







Enjoy the purchasing power of a large group. Access your benefits through OAR.



OAR has partnered with Johnson Benefit Group, Inc. and Ameritas

to provide members access to group dental insurance rates. To enroll, complete the forms on pages 6 & 7 of this booklet and submit them before December 5th.

You have four dental plans to choose from.

- All of the plans have the same in-network benefit levels and deductibles, but their annual maximums differ
- Plan 1 does not include out-of-network benefits
- Plans 2, 3 and 4 include child orthodontia coverage
- The procedures that fall into Type 1, 2 and 3 categories differ somewhat. Refer to the chart on the next page.
- Plan 4 offers Type 3 coverage for implants and bleaching

| Benefit | Plan 1 | Plan 2 | Plan 3 | Plan 4 | |
|-----------------------------|---|---|----------|---------|--|
| Summary | · iaii · | 2 | | | |
| Type 1 Preventive | | 10 | 0% | | |
| Type 2 Basic | 80% | | | | |
| Type 3 Major | 50% | | | | |
| Deductible | Type 1 - none Type 2 & 3 - \$50 per person \$150 family maximum | | | | |
| Annual Maximum | \$1,000 | | \$1,500 | \$2,000 | |
| Out-of-network Allowance | no benefits | person, pe | 90th U&C | | |
| Child Orthodontia | no benefits | 50% benefit allowance \$1,000 per child, lifetime maximum benefit | | | |



See any dentist. Plans 2, 3, an 4 allow you and your family members to receive care from any licensed dental provider, regardless if they are in- or out-of-network. **You do not need to switch providers.** Family members do not need to see the same dentist.



Save money. Dentists in the Ameritas network have agreed to a contracted fee. They charge you **25-50% less than their regular rates.** Out-of-network providers will charge their regular rates. If the dentist's charges happen to be higher than your plan allowance, the difference will be an out-of-pocket expense.



Avoid paperwork. Ameritas dental network providers handle everything; they may even submit claims electronically for a quicker turnaround. All you need to do is make the appointment and show up.



Exceptional network. The Ameritas Dental Network is one of the nation's largest with almost 3,300 access points in Oregon. Only dentists who adhere to our credentialing and quality assurance requirements are able to join and remain in the Ameritas Dental Network. Plus, now you can visit dental providers in Mexico and still receive coverage. Plan discounted fees and agreements are honored by AmexUS Mexico providers, and claims are processed by Ameritas.

If you have questions please call **Lori Ziolkowski at Cypress Benefit Administrators 877-236-0844 Ext: 4081 or Johnson Benefit Planning at 866-656-3232**. We are here to help.







Common questions about dental plans and changing carriers

If my current dentist is not in the Ameritas network, will I pay significantly more for dental services?

We regularly analyze dentist procedure charges from every ZIP Code to come up with U&C levels for each area. When you visit an out-of-network dentist, the amount that we reimburse you or your provider is based on nine out of ten dentists' charges for that procedure in your given three-digit ZIP Code area. So your dentist's charges are very likely to be at or below what our plan pays. If your dentist's charges happen to be higher than the 90th U&C allowance, the difference will be an out-of-pocket expense.

How will switching carriers to Ameritas impact dental treatment that's in progress?

Dental treatments are billed based on the date each service is performed. For example, the day your provider starts a root canal or prepares a crown or denture is considered the date of service. If you have a service in progress that requires multiple visits, claims for services received before January 1, 2019 will be submitted to your previous dental carrier. Claims for dental services performed January 1 or after will be submitted to Ameritas. Ameritas does not have access to your claim history prior to January 1.

Some services go hand-in-hand, such as a tooth extraction and replacement. If a tooth was extracted under prior coverage, you have 12 months after the date of extraction to replace the tooth under Ameritas coverage. If those services are performed under different coverages, your dentist should provide documentation of the previous procedure, and Ameritas may request further information from you.

How do I know what the plan pays verses my share?

As a smart consumer, it's best for you to know your share of the cost up front. For services over \$200 we recommend you ask your dentist to request a pretreatment estimate from our customer relations department. You will receive a written response showing what Ameritas estimates your plan will pay, and the amount that you owe.

See if your dentist is in our network. Visit ameritas.com, Find a Provider to find a new dentist or see if your current provider is in the Ameritas Dental Network.

