

A Dental Plan With You In Mind



An Exciting New Dental Plan Exclusively For Members Of The Texas Public Employees Association

The TPEA Board of Directors has endorsed a new group dental insurance plan underwritten by Ameritas Life Insurance Corp. This plan has been heavily negotiated for our members.

You will have first day coverage for preventive, basic, and †major services!

How do I locate an Ameritas Network Provider?

To locate a dentist near you in the network, contact Ameritas at 1-888-239-3336, or online at www.ameritasgroup.com/resources/find.asp.

How do I get more information about the dental benefits offered?

Call Ameritas at 1-888-239-3336 for more information.

Endorsed by:

Texas Public Employees Association

Underwritten by:



Marketed by:



Association Member Benefits Advisors
6034 W. Courtyard Drive, Suite 300
Austin, TX 78730

*Reimbursement percentages are based on the usual and customary charges for services in your geographical area. All services are subject to limitations and exclusions. Network providers may not be available in all states or geographical areas. The master insurance policy providing coverage is governed by the laws of Texas.

†Orthodontia services provided after 12 months.

Advantages of Coverage

- Freedom to use your own dentist; NO network required!
- You may choose an Ameritas Network provider and save up to 20-30%
- Routine cleanings and exams covered twice per calendar year with *no deductible*
- \$75 Calendar Year deductible per person
- \$1,250 Calendar Year Maximum per person
- NO referral required for specialty care
- Dental Rewards - may enable your \$1,250 Calendar Year Maximum to grow to \$2,250
- **Rates guaranteed through July 2012!**

Dental Plan Highlights

- Preventive Services: 70% year 1 / 100% thereafter*
 - Oral Exams
 - Prophylaxis (teeth cleanings)
 - X-Rays
- Basic Services: 60% year 1 / 80% thereafter*
 - Fillings
 - General Anesthesia
 - Oral Surgery (simple extractions)
 - Denture Repairs
- Major Services: 25% year 1 / 50% thereafter*
 - Endodontics (root canals)
 - Periodontics (gum disease)
 - Perio-cleanings
 - Dentures
 - Crowns and crown repairs
 - Oral Surgery (complex extractions)
- Orthodontic Services†: 50% coverage*
 - \$1,000 Lifetime maximum

Monthly Plan Rates

Member	\$26.02
Member + 1	\$54.70
Member + Family	\$95.98

An Eye Care Plan With You In Mind

Exclusively for Members of
the Texas Public Employees
Association



**85% of all you
experience is
through your
eyes**

Are you really seeing your best? Or are you simply used to the view? With good vision, your experiences are clearer, sharper, and brighter!

Besides helping you see better, routine eye exams can detect a number of serious health conditions such as glaucoma, cataracts, diabetes, even cancer.

► Convenience for Members

VSP has a network of thousands of doctors, located in rural and metropolitan areas throughout the nation. More than 90% of members have access to a VSP doctor within 10 miles of work and home. VSP doctors provide both eye exams and eyewear, offering a convenient "one-stop" solution for your eyecare needs.

► No ID Cards, No Claim Forms! Easy As 1, 2, 3!

1. Find a VSP network doctor at:
www.vsp.com/go/TPEA or call 800.877.7195.
2. Make an appointment and tell the doctor you are a VSP member.
3. Your doctor and VSP will handle the rest.

► Visit www.vsp.com/go/TPEA today!

What's important to you? Do you need an evening appointment? Interested in a doctor who focuses on sports eyewear or children? Want an online savings statement after you visit a VSP doctor? Searching for information on conditions of the eye? Visit www.vsp.com/go/TPEA. We think you'll like what you see!



VSP guarantees service from VSP network doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will

Your Coverage From a VSP Doctor (co-pays apply)

Exam covered in full.....once every 12 months

Prescription Glasses:

Lenses covered in full.....once every 12 months

- Single vision, lined bifocals, and lined trifocal lenses. In addition, you can experience significant savings on lens options such as progressive and transitional lenses.

Frame.....once every 24 months

- Frame of your choice covered up to \$120
- Plus, 20% off any out-of-pocket costs

-OR-

Contact Lens Care.....once every 12 months

When you choose contacts instead of glasses, your \$120.00 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses.

Advantages of Coverage

Without coverage, an exam and prescription glasses can cost around \$300 or more. With VSP, you'll save!

Your Co-Pays

Exam.....No co-pay applies

Materials.....\$25.00

Contacts.....No co-pay applies

Extra Discounts and Savings

► Laser Vision Correction Discounts

► Prescription Glasses

- Up to 20% savings on lens extras such as scratch resistant and antireflective coatings
- 20% off additional prescription glasses and sunglasses*

► Contacts*

- 15% off cost of contact lens exam (fitting and evaluation)

**Available from the same VSP doctor who provided your eye exam within the last 12 months.*

Your Monthly Contribution

Member Only.....\$11.75

Member + One.....\$21.30

Family.....\$27.15

Dollar for dollar you get the best value from your VSP benefit when you visit a VSP network doctor. If you decide not to see a VSP doctor you'll receive fewer benefits and typically pay more out-of-pocket. You are required to pay the provider in full at the time of your appointment and submit a claim to VSP for partial reimbursement. If you decide to see a provider not in the VSP network, call us first at 800.877.7195.

