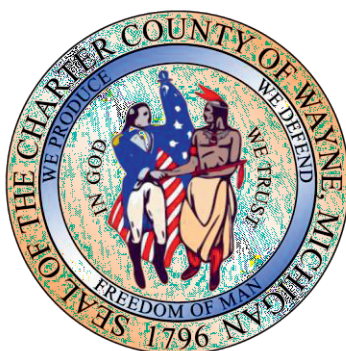


# Wayne County Retiree

## Voluntary Dental and Vision Benefit Enrollment Information

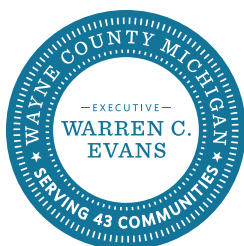
Enrollment Period: October 3 - 20, 2025

For Coverage Effective: January 1 - December 31, 2026



Employees' Retirement System  
Robert J. Grden, Executive Director





## Warren C. Evans County Executive

October 3, 2025

To: All Wayne County Retirees\*

We have once again partnered with TMR & Associates, Inc. to provide you dental and vision plan offerings through reputable insurance carriers with convenient payment options. This 2026 Voluntary Dental & Vision Enrollment Booklet contains important information about the different voluntary dental & vision plans being made available to you during an open enrollment period of October 3 - 20, 2025, for coverage beginning January 1, 2026.

This booklet contains information about the benefits and costs for plans being offered through:

### Delta Dental Plan (PPO)

### Dencap Dental Plan (DMO)

### Heritage Vision Plan

If you have not already done so, this is your opportunity to enroll you and your eligible dependents in a voluntary dental and/or vision plan. You will find specific benefit and provider information for each of the voluntary plans being offered in this booklet starting on page 3.

**If you are electing to enroll for the first time** in one of these voluntary plans **or wish to switch plans**, you must complete the 2026 Enrollment Form found on the back page of this booklet. Instructions for completing the form can be found on page 1 of this booklet. You will be responsible for the full cost of the plan(s) you select in the amount(s) indicated on the election form. Premium payments are payable through a deduction from your Wayne County Employees' Retirement System (WCERS) pension check or personal account through monthly or annual direct pay (if available). Premium payment deductions made through your pension check will begin with the check to be issued on January 2, 2026, and be applied to the premium due for the month of January. If you do not get a monthly pension check from WCERS or would rather not have a deduction taken from your pension check, annual direct pay options are available as indicated on the enclosed Enrollment Form for the DENCAP Dental and Heritage Vision plans.

**If you are currently enrolled and DO NOT wish to make a change at this time**, no action is required – your coverage will remain in effect unless otherwise notified. If there has been a change in the monthly premium rate or plan coverage, the change will automatically begin effective with the premium due for January 2026. The premium rates for 2026 are included on the 2026 Enrollment Form found on the back page of this booklet.

**If you wish to cancel your current enrollment in a Voluntary Dental and/or Vision Plan**, you may do so by completing Parts I and IV of the 2025 Enrollment Form (checking the last box in Part IV) and submitting it as directed on the form. Once canceled, coverage will end effective on December 31, 2025, unless you specify otherwise. Cancellation rules may apply.

Please take the time to read this booklet before completing the Enrollment Form; and then keep it so you can refer to it throughout the year. Should you have questions about the voluntary benefits offered you may contact the insurance carrier directly at the numbers listed below to speak with a representative. If you call, be sure to identify yourself as a Wayne County Retiree so that they can provide you with better assistance.

Delta Dental Plan (PPO)  
(800) 524-0149

Dencap Dental Plan (DMO)  
(800) 252-2053

Heritage Vision Plan  
(800) 451-5918

Enrollment forms need to be submitted by October 20, 2025, for coverage to be effective January 1, 2026. If you need additional assistance, please contact our voluntary benefit program agency, TMR & Associates, Inc. at (313) 963-1135

Sincerely,

Personnel/HR - Benefits Administration Division

*\*This offering does not apply to retirees of the Wayne County Airport Authority.*

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**Wayne County Retirees  
Voluntary Dental and Vision  
Benefit Plan Enrollment Booklet**

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# ENROLLMENT INSTRUCTIONS

This booklet contains information about the plans offered by two different dental care providers, and one vision care provider starting on page 3. Please review the materials provided in this booklet thoroughly. After making your selection, complete the Voluntary Dental and Vision Plan Benefits Enrollment Form found on the back page of the booklet. Instructions for completing the form can be found below.

