

A Dental Plan With You In Mind



An Exciting Dental Plan For Members Of The Texas Retired Teachers Association

The TRTA Board of Directors has endorsed a group dental insurance plan for our members. The plan is underwritten by the Ameritas Life Insurance Corp and has been heavily negotiated for our members.

If you have had twelve months of continuous dental insurance with no more than a 60 day lapse in coverage you will have no waiting periods for covered services. If you have had a lapse of more than 60 days, or no prior coverage, you will still have first day access to preventative and basic services and only a twelve month waiting period for major services.

How do I locate an Ameritas Network Provider or get additional information about the dental benefits?

Contact Ameritas at 1.888.239.3336, or online at www.ameritasgroup.com/resources/find.asp

Endorsed by:

Texas Retired Teachers Association

Underwritten by:

Ameritas Life Insurance Corp.



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.*

The master policy is governed by the laws of the state of Texas.

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%
- Your routine cleanings and exams are covered at 100% of the usual and customary rate with no deductible (twice per calendar year)
- \$75 Calendar Year deductible per person (only applies to basic and major services)
- \$1,500 Calendar Year Maximum per person
- Dental rewards – enables your \$1,500 calendar year max to grow to \$2,750!

Dental Plan Highlights

- Preventative Services: 100% coverage*
 - Oral Exams
 - Prophylaxis (teeth cleanings)
 - X-Rays
- Basic Services: 80% coverage*
 - Fillings
 - Crown – Stainless Steel
 - Crown Repair
 - General Anesthesia
- Major Services: 50% coverage*
 - Endodontics (root canals)
 - Crowns – Porcelain
 - Oral Surgery
 - Dentures
 - Periodontics (gum disease)

Monthly Plan Rates

Member	\$42.84
Member + Spouse	\$81.68
Member + Child	\$81.68
Member + Family	\$106.64

Rates Guaranteed through July 2010!

An Eyecare Plan With You In Mind



For Members of the Texas Retired Teachers 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 and sharper!

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

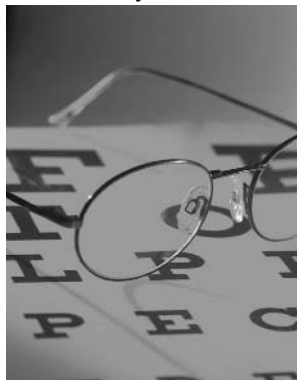
VSP has a network of thousands of doctors, located in rural and metropolitan areas throughout the nation. More than 90% of members have access to a VSP doctor within 10 miles of work and home. VSP doctors provide both eye exams and eyewear, offering a convenient "one-stop" solution for your eyecare needs.

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

1. Find a VSP network doctor at: www.vsp.com/go/trta 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/trta 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/trta. We think you'll like what you see!



Your Coverage from a VSP Doctor (co-pays apply)	
Exam covered in full.....	every 12 months
Prescription Glasses:	
Lenses covered in full.....	every 12 months
<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses. <i>In addition, you can experience significant savings on lens options such as progressive and transitional lenses.</i> 	
Frame.....	every 24 months
<ul style="list-style-type: none"> • Frame of your choice covered up to \$ 120.00. • Plus, 20% off any out-of-pocket costs. 	
- OR -	
Contact Lens Care.....	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. Learn more from your doctor or www.vsp.com/go/trta .	
Advantages of Coverage	
Without coverage, an exam and prescription glasses can cost \$300 or more. With VSP coverage, you'll save.	
Your Co-pays	
• Exam.....	\$15.00
• Prescription Glasses.....	\$25.00
• Contacts.....	No co-pay applies
Extra Discounts and Savings	
Laser Vision Correction Discounts	
Prescription Glasses	
<ul style="list-style-type: none"> • Up to 20% savings on lens extras such as scratch resistant and antireflective coatings • 20% off additional prescription glasses and sunglasses* 	
Contacts*	
<ul style="list-style-type: none"> • 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.....	\$10.90
Member + One.....	\$18.85
Family.....	\$23.60
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
(Co-pays apply)	

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 prevail.

TRTA 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 by up to 20-30%.

Does the TRTA Dental Plan have a deductible for preventative services such as routine exams and teeth cleanings?

There is no deductible for any preventative services, and cleanings are covered at 100% of the usual and customary rate two times each calendar year.

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 \$750 of their annual benefit. Dental rewards then rolls over \$350 into the next benefit period with a maximum carry over amount of \$1,250. Therefore, your \$1,500 calendar year maximum has the potential to grow to \$2,750! 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 TRTA group dental plan?

Yes, your spouse and dependent children up to age 25 are eligible (age 26 if they are full time students).

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.

I am not a current member of TRTA, can I join this plan?

If you are not a current TRTA member, you must submit a separate check payable to the Texas Retired Teachers Association in the amount of \$25 for your annual TRTA dues along with your dental application in order to be eligible for this coverage.

My relatives or friends would like to have this coverage, but they are not a retired teacher.

They can join TRTA as an associate member and participate in the plan. Visit www.trtabenefits.com for forms.

Follow These Easy Steps to Enroll in the TRTA Group Dental & Vision Plans

- 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. Include your payment:**
 - **Monthly Bank Draft:** Enclose a check payable to AMBA for your first month's premium 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.
- 3. Mail your completed application to:**
Association Member Benefits Advisors, Ltd.,
6034 W Courtyard Dr, Suite 300
Austin, TX 78730



TRTA Group Dental & Vision Plan

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



Texas Retired Teachers Association Member Information

Retired From:	Retirement Date:
Member Name (Last, First)	Social Security Number (required)

Mailing Address

City	State	Zip	Home Phone
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Date of Birth	Gender	Email Address:
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Have you had continuous dental coverage for the past 12 months with less than a 60 day gap in coverage?

Yes No If Yes, Carrier Name: _____

Effective Date: ___/___/_____ Termination Date: ___/___/_____

Monthly Dental Coverage Only:
 Member (\$42.84) Member + 1 (\$81.68) Family (\$106.64) \$ _____

Monthly Vision Coverage Only:
 Member (\$10.90) Member + 1 (\$18.85) Family (\$23.60) \$ _____

Monthly Dental + Vision Coverage:
 Member (\$53.74) Member + 1 (\$100.53) Family (\$130.24) \$ _____

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					

Payment

Convenient Monthly Bank Payment: 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. NOTE: Bank drafts occur on the 2nd business day of each month.



 Your signature EXACTLY as it appears on your Bank Records

 Date

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