

# TULE RIVER TRIBAL COUNCIL

Policy #: 010-301198



**FUSION** combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans.

For the maximum:

The member can use up to \$750 Non PPO - \$1,500 PPO toward any covered dental expense.

The member can use up to \$300 toward any covered eye care expense.

Total benefits paid between the two coverages will not exceed \$1,500.

## Dental Plan Benefits *subject to FUSION plan design listed above*

Networks: Classic	In-Network	Out-of-Network
Type 1 Preventive No Waiting Period	100%	100%
	Routine Exam (2 per Benefit Period) Bitewing X-rays (2 per Benefit Period) Cleaning (2 per Benefit Period) Fluoride for Children 19 and under (2 per Benefit Period)	Routine Exam (2 per Benefit Period) Bitewing X-rays (2 per Benefit Period) Cleaning (2 per Benefit Period) Fluoride for Children 19 and under (2 per Benefit Period)
Type 2 Basic No Waiting Period	80%	80%
	Sealants 15 and under (1 in 3 years permanent molars) Surgical Extractions Simple Extractions Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Periodontics (nonsurgical) Endodontics (surgical) Periodontics (surgical)	Sealants 15 and under (1 in 3 years permanent molars) Surgical Extractions Simple Extractions Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Periodontics (nonsurgical) Endodontics (surgical) Periodontics (surgical)
Type 3 Major No Waiting Period	60%	50%
	Crowns (1 in 5 years per tooth) Prosthodontics (Bridges, Dentures) (1 in 5 years) Implants (1 in 5 years)	Crowns (1 in 5 years per tooth) Prosthodontics (Bridges, Dentures) (1 in 5 years) Implants (1 in 5 years)

## Deductible\*

Type 1	\$0	\$100 per person, per calendar year
Family Maximum	\$50 per person, per calendar year  When 3 family members satisfy their Deductible Amounts for this Calendar Year, no additional Deductibles will apply to any family members for the rest of this Calendar Year.	\$100 per person, per calendar year  When 3 family members satisfy their Deductible Amounts for this Calendar Year, no additional Deductibles will apply to any family members for the rest of this Calendar Year.

## Benefit Year Maximum

Type 1, 2, and 3 (per person, per calendar year)	\$1,500	\$750
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## Orthodontia Benefits (children under age 19)

No waiting period	50%	50%
Plan Benefit	\$0	\$0
Lifetime Deductible	\$2,000	\$2,000

## Claims Allowance

Type 1, 2 and 3

Discounted Fee

85th U&C

## Vision Plan Benefits subject to FUSION plan design listed above

	<i>Allowances</i>	<i>Frequencies Based on date of service**</i>	
Exam	Subject to Maximum	Exam	None
Lenses (per pair)		Lenses	None
Single	Subject to Maximum	Frames	None
Bifocal	Subject to Maximum		
Trifocal	Subject to Maximum		
Lenticular	Subject to Maximum	Maximum	\$300
Progressive	Subject to Maximum	Deductibles (Lifetime deductible)	\$0
Contacts			
Elective/Medically Necessary	Subject to Maximum		
Frames	Subject to Maximum		

\*Deductible applies to the first service received

\*\*Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).

## Dental Rewards

Your dental plan includes Dental Rewards as a way to grow your annual maximum benefit. Simply by visiting a dental provider each year and submitting a claim, you can increase your annual maximum benefit over time. After your initial benefit is used, accumulated rewards are there to help pay for more expensive procedures, such as root canals or crowns.

Here's how it works. For each year, you submit at least one dental claim and your total dental benefits paid for the year are at or under \$250 you qualify to carry over \$125 in rewards to the following year. When your dental visit is to an Ameritas network provider, you earn an extra \$50 PPO Bonus. You may accumulate rewards up to the maximum amount of \$500. Please note, if you do not submit a dental claim during the year, no rewards are earned and accumulated rewards are reset to zero. However, you can start qualifying for rewards again the very next year.

## Provider Flexibility and Network Savings

Members aren't limited to one particular dentist, or a small group of providers, who may or may not be taking new patients. Each plan member is free to visit any provider they choose, including your current dentist, regardless if they are in- or out-of-network. And family members do not have to see the same dentist. When you visit an in-network dentist there are no claim forms to complete. For a list of network dentists in your area, go to Find A Provider at Ameritas.com.



The Ameritas Dental Network is one of the nation's largest.

Network providers have agreed to charge **25-50% less** than their regular rates which can lower your out-of-pocket costs.

## Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declined, you and/or your eligible dependents will be considered a Late Entrant. Covered expenses will not include and benefits will not be payable in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application. After 12 months, you will have access to all of the plan's benefits.

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## Member Savings

### Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. **No additional cost. Only savings.**

#### Extra Value

Our plan members, their covered dependents can **save on prescription medications at over 60,000 pharmacies across the nation** including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.



Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the prescription discount, whichever saves them more. Even if the employees already have health insurance pharmacy benefits, they are welcome to check out this Rx discount.

Find a pharmacy near you - <http://www.emsmed.com/vendors/pharmacy.aspx>

Look up a price - <http://www.emsmed.com/vendors/nxpricing.aspx?groupid=Ameritas>

#### Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.



### Save on frames and lenses

Save up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. This is available to you without any additional cost to your plan premium.

You may receive savings on the following vision care products at Walmart Vision Centers:



- **top quality frames** for the entire family including today's most popular brands.



- wide selection of **lens options**; all lenses come with scratch resistant coating for no additional charge.



- **safety eyewear**.

### Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- lifetime adjustments and cleanings.

## Customer Service

Customer Connections **800-487-5553** [www.Ameritas.com](http://www.Ameritas.com)

Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.