Midwest Group Benefits
"specializing in employee benefits"

CITY OF MOLINE
SCHEDULE OF BENEFITS
Dental and Vision

I. DENTAL BENEFITS SECTION

Deductible – Calendar Year, per person

Class I and IV Dental Services	None
Class II and III Dental Services (on a combined basis, 3 per family)	$50

Dental Percentage Payable

Class I Dental Services - Preventive	100%
Class II Dental Services - Basic	80%
Class III Dental Services - Major	50%
Class IV Dental Services - Orthodontia	50%

Maximum Benefit Amount – Class I, II, and III

Calendar year, per person	$1000

Maximum Benefit Amount – Class IV

Lifetime, per person	$1250

II. VISION BENEFITS SELECTION

Class I Vision Services - Vision Screening – One screening per person, per calendar year	100%
Class II Vision Services - Vision Analysis – One analysis per person, per calendar year	100%

Maximum Benefit Amount – Class I and II

Per person, per calendar year	$175