Nominate your dentist. If your dentist is not in our network already, it's easy to let us know. Just go to <u>ameritas.com</u>, search for "nominate a provider" and complete the online form.

If I waive coverage now can I enroll later?

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

What are Type 1, 2 and 3 procedures for each plan?

| 0 | | | | |
|----------------------------------|--------|--------|--------|--------|
| Sample Procedure Listing | Plan 1 | Plan 2 | Plan 3 | Plan 4 |
| Exam | Type 1 | Type 1 | Type 1 | Type 1 |
| Bitewing X-rays | Type 1 | Type 1 | Type 1 | Type 1 |
| Panoramic X-rays | Type 1 | Type 1 | Type 1 | Type 1 |
| Periapical X-rays | Type 2 | Type 1 | Type 1 | Type 1 |
| Cleaning | Type 1 | Type 1 | Type 1 | Type 1 |
| Fluoride (children under age 18) | Type 1 | Type 1 | Type 1 | Type 1 |
| Sealants (children under age 16) | Type 2 | Type 1 | Type 1 | Type 1 |
| Space Maintainers | Type 1 | Type 1 | Type 1 | Type 1 |
| Pre-diagnostic Test | Type 1 | Type 1 | Type 1 | Type 1 |
| Filings | Type 2 | Type 2 | Type 2 | Type 2 |
| Endodontics | Type 3 | Туре 3 | Type 2 | Type 2 |
| Periodontics | Type 3 | Type 3 | Type 2 | Type 2 |
| Denture Repair | Type 2 | Type 2 | Type 2 | Type 2 |
| Simple Extractions | Type 2 | Type 2 | Type 2 | Type 2 |
| Complex Extractions | Type 3 | Type 3 | Type 2 | Type 2 |
| Anesthesia | Type 3 | Type 3 | Type 2 | Type 2 |
| Onlays | Type 3 | Type 3 | Type 3 | Type 3 |
| Crowns & Repair | Type 3 | Type 3 | Type 3 | Type 3 |
| Prosthodontics | Type 3 | Type 3 | Type 3 | Type 3 |
| Implants | | Type 3 | | |
| Bleaching | | Type 3 | | |

You now have the opportunity to sign up for vision benefits.



You have two plan options with similar benefits and identical rates,

however the networks differ somewhat depending on your area. Vision coverage is available in conjunction with the dental plans. You cannot enroll in vision alone.

| | Focus VSP | ViewPointe EyeMed | | | | |
|--------------------------------------|--|--|--|--|--|--|
| Benefit Summary - what the plan pays | In-network/Out | In-network/Out | | | | |
| Benefit Frequencies | You get an exam every 12 months, contacts or eyeglass lenses every 12 months, and a frame every 24 months. | | | | | |
| Annual Deductible | \$10 exam, \$25 materials | \$10 exam, \$25 lenses / none | | | | |
| Annual Eye Exam | 100% / up to \$45 | 100% / up to \$35 | | | | |
| Single Vision Lenses | 100% / up to \$30 | 100% / up to \$25 | | | | |
| Bifocal Lenses | 100% / up to \$50 | 100% / up to \$40 | | | | |
| Trifocal Lenses | 100% / up to \$65 | 100% / up to \$55 | | | | |
| Lenticular Lenses | 100% / up to \$100 | 20% discount / no benefit | | | | |
| Frames | \$150 / up to \$75 | \$150 / up to \$75 | | | | |
| Contacts Elective | \$150 / up to \$120 | \$150 / up to \$120 | | | | |
| Contacts Medically Necessary | 100% / up to \$210 | 100% / \$200 | | | | |
| Contact Fit & Follow-up Exam | Member cost \$60 max / no benefit | Standard: member cost \$40 max Premium: 10% discount / no benefit | | | | |

Member in-network discounted lens option cost (may vary by prescription, option chosen and retail location.)

| Std. Polycarbonate (featherweights) | 100% children/ \$33 adults | \$40 |
|-------------------------------------|----------------------------|------|
| Scratch Resistant Coating | \$17-\$33 | \$15 |
| Anti-reflective Coating | \$43-\$85 | \$45 |
| Ultraviolet Coating | \$16 | \$15 |
| Tint / Dve | \$15-\$17 | \$15 |



Members have the freedom to visit any vision provider. However, ViewPointe and Focus plan benefit dollars go further when visiting a network provider, and the provider submits the claim for you.

