

**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	\$50
(on a combined basis, 3 per family)	

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
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Maximum Benefit Amount – Class IV

Lifetime, per person	\$1250
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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
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