

A Dental Plan for WVARSE Members



WEST VIRGINIA ASSOCIATION OF RETIRED SCHOOL EMPLOYEES



The WVARSE Board of Directors has endorsed a group dental insurance plan for our members. This plan has been heavily negotiated for our membership and provides excellent coverage and benefits.

If you have had twelve months of continuous coverage, with no more than a 60 day lapse in coverage, you will have no waiting periods for covered services. If you have had a lapse of more than 60 days in coverage, or no prior coverage, you will have first day access to Preventative and Basic services with only a twelve month waiting period on Major services.

How do I get more information about the dental benefits offered?

The dental insurance plan is underwritten by Ameritas Life Insurance Corp. You can call Ameritas at 1-888-239-3336 for more information. To locate a dentist, visit www.ameritasgroup.com/resources/find.asp

Plan Highlights

ADVANTAGES OF COVERAGE

- Freedom to use your own dentist; **NO network required!**
- Your routine cleanings and exams are covered at 100% of the usual and customary rate with **NO deductible** (twice per calendar year)
- \$75 Calendar Year deductible per person (only applies to basic and major services)
- \$1500 Calendar Year Maximum per person
- NO referral required for specialty care
- **Dental Rewards** - may enable your \$1,500 Calendar Year Maximum to grow to \$2,500

DENTAL PLAN HIGHLIGHTS

- **Preventative Services: 100% coverage***
 - Oral Exams
 - Prophylaxis (teeth cleanings)
- **Basic Services: 80% coverage***
 - Fillings
 - Crown & Denture Repairs
 - X-Rays
 - General Anesthesia
 - Oral Surgery
- **Major Services: 50% coverage***
 - Endodontics (root canals)
 - Periodontics (gum disease)
 - Perio-cleanings
 - Crowns & Dentures

MONTHLY PLAN RATES: Member: \$40.52 Member + 1: \$73.87 Member + Family: \$93.61

**Reimbursement percentages are based on the usual and customary charges for services in your geographical area. All services are subject to limitations and exclusions.*

Endorsed by:
WVARSE



Underwritten by:
Ameritas Life Insurance Corp.



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



An Eye Care Plan for WVARSE Members



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, and 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 eyewear, offering a convenient "one-stop" solution for your eye care needs.



▶▶▶ No ID Cards, No Claim Forms! Easy As 1, 2, 3! ◀◀◀

1. Find a VSP network doctor at: www.vsp.com/go/WVARSE 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.

What's important to you? Need an evening appointment? Want an online savings statement after you visit a VSP doctor? Searching for information on eye conditions? Visit www.vsp.com/go/WVARSE. We think you'll like what you see!

YOUR COVERAGE FROM A VSP DOCTOR: (co-pays apply)

Exam covered in full.....once every 12 months

Prescription Glasses:

Lenses covered in full.....once every 12 months

- ▶ Single vision, lined bifocals, and lined trifocal lenses. In addition, you can experience significant savings on lens options such as progressive and transitional lenses.

Frame.....once every 24 months

- ▶ Frame of your choice covered up to \$120
- ▶ Plus, 20% off any out-of-pocket costs

-OR-

Contact Lens Care.....once every 12 months

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.

ADVANTAGES OF COVERAGE:

Without coverage, an exam and prescription glasses can cost around \$300 or more. With VSP, you'll save!

YOUR CO-PAYS:

Exam.....\$15.00
 Materials.....\$25.00
 Contacts.....No co-pay applies

EXTRA DISCOUNTS AND SAVINGS:

Laser Vision Correction Discounts

Prescription Glasses Discounts

- ▶ Up to 20% savings on lens extras such as scratch resistant and antireflective coatings
- ▶ 20% off additional prescription glasses and sunglasses*

Contacts*

- ▶ 15% off cost of contact lens exam (fitting and evaluation)

*Available from the same VSP doctor who provided your eye exam within the last 12 months.

