



## 2026 Oregon REALTORS® Dental and Vision Benefits

Caring for your 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 Oregon REALTORS® membership. You owe it to yourself and your family to take a closer look at how your insurance plans work.

Join the 28,000 Oregon residents who have Ameritas coverage.

Please note: The Ameritas Oregon REALTORS® dental and vision coverage is a yearlong plan starting January 1, 2026 through December 31, 2026. Please contact Karen Reed-Jennings at Johnson Benefit Group for any questions at 971-356-6650 or [karen@jbg-inc.com](mailto:karen@jbg-inc.com).



# You have four dental plans to choose from

<ul style="list-style-type: none"><li>• All of the plans have the same in-network benefit levels and deductibles, but their annual maximums differ.</li><li>• Plans 2, 3 and 4 include child orthodontia coverage.</li><li>• The procedures that fall into Type 1, 2 and 3 categories differ somewhat. Refer to the chart on the next page.</li><li>• Plan 4 offers Type 3 coverage for implants.</li></ul>
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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	Maximum Allowable Benefit (MAB)			90th U&C
Child orthodontia	No benefits		50% benefit allowance \$1,000 per child, lifetime maximum benefit	

**See any dentist.** Your Ameritas dental plan allows you and your family members to receive care from any licensed dental provider, whether they are in- or out-of-network. You do not need to switch providers. Family members do not need to visit the same dentist.

**Save money.** Dentists in the Ameritas network have agreed to charge 25-50% less than their regular rates. Many of them also offer discounts on non-covered dental services as allowed by state law. Network provider charges are guaranteed to be below the plan allowance.

**Avoid paperwork.** When visiting a network provider, there are no claim forms to submit. Out-of-network dentists may also submit claims as a courtesy.

**Exceptional network.** The Ameritas Dental Network is one of the nation's largest. You can visit dental providers in Mexico and still receive coverage. Locate network providers in your area at [ameritas.com – Find a Health Provider](http://ameritas.com – Find a Health Provider). For a list of providers that allow you to use your in-network benefits in Mexico, select Find a Contracted Provider in Mexico.

**Type 3 waiting period – new enrollees only.** Anyone enrolling January 1, 2026 or later will have a 12-month waiting period before they are eligible to receive Type 3 benefits. Waiting period waived with proof of 12-month prior coverage.

Please contact Karen Reed-Jennings at Johnson Benefit Group for any questions at 971-356-6650 or [karen@jbg-inc.com](mailto:karen@jbg-inc.com).

# Common dental plan questions

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

All plans provide coverage no matter which dentist you visit. Out-of-network providers decide how much they charge per procedure. With Plan 1, insurance will pay up to the lowest contracted network provider fee in your ZIP Code area. With Plans 2-4, claims are paid based on what we expect 9 out of 10 charges from out-of-network dentists to be for this service. With all plans, you pay the difference between what the plan pays and the dentist's actual charge.

## 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, 2026 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 versus 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 dental plan will pay, and the amount you will 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 be considered a late entrant. Late entrants are eligible for only exams, cleanings, and fluoride applications during the first 12 months of coverage. After 12 months, you will have access to all of the plan's benefits. The late entrant policy does not apply to children who are enrolled in the plan before they turn two years old.

## 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
Root canals	Type 3	Type 3	Type 2	Type 2
Gum disease treatment	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)	\$0 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 Choice Network

- VSP offers the nation's largest network of independent doctors. Retail locations include:



- 83% 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 20-30% discounts on eyewear after benefit allowances and an extra \$20-40 to spend on featured frame brands.
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, through a VSP provider.

## EyeMed Access Network

- EyeMed's network includes some of the most recognized names, including:



- Many EyeMed providers offer evening hours during the week and extended hours on Saturdays and Sundays.
- In-network benefits can be used online at [lenscrafters.com](http://lenscrafters.com), [targetoptical.com](http://targetoptical.com), [rayban.com](http://rayban.com), [oakley.com](http://oakley.com), [glasses.com](http://glasses.com) and [contactsdirect.com](http://contactsdirect.com).
- Members receive 15-40% discounts on eyewear after benefit allowances and 20% off non-prescription sunglasses.
- 15% off retail price for LASIK or PRK laser eye correction, or 5% off promotional price, with U.S. Laser Network owned by LCA-Vision.

