



MEDICAL MUTUAL

MMI: MHSD1000900STOW001

Effective Date: 010122

Performance Guarantee: N

Benefit Summary Report

11/5/2021 10:33 AM

Group

Group Number	Group Name	Section
STOW00	The City of Stow	

General Notes

Note Name	State	Product Channel	Product Class	Note Text
Group Note	OH	Mutual Health Services	Dental	Contact Name: Reed Urie Address: 3760 Darrow Rd, Stow, Ohio 44224 Email: rporter1827@stow.oh.us Phone: 330-689-2832

Dental

Subcategory	Variable	
MHS - General Information		
MHS Group Name		The City of Stow
MHS Group Number		STOW001
MHS Account / Division		-
MHS Fund Type		4
MHS Erisa Indicator		No
General Information		
Product	Dentemax	Traditional Dental
Network		Dentemax, SDC
Plan Name		BX
Plan Year		01/01 thru 12/31
Dependent Age		26
Older Age Child		26
Dependent Removal		End of Month
Overall Benefit Period Maximum		\$1,200
Claims Filing Limit		12 months
3 Month Deductible Carryover Credit		Yes
Orthodontic Lifetime Maximum		\$1,500 per eligible member
Orthodontic Eligibility		Available for all members
How Claims are Paid		
Benefit Period		January 1st through December 31st
Benefit Period Deductible - Single		\$50

Subcategory	Variable	
Benefit Period Deductible - Family		\$150
Type of Reimbursement		85% of Fair Health
Dental Alternate Procedures Applies		No
Dental Preventive Services Coinsurance		100%
Dental Basic/Essential Services Coinsurance		80% after deductible
Dental Major/Complex Services Coinsurance		50% after deductible
Orthodontic Services Coinsurance		50%
Preventive Services		
BiteWing X-rays	(2 per calendar year)	100%
Fluoride Treatments	(2 per calendar year)	100%
Exams/Evaluations	(2 per calendar year)	100%
Palliative (emergency) Treatment		100%
Prophylaxis(cleaning)	(2 per calendar year)	100%
Sealants	(subject to a maximum of one time for dependents up to age 26)	80% after deductible
Space Maintainers	(limited to dependents up to age 19)	100%
Basic/Essential Services		
Consultations and Non-Preventive Exams/Evaluations		80% after deductible
Diagnostic X-rays - Full Mouth Series	(one every 36 months)(limit combined with Panorex)	100%
Diagnostic X-rays - Panorex	(one every 36 months)(limit combined with Full Mouth Series)	100%
Diagnostic X-Rays		100%
Minor Restorations (Filling)		80% after deductible
Endodontics Services	(includes Pulp Services)	80% after deductible
Periodontal Services	(effective 4/1/16)	50% after deductible
Adjustments to Dentures		80% after deductible
Relines/Rebase of Dentures	(one every 36 months; more than 6 months after the initial installation)	80% after deductible
Repairs - Crowns		80% after deductible
Repairs - Dentures		80% after deductible
Extractions		80% after deductible
Impactions		80% after deductible
Oral Surgery		80% after deductible
Anesthesia (Dental)		80% after deductible
Major/Complex Services		
Gold Foil Restorations	(1 per tooth every 5 years)	50% after deductible
Inlay/Onlays - Single	(1 per tooth every 5 years)	50% after deductible
Crowns - Single	(1 per tooth every 5 years)	50% after deductible
Major Restorative	(1 every 5 years)(includes Fixed Partial Dentures/Bridges)	50% after deductible
Dentures - Full / Partial	(1 every 5 years)	50% after deductible
Additional Dental Services		
Implant Services		50% after deductible
Orthodontic Services		

Subcategory	Variable	
Orthodontic Services	(available for all members)	50%
Minor Treatment to Control Harmful Habits		Not Covered