



# **Egyptian Area Schools Employee Benefit Trust**

**Group #010-350813**

Highlight of Dental Options

By Ameritas Group

# Employees can choose from two plans:



High Plan  
or  
Low Plan

# Under either the High Plan or the Low Plan



- Employees can take single coverage or add dependent coverage
- Dependents receive the same plan chosen by the employee
- Employees can switch between plans at the annual election period

# See the highlight of the plan options

## Egyptian Area Schools Employee Benefit Trust Dental Highlight Sheet



Effective Date: 9/1/2015

Plan Benefit	High Plan	Low Plan
Type 1	100%	80%
Type 2	80%	70%
Type 3	50%	NA
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum	\$50/Calendar Year Type 2 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,500 per calendar year 90th U&C	\$750 per calendar year 90th U&C
Allowance Type 1	Maximum Procedure Allowance	Maximum Procedure Allowance
Allowance Type 2	Maximum Procedure Allowance	Maximum Procedure Allowance
Allowance Type 3	Maximum Procedure Allowance	None
Dental Rewards®	Included	Included
Ameritas Rewards <sup>SM</sup>	Included	NA

### Orthodontia Summary - Child Only Coverage

Allowance	U&C	No Ortho
Plan Benefit	50%	
Lifetime Maximum (per person)	\$1,000	
Ameritas Rewards <sup>SM</sup> Lifetime (per person)	\$100	

### Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3 (High Plan Only)
<ul style="list-style-type: none"> <li>Routine Exam (2 per benefit period)</li> <li>Bitewing X-rays (2 per benefit period)</li> <li>Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>Periapical X-rays</li> <li>Cleaning (2 per benefit period)</li> <li>Fluoride for Children 18 and under (1 per benefit period)</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 18 and under)</li> <li>Space Maintainers</li> <li>Restorative Amalgams</li> <li>Restorative Composites</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Onlays</li> <li>Crowns (1 in 5 years per tooth)</li> <li>Crown Repair</li> <li>Implants</li> <li>Prosthetics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

### U&C Disclosure

Usual and Customary ("U&C") describes those dental charges that we have determined to be the usual and customary charge for a given dental procedure within a particular ZIP code area. U&C levels are based on experience from the Company and an independent outside source of claim charge information.

### Maximum Procedure Allowance (MPA)

- With MPA, the plan allowance for each covered procedure is established according to the median dentist charges in the ZIP Code area where services are provided.
- Keeps cost-conscious plan members from subsidizing those who use more expensive dentists.
- Reimbursement allowances automatically adjust if there's an increase or decrease in the overall charges in the area.

Dental Rates	High Plan	Low Plan
Employee	\$32.08	\$14.26
Employee + 1	\$58.96	\$26.18
Employee + 2	\$85.70	\$49.70



# High Plan Highlight

## Type 1 - Preventive procedures

- 100% (exams, cleanings, x-rays, child fluoride, etc.)

## Type 2 - Basic procedures

- 80% (extractions, fillings, sealants, root canals, treatment of gum disease, oral surgery, etc.)

## Type 3 - Major procedures

- 50% (crowns, crown repairs, dentures, bridges, implants, etc.)

## Orthodontia – for children

- 50% up to plan maximum

# High Plan Highlight

## Deductible

Type 1 Procedures	None
Type 2 & 3 Combined	\$50 Per Calendar Year
Maximum deductible:	three (3) family members
Orthodontia	None

## Maximum

Annual Maximum Per Member	\$1,500
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## Orthodontia

Lifetime Maximum Per Child	\$1,000
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# High Plan Highlight

## Added notes about Orthodontia . . .

- **Available up to age 19**
  - Start by age 17 to receive the full orthodontic maximum
- Takeover for orthodontic plans in progress

# High Plan Highlight

## New Plan Feature. . . . Ameritas Rewards!

- Utilize unused dental maximum to carryover towards dental benefits
- Or carryover up to \$100 for additional orthodontia coverage
- Accumulate unlimited maximum dental carryover amount.
- Must submit dental claim during a benefit year or all accumulated rewards are lost!
- A member is eligible to earn rewards again the next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Ameritas Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a network provider
Maximum Carryover	Unlimited	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

# Low Plan Highlight

## Type 1 - Preventive procedures

- 80% (exams, cleanings, x-rays, child fluoride, etc.)

## Type 2 - Basic procedures

- 70% % (extractions, fillings, sealants, root canals, treatment of gum disease, oral surgery, etc.)

