



## 2021 OAR Dental & Vision Benefits

Caring for you and your loved ones' vision and oral health can be expensive. You can offset these expenses by taking advantage of the benefits offered through your OAR membership. You owe it to yourself and your family to take a closer look at how your insurance plans work.

Join the 24,000 Oregon residents that have Ameritas coverage and take advantage of no increase in premiums for 2021.

Please note: The Ameritas OAR dental and vision coverage is a yearlong plan starting January 1, 2021 through December 31, 2021. The plan automatically rolls from 2020 to 2021, unless a cancellation notice is sent during open enrollment. Please, contact Johnson Benefit Group Inc, for any questions 1-503-656-3232.



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# 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 Summary	Plan 1	Plan 2	Plan 3	Plan 4
Type 1 Preventive		100%		
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	\$1,000	\$1,500	\$2,000
	per person, per calendar year			
Out-of-network Allowance	no benefits		90th U&C	
Child Orthodontia	no benefits		50% benefit allowance \$1,000 per child, lifetime maximum benefit	

**See any dentist.** Plans 2, 3, and 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. **See if your dentist is in our network.** Visit [ameritas.com](http://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 [ameritas.com](http://ameritas.com), search for "nominate a provider" and complete the online form.

**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 **Jenna Weil at Cypress Benefit Administrators 877-236-0844 or Johnson Benefit Planning at 866-656-3232.** We are here to help.

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# Common Dental Plan Questions

## 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, 2021 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.

## 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?

Sample Procedures	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	Type 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	-----	no benefit	-----	Type 3
Bleaching	-----	no benefit	-----	Type 3

# You Have Two Vision Plans to Choose From

**Both plans have 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.

Members have the freedom to visit any vision provider. However when visiting a VSP or EyeMed network provider your benefit dollars go further and the provider submits the claim for you.

Benefit Summary	VSP In-network/Out	EyeMed 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 / Dye	\$15-\$17	\$15

- VSP has more than 70,000 access points and is accepted by more than 23,000 doctors nationwide including 8,000 retail chains such as Costco Optical, Visionworks and Pearle Vision.
- 91% of VSP doctors offer early morning, evening or weekend hours
- Members can browse and buy eyewear online at [eyeconic.com](http://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](http://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.

# How to Choose a Vision Plan

Both plans help you save money and maintain healthy eyes and sharper vision. To decide which plan is right for you, compare the plan highlights in this booklet. First, check both networks online at [vsp.com](http://vsp.com) and [eyemed.com](http://eyemed.com) to find your provider or retail location. Visiting a network provider will help you save even more. Next, compare the plan details to determine which plan better fits your needs.

**No matter which you choose, these plans are designed to be easy to use and to save you money.**

- You have the freedom to choose any vision provider. However, your benefit dollars go further when you visit a VSP or EyeMed network provider.
- No claim forms. When you visit a VSP or EyeMed provider, your claim is submitted for you.
- Each network provides additional savings on eyewear and laser vision correction. For so

## Common Vision Plan Questions

### **What is the difference between the two vision plans I'm being offered?**

While the plans, discounts and prices are similar, they feature different networks -- VSP and EyeMed. Search the networks at [vsp.com](http://vsp.com) and [eyemed.com](http://eyemed.com) to find your provider or retail location. You will need to choose either the VSP plan or the EyeMed plan at open enrollment.

### **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.

### **Will I still have coverage if I visit an out-of-network doctor?**

Yes. You can visit any doctor you choose. The difference between the out-of-network benefit and the provider's charge will be an out-of-pocket expense for you.

### **Can I use my benefits at Walmart and Sam's Club?**

Yes. These locations are out-of-network for both the VSP and EyeMed plans, so out-of-network benefits will apply. These benefits still go a long way due to the lower overall price points of these retailers. With the VSP plan, Walmart and Sam's Club will file the claim for you.

