



Employee Benefits - Dental Plan Summary

Effective 7/1/24 - 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.

| | Basic Dental Plan | Orthodontic Enhancement* |
|--|--|---|
| Deductible (Individual/Family) (January 1 - December 31) | \$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 | |
| Dental Services | | |
| 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 | |