



Employee Benefits - Dental and Vision Plan Summaries

Effective 7/1/23 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at www.mmiaeb.net and must be referenced for details of all coverages.

Dental Plans

Benefit Period (January 1 - December 31)

	Basic Dental Plan	Orthodontic Enhancement*
Deductible (Individual/Family)	\$25 / \$50	
Calendar Year Maximum Benefit (the most the Plan will pay for covered services in a plan year)	\$2,000 / Individual	
Dental Services		\$2,000 Lifetime Benefit/Individual Plan pays 50% after Deductible
Diagnostic & Preventive (cleanings and screenings)	<ul style="list-style-type: none"> Plan pays 100% Deductible waived Does not apply to Calendar Year Maximum Benefit 	
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	\$34
Employee & Spouse	\$66	\$68
Employee & Child(ren)	\$58	\$66
Employee, Spouse & Child(ren)	\$92	\$104

Vision Plan

Benefit Period (July 1 - June 30)

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"> \$165 allowance at retail \$90 allowance at Costco and Walmart 20% saving after allowance 	Up to \$70
Lenses (included with exam copay)	<ul style="list-style-type: none"> Single vision, lined bifocal, and trifocal lenses Polycarbonate for children Standard progressive: \$0 copay Premium progressive: \$80-\$90 copay Custom progressive: \$120-\$160 copay 	<ul style="list-style-type: none"> Single vision - Up to \$50 Lined bifocal - Up to \$75 Lined trifocal - up to \$100
Lens Enhancements	<ul style="list-style-type: none"> \$140 allowance for contact lenses Up to \$60 for contact lens exam (fitting and evaluation) 	Up to \$105
Contacts (instead of glasses)		
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