

# DENTAL

## Why SuperMed One™ Dental?

When you need dental care, you want to go to a dentist you feel comfortable with. That is why it is important to make sure your dental plan offers you the freedom to select any dentist. With SuperMed One Dental, the choice is always yours.

- Choose any dentist you want.
- There is no need to select a primary dentist.
- You and each of your covered family members can select different dentists.
- No need for referrals for specialty care.



**OHIO**

SuperMed One Dental Benefits		
Benefits	In Network	Out of Network
Benefit Period	January 1 <sup>st</sup> through December 31st	
Dependent Age Limit	The end of the month of the 23 <sup>rd</sup> birthday	
Annual Maximum (per member)	\$1,000 per benefit period	
Benefit Period Deductible	\$50 per individual	\$100 per individual
Preventive Services		
Oral Exams – 2 per benefit period	100%	80%
Bite Wing X-rays – 2 per benefit period	100%	80%
Prophylaxis (cleaning) – 2 per benefit period	100%	80%
Fluoride Treatment – 1 treatment per benefit period, limited to age 19	100%	80%
Space Maintainers- limited to age 19	100%	80%
Emergency Palliative Treatment – includes emergency oral exam	100%	80%
Essential Services		
Fillings	80% after deductible	60% after deductible

### Benefit Exclusions and Limitations

SuperMed One does not provide benefits for services, supplies or charges for the following:

- Diagnostic X-Rays
- Minor Restoration Services
- Endodontics/Pulp Services
- Apicoectomy
- Periodontal Services
- Repairs, Relines & Adjustments of Prosthetics
- Simple Extractions
- Impactions
- Alveoplasty
- Minor Oral Surgery Services
- General Anesthesia
- Gold Foil Restoration
- Inlays, Onlays
- Crowns
- Bridgework (Pontics & Abutments)
- Partial and Complete Dentures
- Orthodontic Diagnostic Services
- Minor Treatment for Tooth Guidance
- Minor Treatment for Harmful Habits
- Interceptive Orthodontic Treatment
- Comprehensive Orthodontic Treatment

NOTE: Benefit will be determined based on Medical Mutual of Ohio's medical and administrative policies and procedures. This document is only a partial listing of dental benefits. This is not a contract of insurance. Your certificate of insurance provides a complete listing of covered services.

Per Month	Applicant	Spouse	Child	Children
Dental	\$15.53	\$15.53	\$11.86	\$24.24

\*Rates effective 01/01/05 and are subject to change. Check with your agent for the most current rates.

## EASY TO USE

To take advantage of the best benefit levels, just call a DenteMax dentist to schedule an appointment. Let the dentist know that you are a Medical Mutual of Ohio SuperMed One member. Then present your identification card at your first visit. A claim will be submitted to Medical Mutual for the services you receive.

To locate a DenteMax dentist, you can contact Medical Mutual at **1-866-DENTAL1 (1-866-336-8251)**; visit the Medical Mutual Web site at **www.MedMutual.com**; contact DenteMax at **1-800-752-1547**; or visit the DenteMax Web site at **www.DenteMax.com**.

