

# A Dental Plan With You In Mind



## An Exciting New Dental Plan Exclusively For Members Of The Utah Retired School Employees Association

The URSEA Board of Directors has endorsed a group dental insurance plan underwritten by Ameritas Life Insurance Corp. This plan has been heavily negotiated for our membership. Please take a moment to review this information, we think you'll like what you see!

You will have first day access to all covered services if you have had twelve months of continuous coverage with no more than a 60-day lapse in coverage. If you have not had continuous coverage, or a lapse of more than 60-days, you will have first day access to preventative and basic services and only a twelve month waiting period on major services.

### How do I locate an Ameritas Network Provider or get additional information about the plan?

Contact Ameritas at 1-888-239-3336, or online at [www.ameritasgroup.com/resources/find.asp](http://www.ameritasgroup.com/resources/find.asp).

#### Endorsed by:

Utah Retired School Employees Association

#### Underwritten by:

Ameritas Life Insurance Corp.



#### Marketed by:

Association Member Benefits Advisors  
6034 W. Courtyard Drive, Suite 300  
Austin, TX 78730



*\*Reimbursement percentages are based on the usual and customary charges for services in your geographical area.*

*Network providers may not be available in all states or geographic areas. All services are subject to limitations and exclusions. The master insurance policy providing coverage is governed by the laws of Utah.*

### Advantages of Coverage

- Freedom to use your own dentist; NO network required!
- You may choose an Ameritas Network provider and save up to 20-30%
- Your routine cleanings and exams are covered at 100% of the usual and customary rate with no deductible (once per 6 months)
- \$75 Calendar Year deductible per person (only applies to basic and major services)
- \$1,500 Calendar year benefit per person
- Dental rewards may allow your \$1,500 calendar year benefit to grow to \$2,500
- NO referral required for specialty care

### Dental Plan Highlights

- Preventative Services: 100% coverage\*
  - Oral Exams (1 per 6 months)
  - Routine Cleanings (1 per 6 months)
- Basic Services: 80% coverage\*
  - Fillings
  - Denture Repairs
  - X-Rays
  - Oral Surgery (simple extractions)
- Major Services: 50% coverage\*
  - Endodontics (root canals)
  - Periodontics (gum disease)
  - Crowns & crown repair
  - Dentures
  - Oral surgery (complex extractions)
  - Anesthesia

### Monthly Plan Rates

<b>Member</b>	<b>\$43.96</b>
<b>Member + Spouse</b>	<b>\$87.92</b>
<b>Member + Child</b>	<b>\$87.92</b>
<b>Member + Family</b>	<b>\$122.84</b>

*Rates guaranteed through December 2011.*

# An Eyecare Plan With You In Mind



Exclusively for Members of the Utah Retired School Employees Association

**85% of all you experience is through your eyes**

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer, sharper, and

brighter!

Besides helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts, diabetes, even cancer.

### Convenience for Members

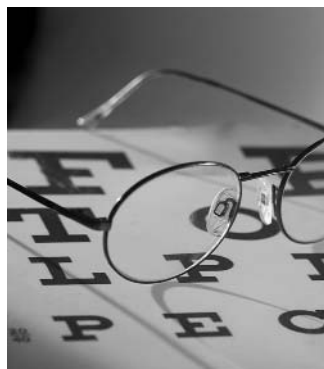
VSP has a network of thousands of doctors, located in rural and metropolitan areas throughout the nation. More than 90% of members have access to a VSP doctor within 10 miles of work and home. VSP doctors provide both eye exams and eye-wear, offering a convenient "one-stop" solution for your eyecare needs.

### No ID Cards, No Claim Forms. Easy As 1, 2, 3!

1. Find a VSP network doctor at:  
[www.vsp.com/go/ursea](http://www.vsp.com/go/ursea) or call 800.877.7195.
2. Make an appointment and tell the doctor you are a VSP member.
3. Your doctor and VSP will handle the rest.

