after deductible
Impactions		80% after deductible
Oral Surgery		80% after deductible
Anesthesia		80% after deductible
Major Services	Frequency/Limits	Benefit
Gold Foil Restorations	(1 per tooth every 5 years)	80% after deductible
Inlay/Onlays	(1 per tooth every 5 years)	80% after deductible
Crowns	(1 per tooth every 5 years)	80% after deductible
Major Restorative		80% after deductible