



**West Branch Local Schools
Traditional Dental
With Orthodontia**



Benefits	
Benefit Period	January 1 st through December 31 st
Dependent Age Limit	Dependent Ages – 26 – Removal upon Birthdate
Benefit Period Maximum (per member)	\$2,500
Benefit Period Deductible	\$25 Single / \$75 Family
Orthodontic Lifetime Maximum – covers adult orthodontia – no deductible	\$1,000
Preventive Services	
Oral Exams – two per benefit period	100%
Bite Wing X-Rays – no limitation	100%
Prophylaxis (cleaning) – two per benefit period	100%
Fluoride Treatment – one treatment per benefit period – no age limitations	100%
Sealants – one every rolling 36 months per tooth – limited to dependents under age 19	100%
Space Maintainers- limited to eligible dependents up to age 23	100%
Emergency Palliative Treatment – includes emergency oral exam	100%
Tests & Lab Exams Pulp Vitality Tests (00460) Caries Susceptibility Tests (00425)	100%
Diagnostic X-Rays – including Full Mouth/Panorex, which are limited to one every 36 consecutive months	100%
Essential Services	
Consultations and Other Exams by Specialist	80% after deductible
Minor Restorative Services	80% after deductible
Endodontics/Pulp Services	80% after deductible
Periodontal Services	80% after deductible
Repairs, Relines & Adjustments of Prosthetics	80% after deductible
Simple Extractions	80% after deductible
Impactions	80% after deductible
Minor Oral Surgery Services	80% after deductible
General & Local Anesthesia for Oral Surgery	80% after deductible
Complex Services	
Gold Foil Restoration	50% after deductible
Inlays, Onlays – one every five years	50% after deductible
Crowns – one every five years	50% after deductible
Bridgework (Pontics & Abutments) – one every five years	50% after deductible
Partial and Complete Dentures – one every five years	50% after deductible
Replacement of Existing Bridgework or Dentures	50% after deductible

Benefits	
Orthodontic Services	
Orthodontic Diagnostic Services	60%
Minor Treatment for Tooth Guidance	60%
Minor Treatment for Harmful Habits	60%
Interceptive Orthodontic Treatment	60%
Comprehensive Orthodontic Treatment	60%

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.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

Includes DenteMax Network

¹ 3-month carryover applies.