



Lake County Schools Council Painesville City Schools Dental

General Information		
Dependent Age		26
Dependent Removal		End of Month
Overall Benefit Period Maximum		\$1,500
Claims Filing Limit		12 months
3 Month Deductible Carryover Credit		Yes
Orthodontic Lifetime Maximum		\$1,000 per eligible member
Orthodontic Eligibility		Limited to dependents up to age 25
How Claims are Paid		
Benefit Period		January 1st through December 31st
Benefit Period Deductible - Single		\$25
Benefit Period Deductible - Family		\$75
Preventive Services		
BiteWing X-rays	(2 sets per benefit period)	100%
Emergency Palliative Treatment Services	(includes emergency exams, pain treatment, incision and drainage of abscess, excision of pericoronal gingiva, home and hospital visits)	100%
Fluoride Treatments	(limited to dependents up to age 19) (1 per benefit period)	100%
Exams/Evaluations	(2 per benefit period)	100%
Prophylaxis(cleaning)	(2 per benefit period)	100%
Sealants	(limited to dependents up to age 14)	100%
Space Maintainers	(limited to dependents up to age 19)	100%
Essential Services		
Consultations and Non-Preventive Exams/Evaluations		80% after deductible
Professional Visits		80% after deductible
Diagnostic X-rays - Full Mouth Series/Panorex X-rays	(Full Mouth /Panorex are limited to 1 every rolling 36 months)	80% after deductible
Tests and Exams - Pulp Vitality Test		100%
Minor Restorations		80% after deductible
Endodontics		80% after deductible
Periodontal Services		80% after deductible
Adjustments to Dentures		80% after deductible
Relines/Rebase of Dentures	(1 every rolling 36 months; but not within 6 months of placement of a denture)	80% after deductible
Tissue Conditioning		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		80% after deductible
Miscellaneous Services-Occlusal Guard		80% after deductible

Complex Services		
Gold Foil Restorations	(1 per tooth every 5 years)	50% after deductible
Inlay/Onlays	(1 per tooth every 5 years)	50% after deductible
Crowns	(1 per tooth every 5 years)	50% after deductible
Major Restorative		50% after deductible
Dentures	(1 every 5 years)	50% after deductible
Precision Attachment		Not Covered
Other Removable Prosthetic Services - Modification of Removable Prosthesis following Implant Surgery		50% after deductible
Additional Dental Services		
Caries Susceptibility Test		100%
Orthodontic Services		
Orthodontic Services	(limited to dependents up to age 25)	50%
Minor Treatment to Control Harmful Habits	(limited to dependents up to age 25)	50%

Notes: 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.