## Type 3 - Major procedures (not covered under this plan)

## Orthodontia (not covered under this plan)

# Low Plan Highlight

## Deductible

- Type 1 Procedures None
- Type 2 Procedures \$50 Per Calendar Year
- Maximum deductible: three (3) family members

## Maximum

- Annual Maximum Per Member \$750

# Low Plan Highlight

## New Plan Feature. . . . Dental Rewards!

- Utilize unused dental maximum to carryover towards dental benefits
- Accumulate up to \$500 to carryover
- Must submit dental claim during a benefit year or all accumulated rewards are lost!
- A member is eligible to earn rewards again the next year.

Benefit Threshold	\$250	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$125	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$ 50	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$500	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

# PPO available under both plans



- Freedom to use any licensed dentist
- Coverage is the same whether you go in network or out of network

# Filing a claim is easy!

- PPO Providers will submit the claims for you!
- You or your out-of-network provider may file the claim via mail, fax or email

## dental Group Claim Form

Ameritas Life Insurance Corp.

Group Claim Office / P.O. Box 82520 / Lincoln, NE 68501-2520

Toll Free 800-487-5553 / Fax 402-467-7336 / Web [ameritasgroup.com](http://ameritasgroup.com) / Ameritas' payer ID for electronic claims is 47009.



### PART 1 – TO BE COMPLETED BY EMPLOYEE

*For faster payment, submit electronically!*

1. Patient's full name (first, middle initial, last)		2. Patient birthdate (MM/DD/YY)		3. Relationship to employee <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
5. Employee's full name (first, middle initial, last)		6. Employee's identification number		Employee's birthdate (MM/DD/YY)			
7. Employee's mailing address (Street address or P.O. Box, City, State, ZIP)		8. THIS SECTION MUST BE COMPLETED WITH EACH CLAIM SUBMISSION ONLY IF THE CLAIM IS FOR A DEPENDENT CHILD AGE 19 OR OVER Is patient a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name and address of school					
Email address		9. Employer (company) name and address <b>Egyptian Area Schools Employee Benefit Trust</b>		10. Group number <b>010-350831</b>		Division number Certificate number	

### QUESTIONS 11 AND 12 MUST BE COMPLETED WITH EACH CLAIM SUBMISSION

11. Is patient covered by another dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and address of other carrier		Policy number		Name and address of other employer	
12. Other employee/subscriber name		Employee/subscriber identification number		Date of birth (MM/DD/YY)		Relationship to patient	

13. I have reviewed the following treatment plan, and I authorize release of any information relating to this claim. I understand that I am responsible for all cost of dental treatment. I certify these statements to be true and complete to the best of my knowledge.

14. I hereby authorize payment directly to the below named dentist of group insurance benefits otherwise payable to me.

<u>X</u> Signature (patient, or parent if minor)	Date	<u>X</u> Signature (patient, or parent if minor)	Date
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# Questions about the dental plans or a claim?

Toll free 800-487-5553

Available 7:00 a.m. CST – 12:00 midnight Monday – Thursday  
and 7:00 a.m. CST – 6:30 p.m. on Friday.

OR go online for Frequently Asked Questions and more at:  
[www.ameritas.com/group/olbc/egyptianschooltrust](http://www.ameritas.com/group/olbc/egyptianschooltrust)



# **Egyptian Area Schools Employee Benefit Trust**

**Group #010-350813**

Highlight of Vision Benefits

By Ameritas Group

# new vision benefit!



## Focus<sup>®</sup> plan

administered by  
Ameritas Life Insurance Corp.  
with access to  
Vision Service Plan (VSP)  
network providers

# Focus plan



- single coverage or add dependent coverage
  - access to VSP providers
- 
- freedom to go out of network

# Focus plan highlights

## Egyptian Area Schools Employee Benefit Trust Eye Care Highlight Sheet



### Focus® Plan Summary

Effective Date: 9/1/2015

	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>	\$15 Exam \$15 Eye Glass Lenses or Frames* Covered in full	\$15 Exam \$15 Eye Glass Lenses or Frames Up to \$45
<b>Annual Eye Exam</b>	Covered in full	Up to \$30
<b>Lenses (per pair)</b>	Covered in full	Up to \$50
<b>Single Vision</b>	Covered in full	Up to \$85
<b>Bifocal</b>	Covered in full	Up to \$100
<b>Trifocal</b>	Covered in full	NA
<b>Lenticular</b>	See lens options	
<b>Progressive</b>		
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>	Member cost up to \$80	No benefit
<b>Elective</b>	Up to \$130	Up to \$105
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Frames</b>	\$130**	Up to \$70
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24 Based on date of service	12/12/24 Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco allowance will be the wholesale equivalent.

