

DENTAL AND VISION BENEFITS
GROUP TERM LIFE INSURANCE AND LONG TERM
DISABILITY BENEFITS

**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 1-800-525-5957.

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

DENTAL COVERAGE	
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
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	
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 \$150,000

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, not to exceed the maximum monthly benefit of \$7,500 or be less than a minimum monthly benefit of \$100.

Please direct specific questions on health insurance matters to
Human Resources/Benefits Office, (330) 941-3050 or (330) 941-3748.

**Remember to notify Human Resources/Benefits Office of any
change in beneficiary due to marriage, divorce, or death.**