### Visit [www.vsp.com/go/ursea](http://www.vsp.com/go/ursea) today!

What's important to you? Do you need an evening appointment? Interested in a doctor who focuses on sports eyewear or children? Want an online savings statement after you visit a VSP doctor? Searching for information on conditions of the eye?



Visit [www.vsp.com/go/ursea](http://www.vsp.com/go/ursea). We think you'll like what you see!

Your Coverage from a VSP Doctor (co-pays apply)	
<b>Exam covered in full.....</b>	<b>every 12 months</b>
<b>Prescription Glasses</b>	
<b>Lenses covered in full.....</b>	<b>every 12 months</b>
<ul style="list-style-type: none"> <li>• <b>Progressive lenses</b>, single vision, lined bifocal, and lined trifocal lenses.</li> <li>• Polycarbonate lenses for dependent children.</li> </ul>	
<b>Frame.....</b>	<b>every 24 months</b>
<ul style="list-style-type: none"> <li>• Frame of your choice covered up to \$ 120.00.</li> <li>• Plus, 20% off any out-of-pocket costs.</li> </ul>	
<b>- OR -</b>	
<b>Contact Lens Care.....</b>	<b>every 12 months</b>
When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or <a href="http://www.vsp.com/go/ursea">www.vsp.com/go/ursea</a> .	
Advantages of Coverage	
Without coverage, an exam and prescription glasses can cost \$300 or more. With VSP coverage, you'll save.	
Your Co-pays	
• <b>Exam.....</b>	<b>\$15.00</b>
• <b>Prescription Glasses.....</b>	<b>\$25.00</b>
• <b>Contacts.....</b>	<b>No copay applies</b>
Extra Discounts and Savings	
<b>Laser Vision Correction Discounts</b>	
<b>Prescription Glasses</b>	
<ul style="list-style-type: none"> <li>• Up to 20% savings on lens extras such as scratch resistant and antireflective coatings</li> <li>• 20% off additional prescription glasses and sunglasses*</li> </ul>	
<b>Contacts*</b>	
<ul style="list-style-type: none"> <li>• 15% off cost of contact lens exam (fitting and evaluation)</li> </ul> *Available from the same VSP doctor who provided your eye exam within the last 12 months.	
Your Monthly Contribution	
<b>Member Only.....</b>	<b>\$12.50</b>
<b>Member + One.....</b>	<b>\$23.80</b>
<b>Family.....</b>	<b>\$28.90</b>
Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor you'll receive fewer benefits and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800.877.7195.	
<b>Out of Network Reimbursement Amounts:</b>	
<b>Exam.....</b>	<b>Up to \$45.00</b>
<b>Lenses:</b>	
<b>Single Vision.....</b>	<b>Up to \$45.00</b>
<b>Lined Bifocal.....</b>	<b>Up to \$65.00</b>
<b>Lined Trifocal.....</b>	<b>Up to \$85.00</b>
<b>Frame.....</b>	<b>Up to \$47.00</b>
<b>Contacts.....</b>	<b>Up to \$105.00</b>
<i>(Co-pays apply)</i>	

*VSP guarantees service from VSP network doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.*

# URSEA Group Dental Insurance Plan Frequently Asked Questions

## Can I use my current dentist?

Yes, one of the best features of this plan is that you have the freedom to use your current dentist. However, you may also select one of Ameritas' Network Dentists who provide services that are discounted up to 20-30%.

## How can I find out exactly what services are covered?

For more information regarding plan benefits, you may call Ameritas at 1-888-239-3336.

## Does the URSEA group dental plan have a deductible for preventative services such as routine exams and teeth cleanings?

No, there is no deductible for any preventative services, and routine cleanings are covered at 100% of the usual and customary rate once per 6 months.

## How does the Dental Rewards Feature Work?

This feature rewards members who care for their teeth by filing at least one claim during the plan year, but use less than \$500 of their annual benefit. You can roll over \$250 into the next benefit period up to a maximum carry over amount of \$1000. These rollovers may accumulate making your total available benefit \$2,500. This feature solves the "use it or lose it" benefit problem many dental insurance plans have. By allowing you to roll over part of your unused benefit, you can accumulate higher plan maximums that could be beneficial if major procedures are needed in the future.

