



Dental & Vision Plan Benefit Summary

Dental Benefits

Dental Benefit Deductible, per Calendar Year	
Individual	\$50
Family	\$150

Dental Benefit Percentages	
Type I – Diagnostic & Preventive (not subject to Deductible)	100%
Type II – Restorative	80%
Type III – Reconstructive	80%
Type IV – Orthodontia (child and adult coverage)	50%

Dental Benefit Maximums	
Per Calendar Year – Types I, II & III Combined	\$2,000
Per Lifetime Maximum – Type IV Orthodontia	\$1,500

Late Enrollment Restriction

If you and your eligible dependent(s) fail to enroll for employee or dependent coverage during your initial eligibility period, during a special enrollment event or status change event, or terminate/drop coverage and subsequently re-enroll, coverage will be limited as follows:

- *During the first 12 months, coverage will be limited to Type I-Preventive services and Type II-Restorative services only.*

Vision Benefits

Vision Benefit Percentages	
Exam	100%
Lenses, Frames and Contacts	100%
Elective Corrective Eye Surgery	50%

This benefit includes Kerato-Refractive, Conductive Keratoplasty, PK, PRK and LASIK procedures and visits.

Vision Benefit Maximums	
One exam per Calendar Year	
Lenses, Frames and Contacts limited to \$400 per Calendar Year	

Find online tools and information:

Did you know you can find a variety of healthcare tools and resources at www.meritain.com?

Your member website, Meritain Connect, gives you 24-hour access to a number of tools and resources that can help you manage your health benefits.

With Meritain Connect you can:

- Check your eligibility and benefits.
- Find the status of claims.
- View your Explanation of Benefits (EOB).
- Review your benefit plan document.

Questions? Just give Meritain a call at 1.866.808.2609