### **Can I shop online for my vision correction?**

Yes. Once you've had your exam, both VSP and EyeMed have online network options where you can shop. Your vision benefits are applied directly to your online order, so you don't have to pay full price and wait for a reimbursement.

### **What is the eye exam benefit?**

Both plans cover one eye exam each year in full when you visit a network provider. Please see the plan highlights in this booklet for out-of-network benefits.

### **Is there a separate charge for contact exams?**

Yes, most providers charge a separate fee for a contact fit and follow-up exam. Your plan limits your cost. 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. For those who choose contacts over glasses, the elective contact benefit applies.

### **Can I get glasses and contacts in the same year?**

No. Your annual benefit applies to contacts OR glasses. See the exam-lens-frame frequencies on the plan highlights in this booklet to find out how often benefit allowances renew.

### **Are there 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. When you visit a network provider, you'll get discounts on a variety of lens coating options. See the plan highlights for details. Extra charges can add up quickly, so make sure you discuss these options and their costs.

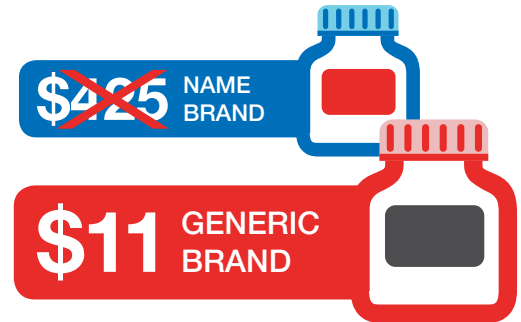




# Save More with Ameritas

**Prescription Savings.** You and your covered dependents can save on prescription medications at **over 60,000 pharmacies** across the nation including CVS, Walgreens, Rite Aid and Walmart. Participating pharmacies give your normal health care pharmacy benefit, or the Rx discount, whichever saves you more. Switching to generic and presenting the card **saved 97% on one prescription.\***

Find a pharmacy near you – [ameritas.com/rxpharmacy](https://ameritas.com/rxpharmacy)

Look up a price – [ameritas.com/rxpricing](https://ameritas.com/rxpricing)



Prescription Drug Savings Card	THIS IS NOT INSURANCE
 	Certain terms and conditions apply. View terms and conditions at <a href="https://ameritas.com/rxterms">ameritas.com/rxterms</a> . Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.
Member Name: _____	For prescription discount drug pricing please visit <a href="https://ameritas.com/rxpricing">ameritas.com/rxpricing</a> .
RxBin # 017529   Group # AMERITAS   Member ID # AMER2233   PCN: AMRX	Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit <a href="https://ameritas.com/rxpharmacy">ameritas.com/rxpharmacy</a> .
This is not insurance Administered by EnvisionSavings	Pharmacy and member help desk <b>1-877-684-0032</b>
	This is a FREE card and may not be sold.

\* On average, you could see up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescriptions combined. Illustration numbers are rounded to the nearest dollar amount, based on Lexapro TAB 20MG and Escitalopram TAB 20MG, ZIP 68510.



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This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This information is provided by, and group vision products (9000 Rev. 03-16, dates may vary by state) are issued by Ameritas Life Insurance Corp. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2019 Ameritas Mutual Holding Company.

## 2021 OAR Dental and Vision Election Form

Primary Differences	Dental Plan 1	Dental Plan 2	Dental Plan 3	Dental Plan 4	Vision VSP Plan	Vision EyeMed Plan
Annual Maximum	\$1,000	\$1,000	\$1,500	\$2,000	VSP network	EyeMed network
Out-of-network benefits	No	Yes	Yes	Yes		
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 in.

☐
☐
☐
☐
☐
☐

Monthly Rates	Dental Plan 1	Dental Plan 2	Dental Plan 3	Dental Plan 4	Vision VSP Plan	Vision EyeMed Plan
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

This highlight is not a certificate of insurance or guarantee of coverage. Vision is available in conjunction with the dental plans. You cannot enroll in vision alone. For questions contact **Jenna Weil at Cypress Benefit Administrators at 877-236-0844 or Johnson Benefit Planning at 1-866-656-3232**. We are here to help.