## Part I – Retiree Information

Please be sure to complete all the required information in this section, including providing your SSN and Retiree ID number, so that the insurance carrier will be able to issue coverage. Your Retiree ID number can be found on your pension check or direct deposit authorization statement (DDA).

## Part II – Coverage Selection

Place an “X” in the box to indicate the plan and coverage type you wish to select.

Once you have chosen a dental plan and/or vision plan, you must select the coverage tier for each plan selection – single, two-person or family (3+). The monthly premium for each plan / coverage tier is displayed in this section. Please note that if you select DENCAP, you must also identify the following:

- **DENCAP DMO:**\* Dental Office ID Number - This number is located under the name of the Dental Provider you select when you visit [www.dencap.com](http://www.dencap.com) (click on 'Find a Dentist').

## Part III – Dependent Information

Please be sure to provide the requested information for each dependent to be enrolled in the dental plan. Proof of relationship may be required.

## Part IV – Authorization

This section must be signed and dated by the Retiree, and one of the boxes must be marked. Once you have completed and signed the form, use the attached self-addressed, postage-paid envelope to return this form to TMR & Associates, Inc. Alternatively, you may also fax this information to (313) 963-6947, or hand-deliver it to TMR's office located at 601 Abbott Street in Detroit 48226.

**ENROLLMENT FORMS MUST BE RETURNED BY OCTOBER 20, 2025**

## Once You've Enrolled

You may receive welcome packets from the insurance carrier with information about how to access your benefits. ID cards will be included if you enrolled with DENCAP Dental. Delta Dental and Heritage Vision do not provide ID cards or welcome packages. These may be printed from their websites (at [www.deltadental.com](http://www.deltadental.com) and [www.heritagevisionplans.com](http://www.heritagevisionplans.com) ), or you may provide your information to the benefit provider directly to look up eligibility.

If you have additional questions or need clarification regarding anything included in this booklet or on completing the Enrollment Form included herein, contact TMR & Associates, Inc. at (313) 963-1135 or by email to [lowell@tmrandassoc.com](mailto:lowell@tmrandassoc.com).

*\*DMO - A dental maintenance organization (DMO) is a structured type of dental plan. In this type of plan, a set group of dentists provides broad and affordable care at a low monthly premium. If you select a DMO plan, you will need to choose a primary dentist to work with and you must let the plan provider or carrier know if you want to change your dentist.*

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## Delta Dental PPO™ (Standard) Summary of Dental Plan Benefits For Group #5085-0001 Wayne County Retirees

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.\*

**Control Plan** – Delta Dental of Michigan

**Benefit Year** – January 1 through December 31

**Covered Services** –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays*	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	80%	80%
<b>Palliative Treatment</b> – to temporarily relieve pain	100%	80%	80%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	80%	80%
<b>Brush Biopsy</b> – to detect oral cancer	100%	80%	80%
<b>Radiographs</b> – X-rays	100%	80%	80%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	50%	50%	50%
<b>Endodontic Services</b> – root canals	50%	50%	50%
<b>Periodontic Services</b> – to treat gum disease	50%	50%	50%
<b>Oral Surgery Services</b> – extractions and dental surgery	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Other Basic Services</b> – misc. services	50%	50%	50%
<b>Relines and Repairs</b> – to prosthetic appliances	50%	50%	50%
<b>Major Services</b>			
<b>Prosthodontic Services</b> – bridges, implants, dentures, and crowns over implants	50%	50%	50%

\* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.

- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Benefit Waiting Period** – There is a waiting period for certain services. Minor Restorative Services, Endodontic Services, Periodontic Services, Oral Surgery Services, Other Basic Services, and Relines and Repairs will not be covered until after a Member is enrolled in the dental plan for 6 consecutive months. Major Restorative Services and Prosthodontic Services will not be covered until after a Member is enrolled in the dental plan for 12 consecutive months.

