

# Insurance Basics (continued)

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## Finding a Dentist:

### Step 1 - Know your Network - Classic PPO and Plus

Find the network name by looking at your [ID card](#), plan materials, or calling customer connections at [800-487-5553](tel:800-487-5553).

### Step 2: Go online

- Go to [dentalnetwork.ameritas.com](https://dentalnetwork.ameritas.com) or [ameritas.com](https://ameritas.com) – Find a Health Provider
- Enter your location and then choose the network name to search for a dental provider.

### Step 3: Search providers

- Network providers charge 25-50% less than their regular rates. Dentists in **green** offer the most savings, closer to 50%.
- Use Additional Filters to search by provider name, practice/business name, or specialty.
- **Tip:** If you can't find a specific provider or location by name, search by ZIP Code or city.

## Finding a EyeMed doctor:

1. Visit <https://eyedoclocator.eyemedvisioncare.com/>
2. You can choose to search by location or doctor
3. Under Network select "Insight Network"
4. Enter your Zip Code
5. Then click search, a list of relevant providers will populate.

## Finding a VSP doctor:

1. Visit <https://www.vsp.com/eye-doctor>
2. You can choose to search by location or doctor
3. Enter your Zip Code
4. Then click search, a list of relevant providers will populate.

## Paying For Your Coverage

- You and CAPK share in the cost of your Medical, Dental, and Vision benefits. Your contributions are deducted before taxes are withheld, which saves you tax dollars. Paying for benefits before-tax means your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you.
- Basic Life and AD&D benefits are provided at no cost to you and are paid entirely by CAPK for employees who qualify.
- Any Voluntary Life Insurance benefits you elect will be paid by you at discounted group rates.
- Any additional Voluntary Benefit options you elect will be paid by you at discounted group rates.

## Dental PPO

Provides the option to use any dentists of your choice; however, using a participating provider from the Ameritas Network can reduce out-of-pocket costs for services. Major procedures may require pre-approval by Ameritas.

Plan Benefits	Ameritas PPO	
	In-Network	Out-of-Network
<b>General Plan Information</b>		
• Annual Deductible		
– Individual	\$50	\$75
– Family	\$150	\$225
• Waived for Preventive	Yes	No
• Annual Plan Maximum	\$2,000	\$1,000
<b>Diagnostic and Preventive Services</b>		
• Diagnostic and Preventive	100%	80%
• Oral Exams	100%	80%
• Bitewing X-rays	100%	80%
• Full Mouth X-rays	100%	80%
• Cleaning and Scaling	100%	80%
• Prophylaxis Treatments	100%	80%
• Fluoride Treatments	100%	80%
• Space Maintainers	100%	80%
• Sealants	100%	80%
<b>Basic Services</b>		
• Basic	80%	80%
• Oral Surgery ( <i>Extractions and Other Surgical Procedures</i> )	80%	80%
• Endodontic Treatment	80%	80%
• Periodontic Treatment	80%	80%
<b>Major Services</b>		
• Major	50%	50%
• Crowns, Jackets and Cast Restorations	50%	50%
• Prosthodontic Benefits ( <i>Fixed Bridges, Partial/Complete Dentures</i> )	50%	50%
• Implants	50%	50%
<b>Orthodontia</b>		
• Child Only	50% \$1,000 Lifetime Maximum	50% \$1,000 Lifetime Maximum

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 - \$2,000 PPO toward any covered dental expense.

The member can use up to \$100 towards any covered eye care expense. Total benefits paid between the two coverages will not exceed \$2,000.

For more information on Ameritas Dental please visit [ameritas.com](https://www.ameritas.com). To look up a dental provider please visit [ameritas.com](https://www.ameritas.com), Find A Provider, then Dental. Your provider network is Ameritas Classic.

The information described on this page is only intended to be a summary of benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review plan documents for full details. If there are any conflicts with information provided on this page, the plan documents will prevail.

# Employee Contributions

CAPK shares the cost of the medical, dental and vision benefits with you. Please note that your contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take-home pay for you. The contributions listed below will be pro-rated for benefited Part-Year employees.

Medical		Monthly Cost	CAPK Monthly Cost	EE Monthly Cost	Per Paycheck Contribution (24 PP)		
					Full Year	Part Year (10) Jan - May	Part Year (9) Aug - Dec
<b>Kaiser Permanente HMO 25</b>	Employee	\$916.45	\$859.45	\$57.00	\$28.50	\$42.75	\$28.50
	Employee + Spouse	\$1,924.54	\$1,776.54	\$148.00	\$74.00	\$111.00	\$74.00
	Employee + Children	\$1,741.25	\$1,622.25	\$119.00	\$59.50	\$89.25	\$59.50
	Family	\$2,657.70	\$2,386.70	\$271.00	\$135.50	\$203.25	\$135.50
<b>Anthem Blue Cross HMO 35</b>	Employee	\$1,209.04	\$859.04	\$350.00	\$175.00	\$262.50	\$175.00
	Employee + Spouse	\$2,538.97	\$1,776.97	\$762.00	\$381.00	\$571.50	\$381.00
	Employee + Children	\$2,176.26	\$1,622.26	\$554.00	\$277.00	\$415.50	\$277.00
	Family	\$3,627.09	\$2,387.09	\$1,240.00	\$620.00	\$930.00	\$620.00
<b>Anthem Blue Cross HDHP (PPO)</b>	Employee	\$1,162.00	\$859.00	\$303.00	\$151.50	\$227.25	\$151.50
	Employee + Spouse	\$2,556.39	\$1,776.39	\$780.00	\$390.00	\$585.00	\$390.00
	Employee + Children	\$2,091.59	\$1,622.59	\$469.00	\$234.50	\$351.75	\$234.50
	Family	\$3,602.19	\$2,387.19	\$1,215.00	\$607.50	\$911.25	\$607.50

Ameritas Dental		Monthly Cost	CAPK Monthly Cost	EE Monthly Cost	Per Paycheck Contribution (24 PP)		
					Full Year	Part Year (10) Jan - May	Part Year (9) Aug - Dec
<b>Ameritas DPPO</b>	Employee Only	\$34.03	\$30.63	\$3.40	\$1.70	\$2.55	\$1.70
	Employee + One	\$68.54	\$47.88	\$20.66	\$10.33	\$15.50	\$10.33
	Family	\$94.14	\$60.68	\$33.46	\$16.73	\$25.10	\$16.73

Ameritas Vision		Monthly Cost	CAPK Monthly Cost	EE Monthly Cost	Per Paycheck Contribution (24 PP)		
					Full Year	Part Year (10) Jan - May	Part Year (9) Aug - Dec
<b>EyeMed &amp; VSP Network</b>	Employee Only	\$5.44	\$4.90	\$0.54	\$0.27	\$0.41	\$0.27
	Employee + One	\$10.24	\$7.30	\$2.94	\$1.47	\$2.21	\$1.47
	Family	\$14.94	\$9.65	\$5.29	\$2.65	\$3.97	\$2.65

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