



Dental, Vision, and Group Term Life and Disability Insurance for Eligible Bargained Employees and all Eligible Exempt Employees

THESE SUMMARIES ARE PROVIDED FOR YOUR INFORMATION. PLEASE REFER TO YOUR CERTIFICATE BOOK FOR MORE SPECIFIC QUESTIONS.

For information on Dental claims please call 1-800-822-1182.

For information on Vision claims please call 1-800-521-6492.

For **Dental and Vision Claim Forms**, visit the Medical Mutual Website at <http://MedMutual.com>

DENTAL COVERAGE

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| Benefit Period | January 1 st through December 31 st |
| Dependent Age Limit | 25; Removal End of Calendar Year |
| Benefit Period Maximum (per member) | \$1,000 |
| Benefit Period Deductible (per member) | \$50 |
| Orthodontic Lifetime Maximum - includes adults. | \$1,000 |
| 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 – two treatments per benefit period | 100% UCR |
| Space Maintainers- limited to eligible dependents up to age 19 | 100% UCR |
| Sealants – one treatment per tooth every 36 months; limited to eligible dependents up to age 19 | 100% UCR |
| Panorex or Full-Mouth X-Rays – once every 36 months | 100% UCR |
| Diagnostic X-Rays | 100% UCR |
| Emergency Palliative Treatment – includes emergency oral exam | 100% UCR |
| Restorative Services | |
| Consultations and Other Exams by Specialist | 80% UCR after deductible |
| Minor Restorative Services (Fillings) | 80% UCR after deductible |
| Endodontics (Root Canals) / Pulp Services | 80% UCR after deductible |

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| 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 | 50% UCR after deductible |
| Inlays, Onlays – one per tooth every five years | 50% UCR after deductible |
| Crowns – one per tooth every five years | 50% UCR after deductible |
| Bridgework (Pontics & Abutments) – one every five years | 50% UCR after deductible |
| Partial and Complete Dentures – one every five years | 50% 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. 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. | |

VISION COVERAGE

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| Benefit Period | January 1 st through December 31 st |
| Dependent Age Limit | 25; Removal End of Calendar Year |
| Examinations | One per benefit period |
| Vision Examinations | \$40 per exam |
| Frames | One per <i>two</i> benefit periods |
| Basic Frames | \$60 per frame |
| Prescription Lenses | One per benefit period |
| Single Vision Lenses | \$60 per pair |
| Bifocal Lenses | \$70 per pair |
| Trifocal Lenses | \$100 per pair |
| Progressive Lenses | \$100 per pair |
| Lenticular Single Lenses | \$70 per pair |
| Lenticular Bifocal Lenses | \$90 per pair |
| Lenticular Trifocal Lenses | \$100 per pair |
| Contacts in Lieu of Lenses | One per benefit period |
| Medically Necessary (<i>vision is not able to be corrected with glasses</i>) | \$175 per pair |
| Cosmetic | \$100 per pair |

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. The contract or certificate will contain the complete listing of covered services

GROUP TERM LIFE INSURANCE

Reliance Standard: 2.5 x annual salary, capped at \$250,000

LONG TERM DISABILITY INSURANCE

Sun Life: All full-time employees with less than 5 years of Ohio Retirement System service credit scheduled to work at least 20 hours per week. Amount of insurance is 60% of your total monthly earnings, no to exceed the maximum monthly benefit of \$7,500 or be less than a minimum monthly benefit of \$100.