Out-of-Network Reimbursement Amounts:

Exam.....Up to \$45.00

Lenses:

Single Vision.....Up to \$45.00

Lined Bifocal.....Up to \$65.00

Lined Trifocal.....Up to \$85.00

Frame.....Up to \$47.00

Contacts.....Up to \$105.00

TPEA Group Dental Insurance Plan Frequently Asked Questions

How can I find out exactly what services are covered?

For more information regarding plan benefits, you may call Ameritas at 1-888-239-3336.

Can I use my current dentist?

Yes, one of the best features of this plan is that you have the freedom to use your current dentist. However, you may also select one of Ameritas' Network Dentists who provide services that are discounted up to 20-30%.

How does the Dental Rewards feature work?

This feature rewards members who care for their teeth by filing at least one claim during the plan year, but use less than \$500 of their annual benefit. Dental rewards then rolls over \$250 into the next benefit period with a maximum carry over amount of \$1,000. Therefore, your \$1,250 calendar year maximum has the potential to grow to \$2,250! This feature solves the "use it or lose it" benefit problem many dental insurance plans have. By allowing you to roll over part of your unused benefit, you can accumulate higher plan maximums that could be beneficial if major procedures are needed in the future.

Can my spouse and children be covered under the TPEA group dental plan?

Yes, your spouse and dependent children up to the month they turn age 26 are eligible for coverage.

Can I use this plan outside of the state of Texas?

You can use this plan all over the United States, Mexico, and abroad as long as the dentist submits your claim to Ameritas in U.S. dollars.

Can I pay my premium(s) by check every month?

In order to provide TPEA members with the best rates and service, we offer a convenient monthly bank draft or the option to pay your premiums annually.

Are there any requirements to participate in the plans?

The only requirement to participate in these plans is membership with TPEA.

Follow These Easy Steps to Enroll in the TPEA Dental/Vision Plan:

- 1. Complete the Enrollment Form:**
Complete the form in its entirety. Be sure to sign it, and if adding dependents, include each person's Social Security number and date of birth.
- 2. Submit your payment:**
 - **Monthly Bank Draft:** If you elect to pay your premium(s) by monthly bank draft, enclose a check payable to AMBA for your first month's premium(s) plus the \$20 one-time enrollment fee. You must also sign the bank draft authorization on the bottom of the application, and include a blank check marked "Void" on the account to be drafted.
 - **Annual Billing:** If you elect to pay your premium(s) annually, enclose a check payable to AMBA for your monthly premium(s) x 12 plus the \$20 one-time enrollment fee.
- 3. Mail your completed application to:**
Association Member Benefits Advisors, Ltd.
6034 W. Courtyard Dr., Suite 300
Austin, TX 78730



TPEA Group Dental & Vision Plan

Complete this form to enroll in the TPEA Group Dental and/or Vision Plan.
Membership with TPEA is required to enroll in these plans.



Texas Public Employees Association Member Information

Member Name (Last, First)	Social Security Number (required)
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Mailing Address

City	State	Zip	Home Phone
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Date of Birth	Gender	Email Address
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Employed by	Work Address
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Monthly Dental Coverage Only:
 Member (\$26.02) Member + 1 (\$54.70) Family (\$95.98) \$ _____

Monthly Vision Coverage Only:
 Member (\$11.75) Member + 1 (\$21.30) Family (\$27.15) \$ _____

Monthly Dental + Vision Coverage:
 Member (\$37.77) Member + 1 (\$76.00) Family (\$123.13) \$ _____

Total: Dental Premium + Vision Premium + \$20 One-Time Enrollment Fee \$ _____

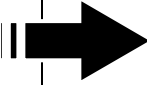
Eligible Dependents to be Covered

Name	DOB	Gender	Student	Disabled	Social Security Number
Spouse					
Child					
Child					
Child					

Payment Method (choose one)

- Convenient Monthly Bank Payment Option:** Make your check payable to AMBA for your first month's premium plus the \$20 enrollment fee and attach a VOIDED check. Deposit slips are not acceptable.

Authorization to honor drafts drawn by Association Member Benefits Advisors (AMBA). I hereby authorize you to initiate debit entries on my account. This authority is to remain in effect until revoked by me in writing and until AMBA receives such notice. I agree that AMBA shall be fully protected in honoring such debit. Non-payment of insurance premium(s) results in the forfeiture of insurance. I authorize future increases and/or decreases in the cost of the plan(s) I selected to be automatically deducted without further authorization from me. NOTE: Bank drafts occur on the 2nd business day of each month.



_____ Date

Your signature EXACTLY as it appears on your Bank Records

- Annual Billing**
Make your check payable to AMBA for your monthly premium(s) x 12 plus the \$20 one-time enrollment fee.

Office use only: Effective Date: _____ ACH Date: _____ Entered: _____
 ID _____ MA _____ R _____