

**Cleveland Guardians Dental Plan Group 313166 with Ortodontics**

The SDC Network includes Superior Dental Care, Careington and Dentemax

<b>Benefits</b>	<b>No -Network</b>
Benefit Period	January 1 <sup>st</sup> through December 31 <sup>st</sup>
Dependent Age Limit	26; Removal upon End of Month
<b>Benefit Period Maximum (per member)</b>	<b>\$1,500</b>
Benefit Period Deductible – Single/Family <sup>1</sup>	\$50 / \$150
<b>Preventive Services</b>	
Oral Exams – two per benefit period	100%
Bite Wing X-Rays – two sets per benefit period	100%
Intraoral, Extraoral and Periapical X-rays	100%
Prophylaxis (cleaning) – two per benefit period	100%
Fluoride Treatment – One treatment per benefit period, limited to dependents up to age 14	100%
Sealants – one every rolling 36 months per tooth	100%
Space Maintainers- limited to eligible dependents up to age 14	100%
Harmful Habit Appliance	100%
<b>Essential Services</b>	
Consultations and Other Exams by Specialist	90% after deductible
Emergency Palliative Treatment – includes emergency oral exam	90% after deductible
Full Mouth/Panoramic X-ray – One every 60 consecutive months	90% after deductible
Minor Restorative Services	90% after deductible
Endodontics/Pulp Services	90% after deductible
Periodontal Services (Non-Surgical)	90% after deductible
Repairs, Relines & Adjustments of Prosthetics	90% after deductible
Alternative Fillings	90% after deductible
Simple Extractions	90% after deductible
Impactions	90% after deductible
General Anesthesia	90% after deductible
Therapeutic Drug Injections	90% after deductible
Histopathologic Exams	90% after deductible
Pin Retention	90% after deductible
<b>Complex Services</b>	
Diagnostic Casts – Once every 36 consecutive months	60% after deductible
Periodontal Services (Surgical)	60% after deductible
Periodontal Appliance (Occlusal Guard)	60% after deductible
Minor Oral Surgery	60% after deductible
Gold Foil Restoration	60% after deductible
Inlays, Onlays – one every five years	60% after deductible
Crowns – one every five years	60% after deductible
Bridgework (Pontics & Abutments) – one every five years	60% after deductible
Partial and Complete Dentures – one every five years	60% after deductible
Orthodontic Benefit Period Deductible (per member)	\$50
<b>Orthodontic Lifetime Maximum (per member)</b>	<b>\$1,500</b>
Orthodontic Diagnostic Services	60% after deductible
Minor Treatment for Tooth Guidance	60% after deductible
Minor Treatment for Harmful Habits	60% after deductible
Interceptive Orthodontic Treatment	60% after deductible
Comprehensive Orthodontic Treatment	60% after deductible
Cephalometric X-rays	60% after deductible

**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.

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