# How to choose a vision plan

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To decide which plan is right for you, check both networks online at [vsp.com](http://vsp.com) and [eyemed.com](http://eyemed.com) to find your provider or retail location. 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.

## Common vision plan questions

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### **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?**

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. Walmart and Sam's Club are in-network on the VSP network plan. With the EyeMed network plan, out-of-network benefits will apply. The benefits still go a long way due to the lower overall price points of these retailers.

NOTE: Not all providers at Costco, Walmart and Sam's Club locations are VSP network providers. Please verify that your provider is in the VSP network before seeking services. The frame allowance at some retailers may be less due to lower wholesale pricing.

### **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?

With the VSP network plan, benefits for frames and contact/eyeglass lenses are combined. Your benefits can be applied to contacts OR frames during the benefit year. With the EyeMed network plan, benefits for frames and contact/eyeglass lenses are separate. If you use your lens benefits to purchase contacts, you are still able to use your frame allowance toward new glasses during the same benefit year. In this case, the eyeglass lenses that go in your new frames would be an out-of-pocket expense. Your frame allowance will renew every 24 months.

### 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

Save on prescription medications at over 60,000 locations nationwide including CVS, Walgreens and Walmart. Participating pharmacies give your normal health care pharmacy benefit, or the prescription discount, whichever saves you more. This is available at no additional cost and is not insurance. Get your prescription savings card in your secure member account.

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand-name and generic prescriptions combined. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the prescription discount, whichever saves them more.

#### Prescription Drug Savings Card



Member Name: \_\_\_\_\_

RxBin # 017529 Group # AMERITAS Member ID # AMER2233 PCN: AMRX

This is not insurance  
Administered by Elixir Savings

GR 6269 2-23

#### THIS IS NOT INSURANCE

Certain terms and conditions apply. View terms and conditions at [ameritas.com/rxterms](http://ameritas.com/rxterms). Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.

For prescription discount drug pricing please visit [ameritas.com/rxpricing](http://ameritas.com/rxpricing).

Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit [ameritas.com/rxpharmacy](http://ameritas.com/rxpharmacy).

Pharmacy and member help desk **1-877-684-0032**

This is a FREE card and may not be sold.

GR 6269 2-23



# 2026 Oregon REALTORS® 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	MAB	90th U&C	90th U&C	90th U&C		
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.

I have had 12 months or more of prior dental coverage  
 I have NOT had 12 months or more of prior dental coverage

Monthly rates	Dental Plan 1	Dental Plan 2	Dental Plan 3	Dental Plan 4	Vision VSP Plan	Vision EyeMed Plan
Employee	\$44.92	\$58.28	\$70.92	\$82.28	\$10.32	\$10.32
Employee + spouse	\$87.88	\$115.00	\$140.60	\$163.92	\$20.52	\$20.52
Employee + children	\$110.72	\$162.00	\$188.76	\$210.92	\$19.68	\$19.68
Employee + family	\$157.68	\$222.76	\$262.48	\$295.96	\$29.88	\$29.88

Note: there will be a \$4.00 service fee added to dental plan rates only

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. Please contact Karen Reed-Jennings at Johnson Benefit Group for any questions at 971-356-6650 or [karen@jbg-inc.com](mailto:karen@jbg-inc.com).

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

## Mail completed forms to:

QVI Risk Solutions  
 P.O. Box 7199  
 Bend, OR 97708

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

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

## Authorization agreement for ACH debits direct payments

I (we) hereby authorize QVI Risk Solutions, 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.

**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: \_\_\_\_\_

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. # **010-49453**
**COBRA:** If individual  
is a continuuee: Qualifying Event

Date of Event

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

Name and Address of Employer (Policyholder) **Oregon REALTORS®, 2110 Mission Street, SE Suite 230, Salem, OR 97302-0038**
**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.