

fulfilling life

New York State Fraternal Order of Police

Dental and Eye Care Proposal



Ameritas Life Insurance Corp. of New York



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connect with us at ameritas.com

We want you to have everything you need right at your fingertips. So you can check the status of your latest claim. Access your plan's benefits information and your personalized ID card. Locate convenient network dentists. And much more at ameritas.com, optimized for access by any device

Dental Summary

Proposed Effective Date: 4/1/2016

		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	\$40.96	\$35.16	\$57.12	\$49.44
Fraternal Member & Spouse	\$83.72	\$71.84	\$116.40	\$100.68
Fraternal Member & Child(ren)	\$96.44	\$82.28	\$131.00	\$112.36
Fraternal Member & Family	\$139.20	\$118.96	\$190.28	\$163.60

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

For dental only the rates do not include a billing and admin fee for the TPA of \$3.00 per month. The vision only billing and admin fee is \$.50, if you buy both products there will be a discounted rate of \$3.00

This product is a voluntary purchase for our FOP members.

	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

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 4/1/2016

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	\$6.60
Fraternal Member & Spouse	\$12.84
Fraternal Member & Child(ren)	\$11.36
Fraternal Member & Family	\$17.60

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

The vision rates do not include a billing and admin fee from the TPA of \$.50 per month For dental only the rates do not include a billing and admin fee for the TPA of \$3.00 per month. The vision only billing and admin fee is \$.50, if you buy both products there will be a discounted rate of \$3.00

This product is a voluntary purchase for our FOP members.

Ameritas of New York Dental Network Products

- Employers achieve a balance between cost efficiency and Fraternal Member choice.
- Plan Fraternal Members are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using network providers, who have agreed to provide dental care at discounted fees.
- Our plans give Fraternal Members across the nation over 319,000 provider access points for dental care.
- Network providers must meet our credentialing and quality assurance requirements

Dental U&C

We determine the Usual and Customary (U&C) allowance listed on the plan summary page using information including data from a nationally recognized independent data source. Plan Fraternal Members are reimbursed based on the appropriate charges in the dentist's ZIP Code area. We review our U&C allowances annually.

- 90th U&C means 9 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure.

Dental Deductibles

After the date that \$75 in accumulated deductibles has been met within a family, we will waive the entire deductible or any remaining portion of the deductible amount for any other family Fraternal Members for the rest of that calendar year. At no time can a family Fraternal Member contribute more than the selected deductible amount. (Plan(s): 1, 2, 3, 4)

Ameritas of New York Vision Perfect® Eye Care

Vision Perfect eye care plans from Ameritas of New York are simple, straightforward, easy-to-administer plans designed to help your Fraternal Members receive and pay for the eye care they need. Vision Perfect plan Fraternal Members are free to select any eye doctor, pay the doctor for all services, and then submit a claim form and receipt to Ameritas of New York for reimbursement. Benefits are reimbursed according to the plan the employer selects.

Rx Savings - Extra value for Ameritas of New York plan Fraternal Members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan Fraternal Members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Walmart's pharmacies will give Ameritas of New York plan Fraternal Members their normal health care pharmacy benefit, or the Walmart Rx discount, whichever saves more.
- Fraternal Members can get hundreds of generic drug prescriptions at the everyday low price of \$4.00, in addition to saving approximately 40% off all other generics and 10-15% off most brand-name prescriptions. They can save even more with convenient home delivery mail-order service.
- To receive the Walmart Rx discount, Ameritas of New York plan Fraternal Members just need to visit us at ameritas.com and sign into (or create) a secure Fraternal Member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist Fraternal Members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Ameritas of New York plan Fraternal Members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Fraternal Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to Fraternal Members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, Ameritas of New York plan Fraternal Members can visit ameritas.com and sign-in (or create) a secure Fraternal Member account. Fraternal Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Ameritas Eyewear Savings Card to assist Fraternal Members without Internet access.

