

Dental

Dental Benefits

SuperDental plans from Medical Mutual of Ohio®

A quality, affordable dental plan is an important part of your benefits. COSE and Medical Mutual® have partnered with DenteMax, a premier dental preferred provider organization (PPO) network to give members access to one of the nations largest dental networks.



DenteMax has an extensive network of quality providers throughout the United States and includes general practitioners, periodontists, prosthodontists, orthodontists and oral surgeons. SuperDental members that use a DenteMax provider will receive the highest level of benefits as DenteMax providers have agreed to accept a predetermined negotiated fee as payment in full for covered services. SuperDental members may choose to receive care from a non-DenteMax provider, however, their out-of-pocket costs may be higher and they are responsible for payment to the provider for any services received.

Dental Products	Employee Single	Employee Spouse	Employee Child	Employee Children	Employee Spouse/Child	Employee Spouse/Children
SuperDental Basic PPO						
Without Orthodontia	\$10.80	\$21.60	\$19.05	\$31.64	\$29.85	\$42.44
SuperDental Intermediate PPO						
Without Orthodontia	\$24.01	\$48.02	\$42.35	\$70.35	\$66.36	\$94.36
With Orthodontia	\$24.01	\$48.02	\$46.78	\$81.54	\$70.79	\$105.55
SuperDental Advanced PPO						
Without Orthodontia	\$30.75	\$61.50	\$54.24	\$90.09	\$84.99	\$120.84
With Orthodontia	\$30.75	\$61.50	\$63.11	\$112.50	\$93.86	\$143.25
SuperDental Alternative Basic PPO						
Without Orthodontia	\$25.14	\$50.28	\$44.35	\$73.66	\$69.49	\$98.80
With Orthodontia	\$25.14	\$50.28	\$53.39	\$96.50	\$78.53	\$121.64
SuperDental Alternative Advanced PPO						
Without Orthodontia	\$37.24	\$74.48	\$65.69	\$109.11	\$102.93	\$146.35
With Orthodontia	\$37.24	\$74.48	\$74.73	\$131.95	\$111.97	\$169.19

Dental Benefits	SuperDental Basic PPO	SuperDental Intermediate PPO	SuperDental Advanced PPO	SuperDental Alternative Basic PPO	SuperDental Alternative Advanced PPO
Benefits					
Benefit Period	January 1–December 31				
Dependent Age Limit	Same as medical				
Benefit Period Maximum (Per Member)	\$750	\$1,000	\$1,500	\$1,500	\$1,500
Benefit Period Deductible (Single/Family)	\$50/\$150	\$50/\$150	\$25/\$75	\$75	\$75
Preventive Services					
Oral exams ¹ ; bite wing x-rays; prophylaxis (cleaning); fluoride treatment ² ; space maintainers ² ; emergency palliative services ³	85%	100%	100%	100%	100%
Essential Services					
Consultations and other exams by a specialist, diagnostic x-rays, minor restorative services, endoscopic/pulp services, periodontal services, repairs, relines and adjustments of prosthetics, simple extractions, impactions, minor oral surgery services, general anesthesia	50% ⁵	70% ⁵	85% ⁵	50%	100%
Complex Services					
Gold foil restoration, inlays ⁴ ; onlays ⁴ ; crowns ⁴ ; bridgework (pontics and abutments partial and complete dentures ⁴)	Not Covered	55% ⁵	55% ⁵	50% ⁵	50% ⁵
Orthodontic Option (Requires five or more enrolled employees⁶)					
Orthodontic Lifetime maximum (Per Member)	Not Covered	\$1,000	\$2,000	\$2,000	\$2,000
Orthodontic Benefit Period Deductible	Not Covered	\$50	n/a	n/a	n/a
Orthodontic Diagnostic Services	Not Covered	50% ⁵	50% ⁵	50%	50%
Minor Treatment for Tooth Guidance	Not Covered	50% ⁵	50% ⁵	50%	50%
Minor Treatment for Harmful Habits	Not Covered	50% ⁵	50% ⁵	50%	50%
Interceptive Orthodontic Treatment	Not Covered	50% ⁵	50% ⁵	50%	50%
Comprehensive Orthodontic Treatment	Not Covered	50% ⁵	50% ⁵	50%	50%

1. Two per benefit period
2. One treatment per benefit period and limited to dependents up to age 19
3. Includes emergency oral exam
4. One every five years
5. After deductible
6. Groups enrolled on or after July 1, 2008, will be subject to the Orthodontia group size requirement

Please Note: All benefits are in-network benefits

Join your cause.

P 216.592.2222
Toll Free 866.553.5427
F 216.621.1725
www.cose.org

The Higbee Building
100 Public Square
Suite 210
Cleveland, OH 44113