



# SUPERDENTAL 186



BENEFITS	NETWORK	NON-NETWORK
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>	
Dependent Age Limit	Same as Medical	
Benefit Period Maximum (per member)	\$1,000	
Benefit Period Deductible – Single/Family	\$50 / \$150	\$100 / \$300
<b>Preventive Services</b>		
Oral Exams – two per benefit period	100%	80%
Bite Wing X-Rays – two sets per benefit period	100%	80%
Prophylaxis (cleaning) – two per benefit period	100%	80%
Fluoride Treatment – One treatment per benefit period, limited to dependents up to age 19	100%	80%
Space Maintainers- limited to eligible dependents up to age 19	100%	80%
Emergency Palliative Treatment – includes emergency oral exam	100%	80%
<b>Essential Services</b>		
Consultations and Other Exams by Specialist	80% after deductible	60% after deductible
Diagnostic X-Rays	80% after deductible	60% after deductible
Amalgam Fillings	80% after deductible	60% after deductible
Endodontics/Pulp Services	80% after deductible	60% after deductible
Periodontal Services	80% after deductible	60% after deductible
Repairs, Relines & Adjustments of Prosthetics	80% after deductible	60% after deductible
Extractions	80% after deductible	60% after deductible
Impactions	80% after deductible	60% after deductible
Minor Oral Surgery Services	80% after deductible	60% after deductible
General Anesthesia	80% after deductible	60% after deductible
<b>Complex Services</b>		
Gold Foil Restoration	60% after deductible	50% after deductible
Inlays, Onlays – one every five years	60% after deductible	50% after deductible
Crowns – one every five years	60% after deductible	50% after deductible
Bridgework (Pontics & Abutments) – one every five years	60% after deductible	50% after deductible
Partial and Complete Dentures – one every five years	60% after deductible	50% after deductible
<b>Orthodontics Option (25 or more eligible employees required)</b>		
Orthodontic Lifetime Maximum (per member)	\$1,000	
Orthodontic Diagnostic Services	60%	50%
Minor Treatment for Tooth Guidance	60%	50%
Minor Treatment for Harmful Habits	60%	50%
Interceptive Orthodontic Treatment	60%	50%
Comprehensive Orthodontic Treatment	60%	50%

**Note:** Benefits will be determined based on Medical Mutual’s medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. No person other than an officer of Medical Mutual may agree, orally or in writing, to change the benefits listed here. The contract or certificate will contain the complete listing of covered services.