**Maximum Payment** – \$1,000 per Member total per Benefit Year on all services.

**Deductible** – \$25 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, and sealants.

**Waiting Period** – Eligible Persons who are eligible for dental benefits are covered on the first day of the month following the date of the Subscriber's first pension check or on date of pension check if dated the first of the month. For individuals who enroll upon the effective date of the Contract (October 1, 2016), there shall be no waiting period for benefits. For individuals who enroll following the effective date of the Contract (October 1, 2016), waiting periods for benefits shall be waived if the following conditions are met: 1) the individual enrolls in this dental plan within ninety (90) days after their retirement date; and 2) the individual had been enrolled in a group dental plan with Wayne County prior to retirement. For individuals who enroll in this dental plan but do not meet either of the scenarios set forth above, there is a 6-month waiting period for certain services. Minor Restorative Services, Endodontic Services, Periodontic Services, Oral Surgery Services, Other Basic Services, and Relines and Repairs will not be covered until after a person is enrolled in the dental plan for 6 consecutive months. Major Restorative Services and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

**Eligible People** – All retirees of Wayne County who are part of the Wayne County Employees' Retirement System (WCERS) actively receiving a pension from WCERS and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. Also eligible are your Spouse and your Children to the end of the calendar year in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled. Enrollees and Dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which your employment is terminated.



## Delta Dental PPO dentists help you save.

When dentists agree to become part of Delta Dental's PPO network, they agree to accept established fees for services. **These fees are less than what the dentist would normally charge, so you know you'll be saving money before you even sit down in the dentist's chair.** Our PPO dentists have also agreed not to "balance bill" you for the difference between the agreed-upon fee and their usual fee.



## The dentist deals with claim payments and forms.

When you use a Delta Dental network dentist, **claim payments are sent directly to that dentist after they submit your claim for you.** If you visit a dentist who isn't in Delta Dental's network, you may have to file your own claims and claim payments may be sent directly to you. Out-of-network dentists may require you to pay the full cost of your care right at the office and wait to be reimbursed.











## Our PPO network is one of the largest in the nation.

With more than 112,200 dentists participating in more than 274,600 locations nationwide, the **Delta Dental PPO network is one of the largest in the U.S.<sup>2</sup>** This not only gives you a great selection of dentists to choose from; there's a good chance your current dentist already participates in Delta Dental's PPO network.

<sup>2</sup> Delta Dental Plans Association, December 2018.

## Example savings for a common procedure

	 Estimated charge	 Maximum allowed fees	 Delta Dental PPO fee	 Percentage paid by Delta Dental	 Amount Delta Dental pays	 Amount dentist can balance bill	 Total amount you pay	 Your total cost savings
Delta Dental PPO dentists	\$1,200	\$850	\$850	50%	\$425	\$0	\$425	\$350
Delta Dental Premier dentists	\$1,200	\$975	\$850	50%	\$425	\$125	\$550	\$225
Nonparticipating dentists	\$1,200	\$1,100	\$850	50%	\$425	\$100	\$775	\$0

### Delta Dental PPO dentists

Delta Dental PPO dentists have **agreed to charge \$850 for the \$1,200 service, a savings of \$350.** Your Delta Dental plan covers 50 percent of the cost. Assuming you've already met your deductible for the year, **Delta Dental will pay \$425 and you'll pay \$425.**

### Delta Dental Premier dentists

Delta Dental Premier dentists have **agreed to charge \$975—a savings of \$225** compared to the fee the dentist usually charges. If you've met your deductible, **Delta Dental will cover 50 percent** of the \$850 PPO fee, **paying \$425.** The dentist can bill you the difference between the PPO fee and the maximum allowed fee, making **your bill \$550.** That's an extra **\$125 you will owe** when compared to what you would have paid with a Delta Dental PPO dentist.

### Nonparticipating dentists

Nonparticipating dentists have **not agreed to charge lower fees and can bill the full \$1,200.** Delta Dental will pay based on the \$850 PPO fee, which means **Delta Dental's share of the tab is \$425.** The dentist can bill you the difference between Delta Dental's payment and what they charge. This leaves you with a bill of \$775, which **includes the \$350 the nonparticipating dentist can "balance bill."**

NOTE: Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do however represent how payment is determined.



Delta Dental of Michigan is proud to be **your dental benefits provider.**



## Have you scheduled your preventive dental visit?

Regular dental visits can prevent many oral health problems or help identify them earlier when treatment may be simpler and more affordable.

## Get help when you need it.



### Customer service 800-524-0149

Live help is available Monday–Friday,  
8:30 a.m. to 8 p.m. ET.