Worldwide Support

When our Fraternal Members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas of New York offers its dental and vision plan Fraternal Members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the Fraternal Member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan Fraternal Members may submit a claim to Ameritas of New York for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Covered Dental Expenses will not include and no benefits will be payable for expenses incurred:

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when a Fraternal Member or dependent becomes classified as a late entrant. A Fraternal Member or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within ten years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is covered, it will be a Covered Expense.
- for any procedure begun before the plan Fraternal Member was covered under the dental expense benefit.
- for any procedure begun after the Fraternal Member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the Fraternal Member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan Fraternal Member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan Fraternal Member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.

Covered Vision Expenses will not include and no benefits will be payable for expenses incurred for:

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens or frame benefit during the twelve month period. When lenses and frames are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- examinations performed or frames or lenses ordered before the Fraternal Member was covered under the eye care expense benefits.
- subject to extension of benefits, any examination performed or frame or lens ordered after the Fraternal Member's coverage under the eye care expense benefits ceases.
- sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- non-prescription lenses.
- replacement or repair of lost or broken lenses or frames except at normal intervals.
- any eye examination or corrective eyewear required by an employer as a condition of employment.
- medical or surgical treatment of the eyes.
- any service or supply not shown on the Schedule of Eye Care Procedures.
- coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.



connect with us [at ameritas.com](https://www.ameritas.com)

We want you to have everything you need right at your fingertips. So you can check the status of your latest claim. Access your plan's benefits information and your personalized ID card. Locate convenient network dentists. And much more at [ameritas.com](https://www.ameritas.com), optimized for access by any device.

Member Information

- Create an online secure member account at ameritas.com to view your dental or vision benefit information.
- Go Paperless: Sign up to receive your explanation of benefits (EOB) statements online through your secure member account.
- Access plan benefit summaries, certificates of coverage, maximum and deductible amounts, and remaining benefits.
- View claims processing details, including an in-depth breakdown showing how benefits were calculated.

Online Member ID Cards

- Access, view, print, or save your personalized dental, vision and/or hearing ID cards through your secure member account.

Find A Provider

- Search for a dental or vision provider.
- Look up provider results in English or Spanish.
- Check out our dental provider directory by following the instructions in the box to the right.

Provider Locator App for iPhone and Android

- Access a map of the provider office location.
- Call the provider's office or add to contacts right from the search results screen.
- Email search results to family and friends.
- Easily refine and narrow search results.
- Look up results in English or Spanish.

Dental Cost Estimator

- Members can use this tool to get an idea of what an out-of-network general dentist may charge based on ZIP Code and dental procedure. It's located in your secure member account.

Dental Provider Directory Instructions

Visit ameritas.com, select "Find a Provider" then "Dental>network provider."

Enter search criteria.*

View the search results, which include:

- Provider name
- Office location
- Phone number
- Specialty
- Traveling distance (if applicable)
- Profile showing provider office hours, educational background and languages spoken (when available)
- Map showing provider location and driving directions

* California residents will be prompted to choose either the Classic (PPO) or First Dental Health network. If you are part of the First Dental Health Network, your ID card will show the First Dental Health Network (EPO) logo. Questions? Check with your benefits administrator.

Resource Center

- Download forms.
- Nominate a dental provider for our network.
- Review dental glossary terms and FAQs.
- Find instructions for submitting a dental claim or pretreatment estimate.

Wellness and Social Media

- See our videos and blog posts about wellness, the ACA's impact on dental and vision benefits, and more (or access direct at ameritasinsight.com).
- Link to any of our social media channels through the icons at ameritas.com.

Pharmacy and Eyewear Savings

- Save on hundreds of generic drug prescriptions at the everyday low price of \$4, as well as 40% off other generic prescriptions and 10-15% off most name-brand drug prescriptions.
- Members can save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide.
- Obtain your savings card through your secure member account.



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-08, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 11-09) 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. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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If any member has questions in regards to the above benefits, or would like to enroll in the dental and vision offerings please contact our administrative partner FBA of Syosset. All members have access to FBA through a dedicated member service hotline at 844-322-2367 (844-FBA-2FOP). We have also set up a dedicated email address at NYSFOP@fbaofsyosset.com. Members can email the completed applications to this email or can mail them directly to the address below. For more information about FBA, please visit their website at [www. http://fbaofsyosset.com/](http://fbaofsyosset.com/)

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