



**Putnam County Schools
Traditional Dental
With Orthodontia**

Benefits	
Benefit Period	January 1 st through December 31 st
Dependent Age Limit	Dependent 19 / Student 24 End of Calendar Year
Benefit Period Maximum (per member)	\$1,500
Benefit Period Deductible (single/family) ¹	\$25 / \$75
Orthodontic Lifetime Maximum	\$1,500
Preventive Services	
Oral Exams – two per benefit period	100% UCR
Bite Wing X-Rays – two sets per benefit period	100% UCR
Prophylaxis (cleaning) – two per benefit period	100% UCR
Fluoride Treatment – one treatment per benefit period, limited to dependents up to age 19	100% UCR
Space Maintainers- limited to eligible dependents up to age 19	100% UCR
Sealants	100% UCR
Periodontal Maintenance Procedure	100% UCR
Emergency Palliative Treatment – includes emergency oral exam	100% UCR
Restorative Services	
Consultations and Other Exams by Specialist	80% UCR after deductible
Diagnostic X-Rays – including Full Mouth/Panorex, which are limited to one every 5 years	80% UCR after deductible
Minor Restorative Services	80% UCR after deductible
Endodontics/Pulp Services	80% UCR after deductible
Periodontal Services	80% UCR after deductible
Repairs, Relines & Adjustments of Prosthetics	80% UCR after deductible
Simple Extractions	80% UCR after deductible
Impactions	80% UCR after deductible
Minor Oral Surgery Services	80% UCR after deductible
General Anesthesia	80% UCR after deductible
Complex Services	
Gold Foil Restoration	60% UCR after deductible
Inlays, Onlays – one every five years	60% UCR after deductible
Crowns – one every five years	60% UCR after deductible
Bridgework (Pontics & Abutments) – one every five years	60% UCR after deductible
Partial and Complete Dentures – one every five years	60% UCR after deductible
Orthodontic Services	
Orthodontic Diagnostic Services	50% UCR
Minor Treatment for Tooth Guidance	50% UCR
Minor Treatment for Harmful Habits	50% UCR
Interceptive Orthodontic Treatment	50% UCR
Comprehensive Orthodontic Treatment	50% UCR

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.

¹Maximum family deductible. Member deductible is the same as single deductible. 3-month carryover applies.