An automated system is available at  
all other times.

- Eligibility and benefit information
- Claim status
- Find a dentist near you



### Your benefits 24/7 [www.memberportal.com](http://www.memberportal.com)

Utilize our mobile-friendly Member Portal to:

- Review coverage and claims information
- Find a dentist near you
- Access online ID card
- Estimate dental care costs, and more!

Click the "Sign up!" link to register or  
sign in with your username and password.

[www.deltadentalmi.com](http://www.deltadentalmi.com) | 800-524-0149





## Plan Benefits

- ✓ High annual maximums
- ✓ No deductibles
- ✓ Largest contracted dental network

## Cost Clarity-Right Upfront!

Schedule of benefits helps members know their expected out of pocket costs at the dentist.

## Best Ways to Reach Us

Insurance can be tricky - so if you need to reach out we're just a call, click, or chat away. We're always here to help!

### Plan Benefits, Find a Dentist:

[dencap.com/wayne-county-retirees](http://dencap.com/wayne-county-retirees)

### Questions about eligibility or billing, General questions, Enrollment changes:

Email: [lowell@tmrandassoc.com](mailto:lowell@tmrandassoc.com)

### Questions about plan coverage:

(313) 972-1400

### Correspondence:

DENCAP Dental Plans

45 E. Milwaukee

Detroit, MI 48202

### Customer Service:

(313) 972-1400

## We Have an Expanded Network!

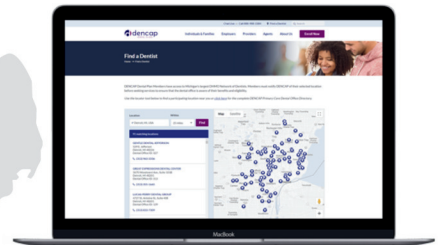
DENCAP Dental Plans is proud to announce we have **over 190 general and specialty offices** in network and we are GROWING!



Scan the QR code with your phone to visit us on the web!



Visit our website at [dencap.com](http://dencap.com) to find your dental office.





# Welcome to the DENCAP family!

We proudly support Wayne County retirees and their families with trusted dental coverage for over 40 years—and for many more to come.

## Smile Smarter, Spend Less!

This open enrollment, DENCAP offers great coverage.

### Wayne County Retiree Plan

**100/80/80 Plan<sup>†</sup>**

**\$3500 max per family member**

**100% preventive coverage**

**85% dentures and partial coverage**

**80% crown coverage**

**No change in coverage for 2026**

<sup>†</sup> PERCENTAGES are APPROXIMATE, see co-payments as listed on the Schedule of Benefits and Fixed Co-Pays.

## Why Choose DENCAP?

- ✓ Higher benefit coverage than other plans
- ✓ Live, local customer service
- ✓ No deductibles, no waiting periods
- ✓ Choose from our wide network of dentists

## Cost Clarity - Right Upfront!

A schedule of benefits helps members know their expected out of pocket costs at the dentist.

Wayne County Smile Guard Plan (Smile Guard)			
SCHEDULE OF BENEFITS AND FIXED CO-PAYS			
Procedure Code	Description	Benefit Category	Member Cost
			Office Visit (for consultation)
1010	Periodic Oral Examination	Preventive	\$0
1100	Comprehensive Oral Examination	Preventive	\$0
1200	Periodontal Examination	Preventive	\$0
1300	Prophylaxis/Teeth Cleaning	Preventive	\$0
1400	Fluoride Varnish Application	Preventive	\$0
1500	Oral Cancer Screening	Preventive	\$0
2010	Emergency Care	Emergency	\$0
2100	Emergency Care	Emergency	\$0
2200	Emergency Care	Emergency	\$0
2300	Emergency Care	Emergency	\$0
2400	Emergency Care	Emergency	\$0
2500	Emergency Care	Emergency	\$0
2600	Emergency Care	Emergency	\$0
2700	Emergency Care	Emergency	\$0
2800	Emergency Care	Emergency	\$0
2900	Emergency Care	Emergency	\$0
3010	Emergency Care	Emergency	\$0
3100	Emergency Care	Emergency	\$0
3200	Emergency Care	Emergency	\$0
3300	Emergency Care	Emergency	\$0
3400	Emergency Care	Emergency	\$0
3500	Emergency Care	Emergency	\$0
3600	Emergency Care	Emergency	\$0
3700	Emergency Care	Emergency	\$0
3800	Emergency Care	Emergency	\$0
3900	Emergency Care	Emergency	\$0
4010	Emergency Care	Emergency	\$0
4100	Emergency Care	Emergency	\$0
4200	Emergency Care	Emergency	\$0
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9100	Emergency Care	Emergency	\$0
9200	Emergency Care	Emergency	\$0
9300	Emergency Care	Emergency	\$0
9400	Emergency Care	Emergency	\$0
9500	Emergency Care	Emergency	\$0
9600	Emergency Care	Emergency	\$0
9700	Emergency Care	Emergency	\$0
9800	Emergency Care	Emergency	\$0
9900	Emergency Care	Emergency	\$0