- VSP has more than 70,000 access points and is accepted by more than 23,000 doctors nationwide including 8,000 retails chains such as Costco Optical, Visionworks, Pearle Vision, and Shopko Eyecare Centers.
- 91% of VSP doctors offer early morning, evening or weekend hours
- Members can browse and buy eyewear online at eyeconic.com with network benefits
- VSP offers 20-25% discounts on eyewear after benefit allowances and an extra \$20 to spend on featured frame brands.
- LASIK services are an average of 15% off the usual and customary price, or 5% off the promotional price, for LASIK or PRK through VSP and a contracted laser surgery center.

- EyeMed has more than 98,000 providers nationwide and consists of 42% retail chains including JCPenny Optical, LensCrafters, Pearle Vision, Target Optical and Sears Optical.
- EyeMed providers are open an average of **10 evening and 12 weekend hours** each week.
- In-network benefits can be used online at **glasses.com** and **Contacts Direct.**
- Members receive 15-40% discounts on eyewear after benefit allowances and 20% off non- prescription sunglasses.
- LASIK services are 15% off the retail price, or 5% off the promotional price, for LASIK or PRK with U.S. Laser Network owned by LCA-Vision.

Frequently asked questions about VSP and EyeMed vision plans

Why are we being offered two plans with similar benefits and rates?

While it's true that the plans are very similar, the networks differ somewhat depending on your area. VSP tends to have more private practice providers while EyeMed has more participating retail chains.

What is Ameritas' relationship with VSP and EyeMed?

VSP and EyeMed are the two largest vision care companies in the world. They have relied on Ameritas as a trusted partner for decades. Ameritas handles vision plan administration and underwriting. VSP and EyeMed provide customer service and manage the provider networks.

Am I able to use the plan at providers outside of the network?

You are able to use any vision provider you choose. The difference between the out-of-network benefit and the provider's charges will be your out of pocket.

May I use Walmart, Sam's Club and Costco?

For VSP, these retailers will handle filing the claim, but your out-of-network benefit allowances will apply. The out-of-network allowances still go a long way due to the lower overall price points of these retailers.

Can I shop online for my vision correction?

There are online options for shopping for eye glasses or contacts, after you have had your vision examination and have your prescription. Both VSP and EyeMed have online in-network options - which means you won't have to pay the full price now, then wait to be reimbursed later. Your vision benefits will be applied directly to your online order.



How do I use my vision benefits?

- **1.** To find an EyeMed provider go to eyemed.com, or call 866-289-0614, for VSP go to vsp.com, or call 800-877-7195.
- 2. Schedule an appointment with the vision care provider of your choice. Be sure to confirm they are an EyeMed or VSP network provider, depending on your chosen plan.
- 3. If you are visiting a network provider*, simply tell them you are an EyeMed (or VSP) member. No ID card is necessary, but you are able to print one at eyemed.com or vsp.com.
- **4.** That's it. The provider will handle the rest, and even submit your claim for you.
- * For out-of-network providers you may need to pay the provider, get an itemized receipt and submit it along with a claim form for reimbursement. The form is located at ameritas.com/vision, Forms, Claim Forms.

What is the eye exam benefit?

The plans cover an eye exam once every calendar year. If you use a network provider it is paid in full, after a \$10 deductible. The benefit summary shows the out-of-network benefit.

Note: 12 months must elapse before you will be eligible for your next exam based on the date of service of your initial eye exam. The 12-month frequency is based on the month, not the day. For example, if you have your examination on October 12, your next examination is available as of October 1 of the next year.

Is there a separate charge for contact exams?

Yes, most providers charge a separate fee for a contact fit and follow-up exam. The plans limits your cost, although it could be less. This charge is deducted from your contact allowance and the remainder can be used to buy your contact supply.

What are medically necessary contact lenses?

Medically necessary contact lenses are for people who are not able to wear glasses to correct their vision, usually because the contact acts as a brace to correct or retain the shape of the eye. 95% of the population is electing to wear contacts over glasses and elective contact benefits apply.

Can I get glasses and contacts in the same year?

