

# A Dental Plan With You In Mind



## An Exciting New Dental Plan Exclusively For Members Of The Louisiana Retired Teachers Association

The LRTA Board of Directors has endorsed a new group dental insurance plan underwritten by Ameritas Life Insurance Corp. *This plan has been heavily negotiated for our membership.*

If you are on COBRA or have had twelve months of other continuous dental insurance with less than a 60 day gap in coverage, you will enjoy first day benefits for all services. If you have not had prior dental coverage you will have first day benefits for preventative and basic services with only a 12-month waiting period on major services.

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

Contact Ameritas at 888.239.3336, or online at [www.ameritasgroup.com/resources/find.asp](http://www.ameritasgroup.com/resources/find.asp)

#### Endorsed by:

Louisiana Retired Teachers Association

#### Underwritten by:

Ameritas Life Insurance Corp.

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

### 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 (twice per calendar year)
- \$75 Calendar Year deductible per person (only applies to basic and major services)
- \$1,500 Calendar Year Maximum per person
- NO referral required for specialty care
- Dental rewards – enables your \$1,500 calendar year max to grow to \$2,500!

### Dental Plan Highlights

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

### Monthly Plan Rates

<b>Member</b>	<b>\$42.64</b>
<b>Member + 1</b>	<b>\$85.28</b>
<b>Member + Family</b>	<b>\$115.08</b>

**Rates Guaranteed through April 2009**



# An Eye Care Plan With You In Mind



Exclusively for Members of the  
Louisiana Retired Teachers Association

**SIGNATURE PLAN**

**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

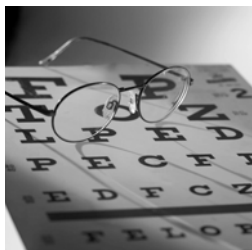
VSP has a network of thousands of doctors, located in rural and metropolitan areas throughout the nation. More than 90% of members have access to a VSP doctor within 10 miles of work and home. VSP doctors provide both eye exams and eyewear, offering a convenient "one-stop" solution for your eyecare needs.

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

1. Find a VSP network doctor at: [www.vsp.com/go/lrta](http://www.vsp.com/go/lrta) 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/lrta](http://www.vsp.com/go/lrta)

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



**Please note, if you are enrolling in the VSP Signature Plan you cannot enroll in the VSP Discount Benefit Plan.**

### Your Coverage from a VSP Doctor *(co-pays apply)*

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

**Prescription Glasses**

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

- Single vision, lined bifocal, and lined trifocal lenses.
- Polycarbonate lenses for dependent children.

**Frame**.....every 24 months

- Frame of your choice covered up to \$ 120.00.
- Plus, 20% off any out-of-pocket costs.

- OR -

**Contact Lens Care**.....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 \$300 or more. With VSP coverage, you'll save.

### Your Co-Pays

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

### Extra Discounts and Savings

**Laser Vision Correction Discounts**

**Prescription Glasses**

- 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.

### Your Monthly Contribution

**Member Only**.....\$10.90

**Member + One**.....\$18.85

**Family**.....\$23.60

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 non-network provider, 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

*(Co-pays apply)*



# Free Eye Care Discount



**DISCOUNT BENEFIT**

Exclusively for Members of the  
Louisiana Retired Teachers Association

## A Free Vision Benefit Available for LRTA Members

All LRTA members now have access to a free eye-care discount benefit provided by Vision Service Plan (VSP) and administered by Association Member Benefits Advisors (AMBA). The VSP network is available nationwide with over 22,000 locations. *Please note this benefit is available with one VSP network doctor that you select.*

### Your New Benefit

- ❖ 20% off eye exams
- ❖ 20% off frames, prescription lenses, and lens options when a complete pair of prescription glasses is purchased.
- ❖ 15% off professional services related to contact lenses (contact lenses not discounted).
- ❖ Discounts averaging 15% off laser vision correction surgery
- ❖ No ID Card and no claim form necessary – simply pay the discounted amount to the provider!

### How to Use the LRTA Vision Access Plan

- ❖ Visit a VSP provider – providers can be found at [www.vsp.com](http://www.vsp.com) or by calling 1.800.877.7195.
- ❖ Identify yourself as a Louisiana Retired Teacher Association Vision Access participant.
- ❖ Provide the VSP doctor with your name and social security number.

### You also have the Option to Upgrade to the VSP Signature Plan!

With the VSP Signature Plan, you will receive an eye exam and lenses once every 12 months and frames provided once every 24 months after a minimal co-pay when you visit a VSP eye care professional. Without VSP, you can expect to pay an average of \$87.81 for an eye exam or \$216.73 for single vision glasses. Please take a moment to review the reverse side of this page for details on the VSP Signature Plan. ***Please note, if you are enrolling in the VSP Discount Benefit Plan you cannot enroll in the VSP Signature Plan.***

Detach and mail this in the enclosed envelope ✂

## Louisiana Retired Teachers Association Discount Eye Care Benefit



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:	

Signature: \_\_\_\_\_

# **LRTA Group Dental Insurance Plan Frequently Asked Questions**

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

For more information regarding plan benefits, Ameritas can be reached 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. However, you may also select one of Ameritas' network dentists who provide services that are discounted by up to 20-30%.

## **Does the LRTA Dental Plan have a deductible for preventative services such as routine exams and teeth cleanings?**

There is no deductible for any preventative services, and cleanings are covered at 100% of the usual and customary rate two times each calendar year.

## **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 \$500 of their annual benefit. You can roll over \$250 into the next benefit period up to a maximum carry over amount of \$1,000. This feature solves the "use it or lose it" benefit problem that many dental insurance plans have. By rolling 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 LRTA group dental plan?**

Yes, your spouse and dependent children up to age 21 are eligible (age 24 if they are full time students).

## **Can I use this plan outside of the state of Louisiana?**

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

## **Can I pay my premiums by check every month?**

In order to provide LRTA members with the best rates and service, we offer a convenient monthly bank draft option or the option to pay your premiums annually.

## **I am not a current member of LRTA, can I still join this plan?**

If you are not a current LRTA member, you must submit a separate check payable to the Louisiana Retired Teachers Association in the amount of \$25.00 for your annual LRTA dues along with your dental application in order to be eligible for this coverage.

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## **Follow These Easy Steps to Enroll in the LRTA Group Dental & Vision Plan**

### **1. Complete the Enrollment Form.**

Complete the form in its entirety. Be sure to sign it, and if adding dependents, include each person's Social Security number and date of birth.

### **2. Submit your payment.**

In order to provide LRTA members with the best rates and service, we offer a convenient monthly bank draft.

- **Monthly Bank Draft:** Enclose a check payable to AMBA for your first month's premium 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. Bank drafts occur on the 2<sup>nd</sup> business day of each month.

### **3. Mail your completed application to:**

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



# LRTA Group Dental & Vision Plan

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



## Louisiana Retired Teachers Association 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 (\$42.64)  Member + 1 (\$85.28)  Family (\$115.08) \$ \_\_\_\_\_

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

Dental + Vision Coverage:  Member (\$53.54)  Member + 1 (\$104.13)  Family (\$138.68) \$ \_\_\_\_\_

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 \_\_\_\_\_

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

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