## For More Plan Information

Want all the details? Scan the QR code with your smart phone to head to your Wayne County Retirees benefits landing page:

**Link:**

**[dencap.com/wayne-county-retirees/](https://dencap.com/wayne-county-retirees/)**





### WAYNE COUNTY RETIREES

PLAN EFFECTIVE 01/01/2026

CLIENT #4140-01 | GROUP #1055 GENERAL

CLIENT #4143-00 | GROUP #4143-01 CASH PAY

SERVICES	NETWORK COVERAGE	OUT OF NETWORK <sup>5,6</sup>
<b>EYE EXAM</b>		
Comprehensive Eye Exam	100% Covered, \$5.00 Co-Pay	Reimbursed up to \$40.00
<b>FRAME</b>		
Frame	\$130.00 Retail Allowance Member pays retail frame costs over allowance, less 20% discount <sup>2</sup> Walmart/Sam's EDLP Frames Level 3 \$75.00 Retail Allowance <sup>3</sup>	Reimbursed up to \$45.00
<b>STANDARD LENSES</b>		
Single Vision	100% Covered, \$10.00 Co-Pay	Reimbursed up to \$45.00
Bifocal	100% Covered, \$10.00 Co-Pay	Reimbursed up to \$50.00
Trifocal	100% Covered, \$10.00 Co-Pay	Reimbursed up to \$60.00
Progressive, Standard	100% Covered, \$50.00 Co-Pay	Reimbursed up to \$60.00
Progressive, Premium	80% of the difference between the standard and premium, \$50.00 Co-Pay	Reimbursed up to \$60.00
<b>Lens Options</b>		
Anti-Reflective Coating	20% Discount	N/A
Hi-Index	20% Discount	N/A
Mirror Coating	20% Discount	N/A
Photochromic/Transition, Single Vision	20% Discount	N/A
Photochromic/Transition, Multi-Focal	20% Discount	N/A
Polycarbonate, Child	20% Discount	N/A
Polycarbonate, Adult	20% Discount	N/A
Polarization	20% Discount	N/A
Scratch Coating	20% Discount	N/A
Tint, Solid	20% Discount	N/A
Tint, Gradient	20% Discount	N/A
UV Coating	20% Discount	N/A
Other Lens Options	20% Discount	N/A
<b>CONTACT LENS SERVICES</b>		
Standard Contact Fitting	\$40.00 Max Co-Pay	Reimbursed up to \$20.00
Premium Contact Fitting	10% Discount <sup>3</sup>	N/A
Contact Lenses <sup>1</sup>	\$130.00 Retail Allowance Member pays retail contact lens costs over allowance, less 10% discount <sup>3,4</sup>	Reimbursed up to \$105.00
Medically Necessary Prior Approval Required	Covered up to U&C Amount, \$10.00 Co-Pay	Reimbursed up to \$210.00

## Plan Information

### Network

National

### Service Frequency

Exam	Every 12 months
Frames	Every 12 months
Lenses	Every 12 months
Contacts	Every 12 months

### Dependent Children

Covered to age 26 (EOY)

<sup>1</sup> You are eligible for contact lenses or eyeglasses, not both, in any plan year.

<sup>2</sup> Preferred pricing discounts may not be available for certain frame brands as determined by the manufacturer or where prohibited by law.

<sup>3</sup> At participating Walmart/Sam's Club locations, the "Everyday Low Price" (EDLP) frame benefit level differs from other providers in the network. Due to Walmart's heavily discounted prices, there are no added preferred pricing discounts on premium fitting fees, contact lenses, non-covered upgrades, options, additional prescription eyeglass or sunglass purchases at these locations.