No, your benefit can be applied to contacts OR glasses during the benefit year. In other words, you will not receive an allowance for contacts if you already chose to apply your vision benefits to a new pair of lenses and/or frames during the same benefit year. The benefit summary shows the examlens-frame frequencies - meaning the timeframe in which your benefit allowances are renewed.

Are there any discounts available for LASIK surgery?

Yes, members may receive a 15% discount off the retail price of LASIK surgery or 5% off the promotional price.

Are optional lens coatings covered?

Lens options are not covered by these plans. By using a network provider, you will receive discounted prices on a variety of lens coatings such as ultraviolet, scratch resistant, anti-reflective, tinting and polycarbonate (featherweight) materials. The benefit summary shows how the plan limits what the network providers can charge you for some of these options.

Note: These add-ons can be expensive, and you should be aware of what is being added to your glasses.

2019 OAR Benefit Election Form New Ameritas Dental & Vision Offering

| 2019 OAR Benefit Election Form New Ameritas Dental & Vision Offering | | | | | | | | |
|---|---------------------|------------------|---------------------------------|---|--------------------|--|--|--|
| Primary Differences | Dental Plan 1 | Dental Plan 2 | Dental Plan 3 | Dental Plan 4 | Vision VSP Plan | Vision EyeMed Plar | | |
| Annual Maximum | \$1,000 | \$1,000 | \$1,500 | \$2,000 | VSP | EyeMed | | |
| Out-of-network benefits | No | Yes | Yes | Yes | network | network | | |
| Child Orthodontia | No | Yes | Yes | Yes | | | | |
| Implants & Bleaching | No | No | No | Yes | | | | |
| Check the box for the dental and vision plans you wish to enroll | | | | | | | | |
| | | | | | | | | |
| Monthly Rates | Dental Plan 1 | Dental Plan 2 | Dental Plan 3 | Dental Plan 4 | Vision VSP Plan | Vision EyeMed Pla | | |
| Employee | \$30.80 | \$39.04 | \$46.84 | \$53.88 | \$8.16 | \$8.16 | | |
| Employee + spouse | \$59.84 | \$76.64 | \$92.44 | \$106.48 | \$16.24 | \$16.24 | | |
| Employee + Children | \$74.00 | \$105.68 | \$122.24 | \$135.96 | \$15.56 | \$15.56 | | |
| Employee + family | \$103.04 | \$143.28 | \$167.84 | \$188.56 | \$23.64 | \$23.64 | | |
| _ | gnature: | | | Before December 5th mail or fax completed forms to: | | Cypress Benefit Administrato P.O. Box 22530 Portland, OR 97269 Fax to: 920-968-4616 | | |
| Authorization Ag (we) hereby authorize Cypre | | | | | | | | |
| ereinafter called COMPANY | , to initiate debit | entries to | Realtor Name: Depository Name: | | | | | |
| ny (our) (select one) | nancial institutio | n named, | Branch: | | | | | |
| such account. | | | City: | | | | | |
| This authorization is to remain Intil Company has received w | written notificatio | on from | State: Zip: | | | | | |
| me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a | | Routing #: | | | | | | |
| easonable opportunity to ac emain in-force for one year u | unless a qualifyir | ng event | Account #: | | | | | |
| occurs. Written proof of a qualifying event may be required and substantiated. | | Print Name(s): | | | | | | |
| A voided check must be p | rovided for ver | ification. | Signature: | | | | | |
| EFT transactions will be deducted on the 1st of each month, or the first business day after the 1st. | | | Signature: | | | | | |

Date: ____ / ____ Group#: ____

enrollment/change/waiver Group Insurance Form Ameritas Life Insurance Corp. P.O. Box 81889 / Lincoln, NE 68501-1889 / 800-659-2223 / Fax: 402-467-7338





