



The Student Health Insurance Plan offered by MTU and administered by Wellfleet Group LLC does provide coverage for Routine Vision and Dental services. This plan utilizes the PHCS network for medical expenses but does not provide a network for Routine Vision and Dental Services. Since there is not a network, students are welcome to use a dental or vision provider of their choice.

Coverage for these benefits are as follows:

Adult Vision Care (age 19 and older) – will cover one Routine Eye Exam once every 12 months. Benefits for an eye exam is as follows:

- Deductible*, Wellfleet will pay 80%. This means as a student you will be responsible for the deductible and the remaining 20%.

Note: Adult Vision Care will only cover a Routine Eye Exam. This benefit does not cover eye glasses, contact lenses or an exam to fit the contact lenses.

Adult Dental Care Benefit (age 19 and older)

- **Preventive Dental Care is limited to 2 dental exams every 12 months – the plan will pay 100%.**
- **Emergency Dental – the plan will pay 50%**
- **Routine Dental Care - the plan will pay 50%**

The following services are considered Preventive Dental Care:

1. Prophylaxis (scaling and polishing/cleaning the teeth);
2. Topical Fluoride;
3. Sealants on unrestored permanent molar teeth; and
4. Unilateral or Bilateral space maintainers for placement in a restored deciduous and/or mixed dentition to maintain space for normally developing permanent teeth.

The following services are considered Routine Dental Care:

1. Two dental exams in a 12 month period (1 every 6 months) to include the prophylaxis (cleaning);
2. Bitewing x-rays (2 in a 12 month period);
3. Panoramic x-rays (1 in a 3 year period);
4. Endodontic care

Emergency Dental will cover services that require treatment to alleviate pain and suffering caused by dental disease or trauma.

** Deductible means the dollar amount of Covered Medical Expenses which must be paid by each Insured Person before benefits are payable under the Certificate. The deductible under the MTU Student Health Insurance is \$750 per individual, per Coverage Period.*

How to submit claim for reimbursement

1. Show your student health insurance ID card at the time of service and ask the provider to submit the claim directly to CHP.
2. If the dental or vision provider refuses to submit the claim directly to CHP, ask the provider for an itemized bill, complete the attached claim form and submit the claim directly to CHP for reimbursement. *Note: If you are required to pay upfront for the services, please include a copy of the paid receipt along with the itemized bill.*

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