2019 OAR BENEFIT ELECTION FORM

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| --- | --- | --- | --- | --- |
| Check box for your selection**⇩** | **Ameritas Dental** | **New Offering** |  |  |
| 🞎 | Division 1/Class 1- **Dental** 100%/80%/50% Plan 🞟 $50/$150 Deductible 🞟 $1,000 maximum per year benefit. (In-network only). |
| Cost for you | You & Spouse | You and Child(ren) | Family |
| $ 30.80 | $ 59.84 | $ 74.00 | $ 103.04 |
| 🞎 | Division 1/Class 2 **Dental** 100%/80%/50% Plan 🞟 $50/$150 Deductible 🞟 $1,000 maximum per year benefit. |
| Cost for you | You & Spouse | You and Child(ren) | Family |
| $ 39.04 | $ 76.64 | $ 105.68 | $ 143.28 |
| 🞎 | Division 1/Class 3- **Dental** 100%/80%/50% Plan 🞟 $50/$150 Deductible 🞟 $1,500 maximum per year benefit. |
| Cost for you | You & Spouse | You and Child(ren) | Family |
| $ 46.84 | $ 92.44 | $ 122.24 | $ 167.84 |
| 🞎 | Division 1/Class 4- **Dental** 100%/80%/50% Plan 🞟 $50/$150 Deductible 🞟 $2,000 maximum per year benefit. |
| Cost for you | You & Spouse | You and Child(ren) | Family |
| $ 53.88 | $ 106.48 | $ 135.96 | $ 188.56 |

 **Ameritas Vision New Offering**

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| 🞎 | Division 1/Class 5 **VSP - Choice Network + Affiliates** $10 Ded for Exam, $25 Ded for Lenses or Frames, $150 Frame  |
| Cost for you | You & Spouse | You and Child(ren) | Family |
| $ 8.16 | $ 16.24 | $ 15.56 | $ 23.64 |
| 🞎 | Division 1/Class 6- **EyeMed – Insight Network** $10 Ded for Exam, $25 Ded for Lenses or Frames, $150 Frame |
| Cost for you | You & Spouse | You and Child(ren) | Family |
| $ 8.16 | $ 16.24 | $ 15.56 | $ 23.64 |

**Note**: You must return this document by December 5th. We are here to help. Please review plan documents for more information on the plans. This agreement will remain in-force for one year unless a qualifying event occurs. Proof of a qualifying event may be requested by Cypress Benefit Administrators. The description above is for illustrative purposes only. If you should have any questions please contact Lori Ziolkowski at Cypress Benefit Administrators at 877-236-0844 Ext: 4081 or Johnson Benefit Planning at 1-866-656-3232.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_\_

*MEMBER BENEFITS PLAN C/O Cypress Benefit Administrators* PO Box 7020, Appleton, WI 54912-7020

**FAX** to: 866-542-1874