At participating US Vision, Nationwide Vision and Luxottica owned/operated locations, there are no discounts on premium fitting fees or contact lenses.

<sup>4</sup> Discount may not apply to disposable contact lenses.

<sup>5</sup> If you use the services of an in network provider but take advantage of a sale, coupon, or other in-store special, the provider may require that you pay in full and submit your itemized receipt for reimbursement at the out of network reimbursement rates.

<sup>6</sup> Claims for out of network reimbursement must be filed within six months of service date.

### EXTRA SAVINGS

# 20%

savings on additional glasses from your Heritage provider, with initial purchase  
\*In Network Only

# 15% off LASIK

available through LasikPlus®

## HEARING AIDS UP TO 60% OFF RETAIL!

**amplifon®** Hearing  
Health Care

This is intended as an easy-to-read summary and provides a general overview of your benefits. It is not a contract.

To find a Heritage provider, visit [www.heritagevisionplans.com](http://www.heritagevisionplans.com), no login required.

Choose "NATIONAL NETWORK" from the dropdown.

### **Eligibility**

Your eligibility to participate in this plan is determined by your employer, group or trust. Contact your benefit manager for eligibility rules.

### **Limitations**

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should you select options that are not covered under your plan, as shown in the vision benefits at a glance, you will pay a discounted fee to the participating provider, when applicable. Benefits are payable only for services received while your coverage is in force.

### **Exclusions:**

- Non-Prescription Lenses
- Medical or surgical treatment of the eyes, including drugs and/or medications
- Replacement of lost or broken lenses or frames
- Vision training
- Services provided as a result of any workers' comp law, or similar legislation, or required by any governmental agency or program whether federal or state
- Two pairs of glasses instead of bifocals
- Parts or repair of frame not covered under manufacturers' warranty
- Services not visually necessary
- Corrective vision services, treatments and materials of an experimental nature
- Safety lenses (3mm) and/or frame with side shields
- Services not specified in scope of coverage
- Services or materials provided by any other group plan providing vision care
- Services rendered after the date an insured person ceases to be covered under the policy, except when materials ordered before coverage ended are delivered
- Benefits cannot be combined with any discount or promotional offering
- Fees charged for non-covered services and materials must be paid in full to the provider

### **Termination Provisions**

Coverage will end on the earliest of: the date the policy ends, or the date you are no longer eligible.

### **Notes and Disclaimers**

- The contact lens allowance may be used all at once, or throughout the plan year as needed, and may be applied toward contact lenses only
- Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Heritage is not responsible for the outcome of any refractive surgery
- Discounts are not insured benefits
- ID cards are not required for services
- Other disclaimers may apply

### **Using an Out of Network Provider**

If you choose to use an out of network provider or on-line vendor, here are the steps to take:

1. Verify your eligibility by logging in to the Member Web Portal <https://hvmwp.wonderboxsystem.com> to view your Benefits Summary. Or, call Customer Service toll free at 800.252.2053.
2. Make an appointment with the provider of your choice.
3. When the examination is complete and you have been fitted for necessary eyeglasses or contact lenses, pay the charges in full.
4. Request an itemized receipt.
5. Submit the completed Heritage Reimbursement Claim Form along with your itemized receipt(s) using one of these methods:

Electronic Submission:

<https://www.heritagevisionplans.com/Submit-A-Claim>

Manual Submission:

<https://www.heritagevisionplans.com/Reimbursement-Claim-Form>

Out of network benefits are subject to the same eligibility, frequency, limitation and exclusion provisions of the plan, and are in lieu of in network services.





## YOU DESERVE

Benefits that fit **your lifestyle.**

### WHY ENROLL

- **Eye exams are an important part of overall health.** Eyes are windows to the soul. Many pathologies can be detected through an eye exam, making regular appointments an essential component of overall physical health.
- **Eye care is for the whole family.** Your vision may be perfect—but what about your spouse's or your children's? Vision benefits ensure that your whole family is provided for.
- **Vision insurance can save you hundreds of dollars a year.** From reduced costs when seeing an eye doctor to discounts on glasses and contacts, vision is one benefit that can prove its worth.
- **Changes in eye health can be hard to spot!** Do you notice yourself squinting? Are you experiencing headaches? Do your eyes feel tired at the end of the day? Time to get your eyes checked!
- **Express your personal style!** You have more than one pair of shoes. Why one pair of glasses? You don't have to choose between versatile everyday frames and a bold statement look.