## Can my spouse and children be covered under the URSEA group dental plan?

Yes, your spouse and dependent children up to age 26 are eligible for coverage under your dental policy.

## Can I pay my premium(s) by check every month?

In order to provide URSEA members with the best rates and service, we offer a convenient monthly bank draft option, or the option to pay your premium(s) annually.

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## Follow These Easy Steps to Enroll in the URSEA Group Dental Insurance Plan

### 1. Complete the Enrollment Form.

Complete the form in its entirety. If adding dependents, include each person's Social Security number and date of birth.

### 2. Submit your payment.

In order to provide URSEA members with the best rates and service, we offer a convenient monthly bank draft option or the option to pay your premium(s) annually.

- **Monthly Bank Draft:** If you elect to pay your premium(s) by monthly bank draft, enclose a check payable to AMBA for your first month's premium(s) plus the \$20 one time enrollment fee. You must also sign the bank draft authorization on the bottom of the application, and include a blank check marked "Void" on the account to be drafted.
- **Annual Payment:** If you choose to pay your premium annually, enclose a check for the monthly premium X 12, plus the \$20 one time enrollment fee.

### 3. Mail your completed application to:

AMBA  
6034 W. Courtyard Dr., Suite 300  
Austin, TX 78730



# URSEA Group Dental & Vision Plan

Complete this form to enroll in the URSEA Group Dental and/or Vision Plan.  
Membership with URSEA is required to enroll in these plans.  
Underwritten by Ameritas Life Insurance Corp. Marketed by AMBA.



## Utah Retired School Employees Association Member Information

Retired From:	Retirement Date:
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Member Name (Last, First)	Social Security Number (required)
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Mailing Address

Home Phone	City	State	Zip
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Date of Birth	Gender	Email Address:
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Have You Had Continuous Dental  Yes  No If Yes, Carrier Name: \_\_\_\_\_  
 coverage for the Last 12 Months?  
 Effective Date: \_\_\_/\_\_\_/\_\_\_\_ Termination Date: \_\_\_/\_\_\_/\_\_\_\_

Dental Coverage Only:  
 Member (\$43.96)  Member + 1 (\$87.92)  Family (\$122.84) \$ \_\_\_\_\_

Vision Coverage Only:  
 Member (\$12.50)  Member + 1 (\$23.80)  Family (\$28.90) \$ \_\_\_\_\_

Dental + Vision Coverage:  
 Member (\$56.46)  Member + 1 (\$111.72)  Family (\$151.74) \$ \_\_\_\_\_

Total: Dental Premium + Vision Premium + \$20 One-Time Enrollment Fee \$ \_\_\_\_\_

## Eligible Dependents to be Covered

Name	DOB	Gender	Student	Disabled	Social Security Number
Spouse					
Child					
Child					

## Payment Method (choose one)

- Convenient Monthly Bank Payment Option:** Make your check payable to AMBA for your first month's premium plus the \$20 enrollment fee and attach a VOIDED check. Deposit slips are not acceptable.  
**Authorization to honor drafts drawn by Association Member Benefits Advisors (AMBA).** I hereby authorize you to initiate debit entries on my account. This authority is to remain in effect until revoked by me in writing and until AMBA receives such notice. I agree that AMBA shall be fully protected in honoring such debit. Non-payment of insurance premium(s) results in the forfeiture of insurance. NOTE: Bank drafts occur on the 2<sup>nd</sup> business day of each month.



\_\_\_\_\_  
Your signature EXACTLY as it appears on your Bank Records

\_\_\_\_\_  
Date

- Annual Payment Option**  
 Make your check payable to AMBA for your first month's premium X 12 and add the \$20 one time enrollment fee.

Office use only: Effective Date: \_\_\_\_\_ ACH Date: \_\_\_\_\_ Entered: \_\_\_\_\_

ID \_\_\_\_\_ MA \_\_\_\_\_ R \_\_\_\_\_