

DENTAL INSURANCE MUTUAL OF OMAHA

	Low PPO Plan		High PPO Plan	
Services Include	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Deductible	\$50 Individual \$150 Family	\$100 Individual \$300 Family	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Preventive Services Routine Exams, Cleanings, X-Rays	Plan covers at 100% (no deductible)	Plan covers at 100% (no deductible)	Plan covers at 100% (no deductible)	Plan covers at 100% (no deductible)
Basic Services Fillings, Extractions, Oral Surgery, Periodontics, Root Canals	Plan covers at 80% after Deductible	Plan covers at 50% after Deductible, + any balance over the Maximum Allowable Charge	Plan covers at 80% after Deductible	Plan covers at 80% after Deductible, + any balance over the Usual & Customary Charge
Major Services Inlays and Onlays, Crowns & Bridges	Plan covers at 50% after Deductible	Plan covers at 30% after Deductible, + any balance over the Maximum Allowable Charge	Plan covers at 50% after Deductible	Plan covers at 50% after Deductible, + any balance over the Usual & Customary Charge
Maximum Annual Benefit Per Person Covered	\$1,000		\$1,500	
Orthodontia Adult & Children	Not Included		Plan covers at 50% after deductible \$1,500 lifetime maximum per person covered	

Dental Weekly (52) Payroll Deductions – PRE-TAX

	Low Plan	High Plan
Employee	No cost	\$3.00
Employee + Spouse	\$6.00	\$11.00
Employee + Child(ren)	\$10.00	\$16.00
Employee + Family	\$14.00	\$23.00

FREQUENCY AND AGE LIMITS APPLY TO CERTAIN SERVICES.

For example, the plan includes coverage for up to two routine cleanings per 12 month period and four films of bitewing x-rays per 12 month period. Coverage for fluoride treatments is included for dependent children through age 16. Coverage for sealants is included for dependent children through age 16. Additional restrictions are outlined in the Certificate of Coverage.



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HOW TO FIND AN IN-NETWORK DENTIST

- Go to www.mutualofomaha.com/dental-insurance
- Click “Find a Dentist”
- Click “Dental Insurance”
- Enter your “city, state or zip code”

REMEMBER!

Always ask your Dentist to submit a pre-determination of coverage prior to having any service over \$300.

What Provider Network do I use?	Mutually Preferred Dental Network
Do I need to choose a Dentist?	No, you may see any dentist, however, you will make the most of your plan by choosing a Mutual of Omaha Participating Dentist.
Do I need a referral to see a Specialist?	No
Can I go Out-Of-Network?	Yes, however, Out-Of-Network providers are paid based on a Fee Schedule or Usual & Customary (U&C) Charges, which may be less than your Out-Of-Network provider charges. You are responsible to pay the difference to the Out-Of-Network provider.
Will I get an ID Card?	Yes.

USUAL & CUSTOMARY CHARGES

This refers to the base amount that is treated as the standard or most common charge for a particular dental service when rendered in any given geographic area. When accessing care Out-Of-Network this is the amount on which the claim will be paid. You are responsible to pay the difference in the provider’s actual charge and what the insurance reimburses.

PREDETERMINATION OF BENEFITS

This optional service provides you with an estimate on the amount to be covered prior to having a dental procedure. When your treatment plan is expected to exceed \$300, ask your Dentist to request the Predetermination Review. Your Dentist will submit your treatment plan and the insurance carrier returns an estimate of what they expect to pay and what you can expect to pay.

MAXIMUM ANNUAL BENEFIT

This is the most the insurance carrier will pay for covered services in a calendar year. You are responsible for any additional charges during that calendar year once the benefit has been exhausted.

