

# Marion Community Unit School District #2

FUSION Highlight Sheet



## Plan 1

Effective Date: 9/1/2023

**FUSION: THE ULTIMATE CHOICE<sup>SM</sup>** combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans.

For the maximum:

- The member can use up to \$1,000 Non PPO - \$1,000 PPO toward any covered dental expense.
- Eye care expenses will be subject to the eye care plan allowances.
- Total benefits paid between the two coverages will not exceed \$1,150.

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

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	80%	50%
Type 3	50%	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$1,000 per calendar year	\$1,000 per calendar year
Allowance	Discounted Fee	90th U&C
Dental Rewards®	Included	Included
Waiting Period	None	None
Annual Eye Exam	None	None
Annual Open Enrollment	Included	Included

### Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum (per person)	\$1,000	\$1,000
Waiting Period	None	None

\*\*Maximum is lifetime for both in network and out of network.

### Eye Care Summary *subject to FUSION plan design listed above*

Allowances		Frequencies Based on date of service	
Exam	Up to \$50	Exam	1 in 12 months
Lenses (per pair)		Lenses	1 in 12 months
Single	Up to \$30	Frames	1 in 24 months
Bifocal	Up to \$50		
Trifocal	Up to \$100		
Lenticular	Up to \$130	Maximum	None
Progressive	Up to \$130	Deductibles (None)	
Contacts			\$0*
Elective/Medically Necessary	Up to \$130		
Frame Allowance	\$100		

\*Deductible applies to the first service received

### Monthly Rates

Employee Only (EE)	\$28.36
EE + Spouse	\$56.40
EE + Children	\$71.56
EE + Spouse & Children	\$99.60

## Dental Procedure Summary (Current Dental Terminology © American Dental Association.)

Type 1	In Network Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (1 in 6 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (1 in 6 months)</li> <li>Fluoride for Children 13 and under (1 in 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 13 and under)</li> <li>Fillings for Cavities</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Endodontics (nonsurgical)</li> <li>Endodontics (surgical)</li> <li>Periodontics (nonsurgical)</li> <li>Periodontics (surgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>Space Maintainers</li> <li>Onlays</li> <li>Crowns (1 in 10 years per tooth)</li> <li>Crown Repair</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>
Type 1	Out of Network Type 2	Type 3
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## Ameritas Information

### We're Here to Help

This plan was designed specifically for the associates of Marion Community Unit School District #2. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://ameritas.com).

## Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to [ameritas.com](http://ameritas.com), click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

## Rx Savings

Our valued plan members and 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.

To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

## Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit [ameritas.com](http://ameritas.com) and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

## Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit [greatearingbenefits.com/ameritas](http://greatearingbenefits.com/ameritas) to learn more.

## Dental Rewards®

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards will be lost; but he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Groups with a program similar to Dental Rewards on their previous plan are eligible for Dental Rewards Credits. To qualify for Dental Rewards Credits, the employer must request a list of carryover amounts from the previous carrier, to be sent to Ameritas.

Ameritas will credit each account based on amounts identified by the previous carrier. The credit is available only to initial insureds. The credit, and any amounts earned under our plan, will not exceed the maximum carryover proposed for the plan selected.

Enrollment data must include information for all dependents enrolling in the plan.

## Dental Network Information

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic Network.

## Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

## Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on December 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

## Late Entrant Provision

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.

## Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

## Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at [ameritas.com/applications/group/estimator](http://ameritas.com/applications/group/estimator).

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

## Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

## Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

## Civil Union

Illinois law grants parties to a Civil Union the same benefits, protections and responsibilities that flow from marriage under state law. Illinois also recognizes a marriage between persons of the same sex, a Civil Union, or a substantially similar legal relationship other than common law marriage legally entered into in another jurisdiction. However, Insureds should note that some or all of the benefits, protections and responsibilities related to health insurance that are available to married persons under federal law may not be available to parties to a Civil Union.

## U&C Disclosure

Usual and Customary ("U&C") describes those dental charges that we have determined to be the usual and customary charge for a given dental procedure within a particular ZIP code area. U&C levels are based on experience from the Company and an independent outside source of claim charge information. First, all ZIP codes are grouped into one of 25 groups based on relative Type I charges and another group for Type II charges. The charge experience for the 25 Type I or Type II groups is pooled for credibility. From these groups, U&C percentiles are calculated for each procedure (for example, 75th U&C is exactly the charge such that 75% of all charges for a given procedure are less than it). Once U&C's are calculated for each procedure and grouping, the values are blended with like data from the independent external data source using a 60/40 blend, 60% Company data and 40% external source data. U&C charge levels are adjusted in this manner twice a year.

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.