| Notice: Before enrolling, please review carefully. Important: Your plan has no waiting (elimination) period. If | vou decided to | | | nic fillable ver | | | |
|--|---|---------------------------------|----------------------------------|------------------------|------------------|--------------------------|------------------|
| limited to evaluations, prophylaxis (cleanings), and fluoride a | | | go daring y | our iiiitiai oiiioiiii | ioni ponou, ye | 701 001 V1000 C | a10 |
| Policy and Div. # 010- | COBRA: | If individual | Qualifying E | vent | D | ate of Event | |
| Cert. # | is a cont | nuee: | | | | | |
| Name and Address of Employer (Policyholder) | | | | | | | |
| 1 to enroll □ Dental □ Eye Care □ To | terminate all | coverages | Sele | ct plan 🗌 Hig | jh 🗌 Low | | |
| Employee Information Marital Status \square Single \square | Married C | ivil Union* | Domestic | Partner* *As defii | ned by state law | or your Group. | |
| Social Security number | Dept. number | | | <u>.</u> | | | |
| Employee's last name, first name, MI | | | | | | | |
| Date of birth | Full time date | of hire | | Rehire: | Rehire date _ | | |
| Occupation | Hours w | orked each v | veek | Are your earning | ngs paid: 🔲 | Hourly or 🗌 | Salaried |
| Street address | | City | | | State | ZIP | |
| E-mail address (limit of 60 characters) | | | | | | | |
| Are you covered under another dental insurance plan? Are you covered under another eye care insurance plan? . Dependent Coverage Information List all eligible depe | | | .Employee | : 🗌 Yes 🗌 No | Dependent | ents: Yeents: Yeendents) | s No |
| | al Eye Care rop add drop | Relations | hip S | ex Date of birt | th Social | Security no. | College student? |
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| up for coverage until the next enrollment period except in the I have read and understand. I represent that the informatio certifies the date of employment, job title, hours worked and | n I have provid | ed is comple | te and accu | urate to the best | of my knowle | dge. The pol | |
| X | | Χ | | | | | |
| Employee Signature (do not print) In several states, we are required to advise you of the following: Any in an application for insurance, or who knowingly presents a false and criminal penalties, including imprisonment. In addition, insurare | y person who kno e or fraudulent cla | wingly and wit aim for payme | h intent to de nt of a loss o | or benefit, is guilty | of a crime and | may be subje | ct to fines |
| Employee late entrant date | | | Class | Dep. Code | | | |
| Dependent late entrant date | | | | | | | |
| 2 to change ☐ Name Change New Name | | | Old Na | ame | | | |
| ☐ Add Dependent Coverage ☐ If due to marriage, what is the date of marriage? | | | | | | | |
| $\ \square$ If due to loss of coverage, date and reason: | | | | | | | |
| $\ \square$ If other, the date of event and please explain: | | | | | | | |
| ☐ Drop Dependent Coverage Number of dependen ☐ Due to divorce ☐ Due to death ☐ Due to ann | | | | | | | |
| Other (please explain) | | | | | | | |
| to waive IF YOU DO NOT WANT COVERAGE, COMPLE EMPLOYER. I have been given an opportunity to apply for Group myself (does not apply to TRUST policies) spouse/d | Insurance offer | ed by my em _l | oloyer, and h | nave decided not t | to accept the o | ffer for: | |
| because | | | | | | | |
| Name of insurance company and employer of dependent | | | | | | | |

Impeccable Customer Service

After you enroll, if you have questions about your plan benefits, call the Ameritas customer connections team. Their claims contact center associates have earned BenchmarkPortal's Center of Excellence award since 2007, an achievement held only by two other companies.



99.39% of phone calls answered within 15 seconds



99% claims processing accuracy



English and Spanish, multilingual interpretation



Claims processed in an average of 9 business days

Find Everything You Need on Any Device

Register for your secure member account at ameritas.com. One-time set up is quick and easy • Go to ameritas.com Click Account Access in the upper right corner **Ameritas** or Account Access on a mobile device new user registration 1. Contact Information • Select the Dental/Vision/Hearing drop-down Ameritas will not share your email address with any third party company or mailing list. You will receive no messages or promotional information unless you Choose "Secure Member Account" request it. Your e-mail address may be used to notify you of changes to your account status or policies. • On the Login page select Register Now Complete the New User Registration form Last Name:



Using online services helps to minimize your risk of identity

theft, protect your privacy and get your benefit information



E-mail Address

2. Choose your User ID and Password Your User ID and Password will be what you use to sign in every time you return to this site.



Dental or vision provider referral assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Providers referred by AXA are not members of the Ameritas network. Ameritas does not guarantee or make any representation as to the quality of the services provided by AXA or any provider referred by AXA. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply.

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products 9000 Rev. 03-16, (may vary by state) and individual dental and vision products Indiv. 9000 Rev. 07-16, (may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network

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faster than through the mail.



¹ Ameritas claims processing system, 2017