### LASIK Advantage®

<b>Benefits</b>	Year 1 - \$700 [\$350 per eye] Year 2 - \$700 [\$350 per eye] Year 3 - \$1,400 [\$700 per eye]
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### Lens Options (member cost)\*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
<b>Scratch Resistant Coating</b>	\$33 adults \$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

Vision Rates	
Employee	\$ 7.96
Employee + 1	\$11.40
Employee + 2	\$20.64

# Focus plan highlights

## Annual eye exams

- available one time each calendar year
- \$15 deductible
  - VSP provider = covered in full
  - out-of-network provider = reimbursed up to \$45

# Focus plan highlights

## Egyptian Area Schools Employee Benefit Trust Eye Care Highlight Sheet



### Focus® Plan Summary

Effective Date: 9/1/2015

Deductibles	VSP Choice Network + Affiliates	Out of Network
Annual Eye Exam	\$15 Exam	\$15 Exam
Lenses (per pair)	\$15 Eye Glass Lenses or Frames*	\$15 Eye Glass Lenses or Frames
Single Vision	Covered in full	Up to \$45
Bifocal	Covered in full	Up to \$30
Trifocal	Covered in full	Up to \$50
Lenticular	Covered in full	Up to \$85
Progressive	See lens options	Up to \$100
Contacts		NA
Fit & Follow Up Exams	Member cost up to \$80	No benefit
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames	\$130**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco allowance will be the wholesale equivalent.

### LASIK Advantage®

Benefits	Year 1 - \$700 [\$350 per eye]
	Year 2 - \$700 [\$350 per eye]
	Year 3 - \$1,400 [\$700 per eye]

### Lens Options (member cost)\*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
Scratch Resistant Coating	\$33 adults	No benefit
Anti-Reflective Coating	\$17-\$33	No benefit
Ultraviolet Coating	\$43-\$85	No benefit
	\$16	No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

Vision Rates	
Employee	\$ 7.96
Employee + 1	\$11.40
Employee + 2	\$20.64

# Focus plan highlights

## Frames for Eye Glasses

- available one time every 24 months
  - VSP provider = covered in full up to \$130
  - out-of-network provider = reimbursed up to \$70



# Focus plan highlights

## LASIK Advantage®

### Benefits

Year 1 - \$700 [\$350 per eye]

Year 2 - \$700 [\$350 per eye]

Year 3 - \$1,400 [\$700 per eye]

# Focus plan highlights

## Egyptian Area Schools Employee Benefit Trust Eye Care Highlight Sheet



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Effective Date: 9/1/2015

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<b>Lenses (per pair)</b>		
<b>Single Vision</b>	Covered in full	Up to \$30
<b>Bifocal</b>	Covered in full	Up to \$50
<b>Trifocal</b>	Covered in full	Up to \$65
<b>Lenticular</b>	Covered in full	Up to \$100
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>	Member cost up to \$60	No benefit
<b>Elective</b>	Up to \$130	Up to \$105
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Frames</b>	\$130**	Up to \$70
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24 Based on date of service	12/12/24 Based on date of service

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### LASIK Advantage®

<b>Benefits</b>	Year 1 - \$700 [\$350 per eye] Year 2 - \$700 [\$350 per eye] Year 3 - \$1,400 [\$700 per eye]
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### Lens Options (member cost)\*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
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<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

Vision Rates	
Employee	\$ 7.96
Employee + 1	\$11.40
Employee + 2	\$20.64

# using your Focus plan is easy!

- enrolled members will receive an ID card
- review coverage or find a VSP doctor at [vsp.com](http://vsp.com)  
or call toll free 800-877-7195
- when you make your appointment, tell them you are a VSP member

# Focus plan highlights

Even more savings with the Focus plan!

## Egyptian Area Schools Employee Benefit Trust Eye Care Highlight Sheet



### Additional Focus® Choice Network Features

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact lens fit & follow up exam allowance, the cost of the fitting and evaluation is deducted from the contact allowance.
<b>Additional Glasses</b>	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
<b>Frame Discount</b>	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
<b>Laser VisionCare</b>	VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).



### Retail Chain Affiliate Providers Available With Focus Plans

Retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

### Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP.

**During open enrollment between 6/1/2015 to 9/1/2015:** Ameritas offers a toll free Welcome Line for employees or their dependents to call with general questions about the vision plan, look for VSP providers, etc. During this time, view general plan information or search for VSP providers at: [www.ameritas.com/group/olbc/egyptianschooltrust](http://www.ameritas.com/group/olbc/egyptianschooltrust)

**After the plan goes into effect on 9/1/2015:** Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.



# Questions about the vision plan or to find a provider?

Call toll free VSP Call Center: 1-800-877-7195

Available 5 a.m. to 7 p.m. PST Monday through Friday,  
6 a.m. to 2:30 p.m. PST Saturday

Locate a VSP provider or see Frequently Asked Questions at:  
[www.ameritas.com/group/olbc/egyptianschooltrust](http://www.ameritas.com/group/olbc/egyptianschooltrust)

View plan benefit information at: [www.vsp.com](http://www.vsp.com)



**Thank you!**