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.

Out-of-Network Reimbursement Amounts:

Exam.....Up to \$45.00

Lenses:

Single Vision.....Up to \$45.00
 Lined Bifocal.....Up to \$65.00
 Lined Trifocal.....Up to \$85.00
 Frame.....Up to \$47.00
 Contacts.....Up to \$105.00

MONTHLY PLAN RATES:

- ▶ Member Only: \$10.90
- ▶ Member + 1: \$18.85
- ▶ Family: \$23.60

➔ Visit: www.vsp.com/go/WVARSE

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.

WVARSE Group Dental Insurance Plan

Frequently Asked Questions



How does this plan compare to other available plans?

The WVARSE endorsed dental insurance plan features **rich benefit levels with a \$1,500 calendar year maximum**. Some plans decrease your benefit if you go outside their network, not with this one! You have the freedom to **use any dentist you choose**. In addition, there are **no deductibles for Preventative care** under this plan whereas other plans do have a deductible.

How does the Dental Rewards Feature Work?

It rewards members who care for their teeth by filing at least one claim during the plan year, but use less than \$750 of their annual benefit. You can roll over \$250 into the next benefit period up to a maximum carry over amount of \$1000. Therefore, your \$1,500 calendar year maximum has the potential to grow to \$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.

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.

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.

Does this 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 twice per calendar year.

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

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

Can I use this plan outside of the state of West Virginia?

Yes, the plan pays benefits anywhere in the United States.

Follow These Easy Steps to Enroll:

- 1. Complete The Enrollment Form:**
Complete the form in its entirety and be sure to sign it. If adding dependents, include each person's Social Security number and date of birth.
- 2. Include Your Payment:**
 - **Monthly Bank Draft:** Enclose a check payable to AMBA for your first month's premium. 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.
- 3. Mail Your Completed Application To:**
Association Member Benefits Advisors, Ltd.,
6034 W Courtyard Dr, Suite 300
Austin, TX 78730



WVARSE Group Dental & Vision Plan

Complete this form to enroll in the WVARSE Group Dental and/or Vision Plan. Membership with WVARSE is required to enroll in these plans.



West Virginia Association of Retired School Employees Member Information

| | |
|----------------------|-------------------------|
| Retired From: | Retirement Date: |
|----------------------|-------------------------|

| | |
|----------------------------------|--|
| Member Name (Last, First) | Social Security Number (required) |
|----------------------------------|--|

Mailing Address

| | | | |
|-------------|--------------|------------|-------------------|
| City | State | Zip | Home Phone |
|-------------|--------------|------------|-------------------|

| | | |
|----------------------|---------------|-----------------------|
| Date of Birth | Gender | Email Address: |
|----------------------|---------------|-----------------------|

Have You Had Continuous Dental Coverage for the Last 12 Months? Yes No **If Yes, Carrier Name:** _____
Effective Date: ___/___/____ **Termination Date:** ___/___/____

Dental Coverage Only:
 Member (\$40.52) Member + 1 (\$73.87) Family (\$93.61) \$ _____

Vision Coverage Only:
 Member (\$10.90) Member + 1 (\$18.85) Family (\$23.60) \$ _____

Dental + Vision Coverage:
 Member (\$51.42) Member + 1 (\$92.72) Family (\$117.21) \$ _____

Total: **Dental Premium + Vision Premium \$** _____

Eligible Dependents to be Covered

| Name | DOB | Gender | Student | Disabled | Social Security Number |
|--------|-----|--------|---------|----------|------------------------|
| Spouse | | | | | |
| Child | | | | | |
| Child | | | | | |

Payment Method

Convenient Monthly Bank Payment: Make your check payable to AMBA for your first month's premium 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 2nd business day of each month.



Your signature EXACTLY as it appears on your Bank Records

Date

Office use only: Effective Date: _____ ACH Date: _____ Entered: _____
 ID _____ MA _____ R _____