



**Warren City Schools
Traditional Dental
With Orthodontia**



Benefits	
Benefit Period	January 1 st through December 31 st
Dependent Age Limit	19 Dependent / 23 Full Time Student Removal upon End of Month
Benefit Period Deductible (per member) ¹	\$50
Orthodontic Lifetime Maximum (per eligible dependent under age 19)	\$1,000
Preventive Services	
Oral Exams – two per benefit period	100%
Bitewing X-Rays – two sets per benefit period	100%
Prophylaxis (cleaning) – two per benefit period	100%
Fluoride Treatment – two per benefit period	100%
Sealants – one every rolling 36 months – limited to eligible dependents under age 19 ²	100%
Space Maintainers- limited to eligible dependents under age 19	100%
Emergency Palliative Treatment – includes emergency oral exam	100%
Essential Services ³	
Consultations and Other Exams by Specialist	80% after deductible
Diagnostic X-Rays – including Full Mouth/Panorex, which are limited to one every 36 consecutive months	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 Anesthesia	80% after deductible
Complex Services ³	
Inlays, Onlays – one every five years per tooth	80% after deductible
Crowns – one every five years per tooth	80% after deductible
Bridgework (Pontics & Abutments) – one every five years per unit	80% after deductible
Partial and Complete Dentures – one every five years	80% after deductible

Benefits	
Orthodontic Services ³	
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.

¹ 3-month deductible carryover applies.

² Dental sealants are limited to eligible teeth free from decay or restorations on the occlusal surface.

³ Benefit verification is required for any Course of Treatment exceeding \$200 or involving major restorations.