



## Employee Benefits - Dental and Vision Plan Summaries

Effective 7/1/19 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at [www.mmiaeb.net](http://www.mmiaeb.net) and must be referenced for details of all coverages.

### Dental Plans

	Basic Dental Plan	Orthodontic Enhancement*
Deductible (Individual/Family)	\$25 / \$50	\$2,000 Lifetime Benefit/Individual  Plan pays 50% after Deductible
Calendar Year Maximum Benefit (the most the Plan will pay for covered services in a plan year)	\$2,000 / Individual	
<b>Dental Services</b>		
Diagnostic & Preventive (cleanings and screenings)	<ul style="list-style-type: none"> <li>Plan pays 100%</li> <li>Deductible waived</li> <li>Does not apply to Calendar Year Maximum Benefit</li> </ul>	
Basic Restorations	Plan pays 80% after Deductible	
Major Restorations and Implants	Plan pays 50% after Deductible	

Dental Plan Cost	Basic Dental Plan	*With Ortho Enhancement
Employee Only	\$ 33.00	\$ 34.00
Employee & Spouse	\$ 66.00	\$ 68.00
Employee & Child(ren)	\$ 58.00	\$ 66.00
Employee, Spouse & Child(ren)	\$ 92.00	\$ 104.00

### Vision Plan

Benefits Every 12 Months	In Network	Out of Network
Well Vision Exam	\$20 Copay (No more than \$39 copay for retinal screening as an enhancement to an exam)	Up to \$50
Frames	<ul style="list-style-type: none"> <li>\$140 allowance at retail/\$160 for featured frame</li> <li>\$75 allowance at Costco</li> <li>20% saving after allowance</li> </ul>	Up to \$70
Lenses (included with exam copay)	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and trifocal lenses</li> <li>Polycarbonate for children</li> <li>Standard progressive: \$0 copay</li> </ul>	<ul style="list-style-type: none"> <li>Single vision - Up to \$50</li> <li>Lined bifocal - Up to \$75</li> <li>Lined trifocal - up to \$100</li> </ul>
Lens Enhancements	<ul style="list-style-type: none"> <li>Premium progressive: \$80-90 copay</li> <li>Custom progressive: \$120-\$160 copay</li> </ul>	
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$140 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on contact lens exam (fitting and evaluation)</li> </ul>	Up to \$105
Laser Vision Correction Discount	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	

#### Vision Plan Cost

Employee Only	\$ 8.15
Employee & Spouse	\$ 13.00
Employee & Child(ren)	\$ 13.25
Employee, Spouse & Child(ren)	\$ 21.35