**For more info:**

Visit us online: [www.heritagevisionplans.com](http://www.heritagevisionplans.com)

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**Wayne County Retirees  
VOLUNTARY DENTAL & VISION PLAN BENEFITS  
2026 Enrollment Form**

Rates effective Jan. 1, 2026 through Dec. 31, 2026

**Part I. RETIREE INFORMATION:** *Please print*

			Social Security Number (REQUIRED) ____ - ____ - ____	
Last Name		First Name	M.I.	Retiree ID Number (Located on pension check or DDA) _____
Street Address		Apt. No.	Date of Birth (mm/dd/yyyy) ____ / ____ / ____	
City		State	Zip Code	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Area Code & Telephone Number (____) _____ -- _____		Email Address ____ @ _____		

**Part II. COVERAGE SELECTION:** *Place an "X" in ONE box to indicate the plan and coverage tier for your dental and/or vision selection.*

Dental Plan Option	Provider or Facility No.*	One Person	Two Person	Family	Premium Payment Options
Delta Dental Plan PPO	N/A	<input type="checkbox"/> \$33.89 / mo	<input type="checkbox"/> \$67.83 / mo	<input type="checkbox"/> \$111.38 / mo	- Pension payroll deduction ONLY
Dencap Dental Plan DMO	____	<input type="checkbox"/> \$25.60 / mo	<input type="checkbox"/> \$41.60 / mo	<input type="checkbox"/> \$61.90 / mo	- Pension payroll deduction - Direct-pay – annual amount
Heritage Vision Plan	N/A	<input type="checkbox"/> \$8.25 / mo	<input type="checkbox"/> \$13.76 / mo	<input type="checkbox"/> \$21.17 / mo	- Pension payroll deduction - Direct-pay – annual amount

\*Note: If you select DENCAP Dental you must choose a primary dental office. Please indicate the dental provider number for DENCAP (visit [www.dencap.com](http://www.dencap.com))

**Part III. DEPENDENT INFORMATION:** *Provide requested information for each dependent to be enrolled in the selected dental / vision plan.*

Rel. to Retiree	Dependent			Date of Birth (mm/dd/yyyy)	Sex	Last 4 Digits of Soc. Sec. No.
	Last Name	First Name	M.I.			
Spouse				____ / ____ / ____		____
Child				____ / ____ / ____		____
Child				____ / ____ / ____		____

☐ Additional dependents included on the back of this form

**Part IV. AUTHORIZATION:** *Read the section below completely, check the appropriate boxes and sign and date the form before submitting.*

- ☐ I have elected to enroll myself and my eligible dependents in the above Voluntary Dental and/or Vision Plan. I understand that these plans are NOT sponsored by Wayne County, and I understand that Wayne County will not contribute to the costs of the plan I have selected. Accordingly, I understand and agree that I am solely responsible for all costs and expenses associated with the plans.
- ☐ I hereby authorize the Wayne County Employees' Retirement System (WCERS) or its paying agent to deduct or recover the cost of the above selected voluntary dental and /or vision plan from my monthly retirement pension check from WCERS.
- ☐ I DO NOT receive a pension check from the WCERS, or do not wish to have my premium payments deducted from my pension check but wish to enroll via direct pay, if available. Contact your Wayne County Enrollment Specialist at 313-224-5157 or [benefits@waynecountymi.gov](mailto:benefits@waynecountymi.gov) for payment instructions. Coverage will not start until payment has been received.
- ☐ I wish to terminate part/all current voluntary dental and/or vision plan coverage for myself and/or any covered spouse and dependents. Effective Jan. 1, 2026, stop coverage for the following plan(s): ☐ Dental ☐ Vision ☐ Dental and Vision

Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed form by fax or by mail in the enclosed, self-addressed envelope by **OCTOBER 20, 2025**.

Return to: TMR & Associates, Inc. • 601 Abbott Street • Detroit, MI 48226  
Phone: (313) 963-1135 • Fax: (313) 963-6947 • Email: [lowell@tmrandassoc.com](mailto:lowell@tmrandassoc.com)

## Part III. DEPENDENT INFORMATION continued

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