

fulfilling life

New York Fraternal Order of Police

Dental and Eye Care
Summary



Ameritas Life Insurance Corp. of New York

New York Fraternal Order of Police

Plan Design Summary



Dental Summary

Proposed Effective Date: 6/1/2020

		Low Plan Down State	Low Plan Up State	High Plan Down State	High Plan Up State
Plan Benefit	Type 1	100%	100%	100%	100%
	Type 2	50%	50%	90%	90%
	Type 3	50%	50%	60%	60%
Deductible		\$25/Calendar Year Applies to Type 1,2&3 \$75/family	\$25/Calendar Year Applies to Type 1,2&3 \$75/family	\$25/Calendar Year Applies to Type 1,2&3 \$75/family	\$25/Calendar Year Applies to Type 1,2&3 \$75/family
Maximum (per person)		\$1,000/Calendar Year	\$1,000/Calendar Year	\$1,500/Calendar Year	\$1,500/Calendar Year
PPO		Passive PPO	Passive PPO	Passive PPO	Passive PPO
Allowance	Type 1	90th U&C	90th U&C	90th U&C	90th U&C
	Type 2	90th U&C	90th U&C	90th U&C	90th U&C
	Type 3	90th U&C	90th U&C	90th U&C	90th U&C
Waiting Period		None	None	None	None
LASIK Advantage®		None	None	None	None
Annual Open Enrollment		Included	Included	Included	Included

Monthly Rates

Fraternal Member	\$53.96	\$46.36	\$75.36	\$65.20
Fraternal Member & Spouse	\$110.32	\$94.76	\$153.52	\$132.80
Fraternal Member & Child(ren)	\$127.12	\$108.48	\$172.76	\$148.20
Fraternal Member & Family	\$183.52	\$156.88	\$250.96	\$215.80

Rates are guaranteed for 12 months following the effective date listed above.

Rates include: home address mailing.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase \$.20 per fraternal member. Premiums are calculated considering a health insurer fee required under the Affordable Care Act (ACA). Plan designs and rates are subject to change in accordance with the ACA.

Participation Requirements

	Voluntary	Voluntary	Voluntary	Voluntary
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	Low Plan Down State	Low Plan Up State	High Plan Down State	High Plan Up State
Plan Design Summary	100/50/50 \$25/Calendar Year Applies to Type 1,2&3 \$75/family \$1,000	100/50/50 \$25/Calendar Year Applies to Type 1,2&3 \$75/family \$1,000	100/90/60 \$25/Calendar Year Applies to Type 1,2&3 \$75/family \$1,500	100/90/60 \$25/Calendar Year Applies to Type 1,2&3 \$75/family \$1,500
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> - Routine Exam (2 per benefit period) - Bitewing X-rays (1 per benefit period) - Full Mouth/Panoramic X-rays (1 in 5 years) - Periapical X-rays - Cleaning (2 per benefit period) - Fluoride for Children 13 and under (1 per benefit period) - Sealants (age 13 and under) 	<ul style="list-style-type: none"> - Routine Exam (2 per benefit period) - Bitewing X-rays (1 per benefit period) - Full Mouth/Panoramic X-rays (1 in 5 years) - Periapical X-rays - Cleaning (2 per benefit period) - Fluoride for Children 13 and under (1 per benefit period) - Sealants (age 13 and under) 	<ul style="list-style-type: none"> - Routine Exam (2 per benefit period) - Bitewing X-rays (1 per benefit period) - Full Mouth/Panoramic X-rays (1 in 5 years) - Periapical X-rays - Cleaning (2 per benefit period) - Fluoride for Children 13 and under (1 per benefit period) - Sealants (age 13 and under) 	<ul style="list-style-type: none"> - Routine Exam (2 per benefit period) - Bitewing X-rays (1 per benefit period) - Full Mouth/Panoramic X-rays (1 in 5 years) - Periapical X-rays - Cleaning (2 per benefit period) - Fluoride for Children 13 and under (1 per benefit period) - Sealants (age 13 and under)
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> - Restorative Amalgams - Restorative Composites - Denture Repair - Simple Extractions 	<ul style="list-style-type: none"> - Restorative Amalgams - Restorative Composites - Denture Repair - Simple Extractions 	<ul style="list-style-type: none"> - Restorative Amalgams - Restorative Composites - Denture Repair - Simple Extractions 	<ul style="list-style-type: none"> - Restorative Amalgams - Restorative Composites - Denture Repair - Simple Extractions
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> - Space Maintainers - Onlays - Crowns (1 in 10 years per tooth) - Crown Repair - Endodontics (nonsurgical) - Endodontics (surgical) - Periodontics (nonsurgical) - Periodontics (surgical) - Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) - Complex Extractions - Anesthesia 	<ul style="list-style-type: none"> - Space Maintainers - Onlays - Crowns (1 in 10 years per tooth) - Crown Repair - Endodontics (nonsurgical) - Endodontics (surgical) - Periodontics (nonsurgical) - Periodontics (surgical) - Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) - Complex Extractions - Anesthesia 	<ul style="list-style-type: none"> - Space Maintainers - Onlays - Crowns (1 in 10 years per tooth) - Crown Repair - Endodontics (nonsurgical) - Endodontics (surgical) - Periodontics (nonsurgical) - Periodontics (surgical) - Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) - Complex Extractions - Anesthesia 	<ul style="list-style-type: none"> - Space Maintainers - Onlays - Crowns (1 in 10 years per tooth) - Crown Repair - Endodontics (nonsurgical) - Endodontics (surgical) - Periodontics (nonsurgical) - Periodontics (surgical) - Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) - Complex Extractions - Anesthesia

Current Dental Terminology © American Dental Association.

New York Fraternal Order of Police

Plan Design Summary



Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 6/1/2020

Plan 1: Vision Perfect®	
Annual Eye Exam	Up to \$55
Lenses (per pair)	
Single Vision	Up to \$60
Bifocal	Up to \$80
Trifocal	Up to \$95
Lenticular	Up to \$100
Progressive	Up to \$100
Frames	\$60
Frequencies	
Exam/Lens/Frames	12/12/12 Based on date of service

Deductible, Maximum

Deductibles	\$10 Calendar Year Exam, \$10 Eye Glass Lenses or Frames*
Maximum Calendar Year	None

*Deductible applies to the first service received

Contact Lenses

Fit & Follow Up Exams	Taken from Elective Contact Lens Allowance
Contacts	
Elective	Up to \$120
Medically Necessary	Up to \$120

Monthly Rates

Fraternal Member	\$8.80
Fraternal Member & Spouse	\$17.12
Fraternal Member & Child(ren)	\$15.16
Fraternal Member & Family	\$23.48

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