

Summary of Employee Benefits



MN CLERICAL, INC.

Plans by:

 **DELTA DENTAL®**

SPIRIT  VISION

Aflac  TM

VOLUNTARY BENEFITS: DELTA DENTAL

Delta Dental Flex Plan Features

- See any dentist or specialist - no referral required
- Members may receive care from any licensed dentist, with the greatest savings from a Delta Dental PPO network dentist.
- When seeing a Delta Dental Premier network dentist, savings remain strong, but coverage amounts are less than at a Delta Dental PPO network dentist.
- When seeing an out-of-network dentist, coverage is the same as the Delta Dental Premier network, although balance-billing applies.
- Out-of-pocket costs are greatly reduced when a network dentist provides services.

VOLUNTARY PROGRAM - DENTAL FLEX		BENEFIT		
SERVICE	DESCRIPTION	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network
Diagnostic and Preventive Services	Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments	100% No waiting period	80% No waiting period	80% No waiting period
Basic Services 6-month waiting period unless noted	Basic Restorative Care and Services: Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies	80% No waiting period	50% No waiting period	50% No waiting period
	Basic Oral Surgery Services: Basic extraction of erupted tooth or exposed root	50%	50%	50%
	Complex Surgical Extractions: Surgical removal of erupted tooth, impacted tooth and tooth roots	50%	50%	50%
	Basic Endodontic Therapy: Pulpal therapy, root canal therapy, pulpotomy	50%	50%	50%
	Basic Periodontal Services: Non-surgical periodontal care	50%	50%	50%
	Complex Surgical Periodontal Care: Surgical periodontal care	50%	50%	50%
Complex or Major Restorative Services 12-month waiting period	Posterior composite resins, inlays Onlays, crowns and crown repairs (*)	----- Optional Treatment † ----- 50%		
	Prosthetic Services Removable prosthetic services - dentures and partials (*) (**)	50%	50%	50%
	Fixed prosthetic services - bridges (*) (**)	50%	50%	50%
	Repairs - removable and fixed prosthetic services	50%	50%	50%
Deductible	Per person/per family (calendar year) <i>No deductible for diagnostic and preventive services</i>	\$50/\$150	\$50/\$150	\$50/\$150
Annual Plan Maximum	Per person/per calendar year	\$1000	\$1000	\$1000
Optional Orthodontic Coverage	A minimum of 10 enrolled employees required Available only for dependent children, age 8-18 No waiting periods for new groups with at least 12 months of prior orthodontic coverage. A 12-month waiting period applies to new groups and new employees without prior orthodontic coverage.	50% \$1000 lifetime maximum		


†Optional Treatment: Plan member receives the amalgam benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost.

* Coverage does not include crown or bridge services such as buildups, pins, posts or cores. ** Missing-tooth exclusion applies during the first 24 months of coverage. Dental Flex Waiting Periods:

For new groups not covered by an existing dental plan, the published waiting periods apply. For those employer groups who have had at least 12 consecutive months of comparable basic and major coverage, all waiting periods are waived for all employees enrolling at initial open enrollment. For exact benefits and current rates, contact your Delta Dental Connect Sales Representative: (651) 406-5920 or (800) 906-5250

RATES: DELTA DENTAL PLAN/

Effective: Jan 1, 2020 to Dec 31, 2020 monthly premium:

Single: \$30.20 

Single + 1 \$62.00

Family: \$99.70

Visit www.deltadentalmn.org and click on “Dentist Search” to locate participating dentists near you.

VOLUNTARY BENEFITS: **VISION MERITAIN**

Spirit Vision Plan Benefits

Spirit Vision's vision plan is available through the EyeMed Vision Care Network.

EyeMed is a leading vision benefits company, offering the following features:

- Savings on eye care & eyewear
- Quality standards for care & materials
- Access to thousands of providers nationwide, including the nation's top optical retail brands, including: LensCrafters, Pearle Vision, Sears Optical, Target Optical, & JCPenny
- Unlimited discounts on additional purchases
- Value-added features like discounts on laser vision correction and replacement contact lenses by mail

Eye Examinations

Comprehensive eye exams do more than check patients' vision. Eye doctors can detect a variety of serious conditions, including diabetes, high blood pressure and glaucoma. Early detection and treatment can minimize the effect of these conditions on long-term health. Spirit Vision Insurance covers annual eye exams for maximum health benefits.

Using the Plan

- Members locate a provider by going to www.eyemedvisioncare.com. They can register to use the secure member site, or choose Access from the locator drop-down box.
- Members identify themselves as EyeMed members through Spirit Vision and present the plan ID card and member ID number.
- The provider will do the rest! There are no claim or authorization forms necessary for in-network benefits.

Spirit Vision Rates: 1-1-2020 to 12-31-2020 monthly

Employee only: \$13.72

Employee + 1: \$24.01

Employee + 2 or more children: \$34.81

Employee + Family: \$34.81

In-Network Benefits

EYE EXAMINATIONS

\$10 copay (once every 12 months)

Eye examinations include dilation as determined by the doctor.

Contact lens wearers will pay up to \$55 for standard contact lens exam, including fit and follow-up, or receive 10% off retail price for premium contact lens exam, fit and follow-up.

EYEGLASS LENSES

\$10 or \$20 copay (once every 12 or 24 months)

Plans cover standard plastic single vision, bifocal or trifocal lenses of any size or power. Lens options are available at additional cost.

FRAMES

\$0 copay (once every 12 or 24 months)

Plans include a \$100 retail allowance that can be applied toward the purchase of any frame available at the provider location. The member will also receive a 20% discount off the balance if selecting a frame that costs more than \$100.

CONTACT LENSES

(Instead of lenses)

\$10 or \$20 copay (once every 12 or 24 months)

Plans include a \$100 retail allowance that can be applied toward the purchase of conventional or disposable contact lenses. If the member chooses conventional contact lenses with a retail price over \$100, he or she will receive 15% off the balance. Medically necessary contact lenses are paid in full after the \$10 copay.

Replacement contact lenses can be ordered online and conveniently delivered to members' homes through www.eyemedcontacts.com.

ADDITIONAL DISCOUNTS

Spirit Vision members will also receive unlimited additional discounts on purchases made at participating provider locations, including:

- 40% off additional complete pairs of eyeglasses
- 15% off additional purchases of conventional contact lenses
- 20% off non-covered items like cleaning cloths or non-prescription sunglasses

Other Discounts

Coatings and lens treatments can be added for the costs below:

Lens Option	Member cost
Polycarbonate lenses	\$40
Scratch-Resistant coating	\$15
Solid or gradient tint	\$15
Ultraviolet coating	\$15
Anti-Reflective coating	\$45
Standard progressive (add-on to bifocal)	\$65
Lens options not listed	20% off retail price

These additional discounts are not part of the insurance plan.

Out-of-Network Benefits

Members receive the richest benefits when using a participating EyeMed provider. However, the plan includes an out-of-network benefit for services and materials obtained through non-network providers.

REIMBURSEMENT LEVELS

- Eye Examination - Up to \$25
- Frames - Up to \$40
- Single Vision Lenses - Up to \$20
- Bifocal Lenses - Up to \$40
- Trifocal Lenses - Up to \$50
- Contact Lenses - Up to \$70

USING OUT-OF-NETWORK BENEFITS

Members must file claims for out-of-network benefits. Members can obtain an out-of-network claim form from EyeMed's Web site, www.eyemedvisioncare.com, or by calling 866-723-0513. Members will pay for all services and materials in full, then submit the completed claim form with receipts for reimbursement.