Print Name(s): \_\_\_\_\_

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Group#: \_\_\_\_\_

**Before December 5th  
mail or fax completed  
forms to:**

Member Benefits Plan  
Cypress Benefit Administrators  
P.O. Box 22530  
Portland, OR 97269  
Fax to: 920-968-4616

## Authorization Agreement for ACH Debits Direct Payments

I (we) hereby authorize Cypress Benefit Administrators, hereinafter called COMPANY, to initiate debit entries to my (our) (select one) ☐ Checking ☐ Savings account indicated, at the depository financial institution named, hereinafter called DEPOSITORY, and to debit the same to such account.

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. This agreement will remain in-force for one year unless a qualifying event occurs. Written proof of a qualifying event may be required and substantiated.

**A voided check must be provided for verification.**

**EFT transactions will be deducted on the 1st of each month, or the first business day after the 1st.**

Realtor Name: \_\_\_\_\_

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Print Name(s): \_\_\_\_\_

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

Policy and Div. # **010**- \_\_\_\_\_

Cert. # \_\_\_\_\_

**COBRA:** If individual  
is a continuee:

Qualifying Event

Date of Event

Name and Address of Employer (Policyholder) \_\_\_\_\_

**1 to enroll** ☐ Dental ☐ Eye Care ☐ To terminate all coverages**Employee Information**Marital Status ☐ Single ☐ Married ☐ Civil Union\* ☐ Domestic Partner\* \*As defined by state law or your Group.

Social Security number \_\_\_\_\_ Dept. number \_\_\_\_\_

Employee's last name, first name, MI \_\_\_\_\_

Date of birth \_\_\_\_\_ ☐ Male ☐ Female Full time date of hire \_\_\_\_\_ ☐ Rehire: Rehire date \_\_\_\_\_Occupation \_\_\_\_\_ Hours worked each week \_\_\_\_\_ Are your earnings paid: ☐ Hourly or ☐ Salaried

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address (limit of 60 characters) \_\_\_\_\_

Are you covered under another **dental** insurance plan? . . . . . **Employee:** ☐ Yes ☐ No **Dependents:** ☐ Yes ☐ NoAre you covered under another **eye care** insurance plan? . . . . . **Employee:** ☐ Yes ☐ No **Dependents:** ☐ Yes ☐ No**Dependent Coverage Information** List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Dental		Eye Care		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop	add	drop					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

**Please Sign** (employee/policyholder) **The certificate provides dental and eye care benefits only. Review your certificate carefully.**

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. **THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS:** I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

**X**

Employee Signature (do not print)

Date

**X**

Policyholder Signature (do not print)

Date

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (State-specific statements on back.)

Employee late entrant date \_\_\_\_\_

Effective Date

Class

Dep. Code

Dependent late entrant date \_\_\_\_\_

**2 to change**☐ **Name Change** New Name \_\_\_\_\_ Old Name \_\_\_\_\_☐ **Add Dependent Coverage**☐ If due to marriage, what is the date of marriage? \_\_\_\_\_ ☐ If due to birth/adoption, what is the date of event? \_\_\_\_\_☐ If due to loss of coverage, date and reason: \_\_\_\_\_☐ If other, the date of event and please explain: \_\_\_\_\_☐ **Drop Dependent Coverage** Number of dependents still covered: \_\_\_\_\_ Effective date of drop: \_\_\_\_\_☐ Due to divorce ☐ Due to death ☐ Due to annual election period ☐ Exceeds maximum age to qualify as dependent☐ Other (please explain) \_\_\_\_\_**3 to waive** IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:☐ **myself** (does not apply to TRUST policies) ☐ **spouse/domestic partner** ☐ **child(ren) only** ☐ **spouse/domestic partner and child(ren)**

because \_\_\_\_\_

Name of insurance company and employer of dependent \_\_\_\_\_

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.