Insurance Basics (continued)

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.

Step 2: Go online

- Go to dentalnetwork.ameritas.com or 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.

Vision

Plan Benefits	EyeMed through Ameritas	
	In-Network	Out-of-Network
General Plan Information		
• Exam	$10 copay	N/A
• Materials	$25 copay Glass Lenses	N/A
Benefit Frequency		
• Exam	12 months	12 months
• Lenses	12 months	12 months
• Frames	24 months	24 months
• Contacts	24 months	24 months
Covered Services		
• Examination	100% after exam copay	Reimbursed up to $35
• Single Vision Lens	Covered after copay	Reimbursed up to $25
• Bifocal Lens	Covered after copay	Reimbursed up to $40
• Trifocal Lenses	Covered after copay	Reimbursed up to $55
• Lenticular	20% discount	No benefit
• Standard Progressive	Standard: $65 - $110 plus lens deductible(after materials copay)	No benefit
Lens Options		
• UV Coating	$15 copay	No benefit
• Scratch Resistant Coating	$15	No benefit
• Anti-Reflective Coating	$45 - $68	No benefit
• Other Add-Ons and Services	Discounts available	No benefit
Contact Lenses		
• Medically Necessary	Covered after copay	Reimbursed up to $200
• Elective	Up to $130 allowance	Reimbursed up to $104
Frames	Up to $130 allowance	Reimbursed up to $65
Other Services		
• Corrective Vision Services *(Laser Surgery)*	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers	No benefit
• Second Pair of Glasses	Discount available	No benefit

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Vision (continued)

vsp vision care

Plan Benefits	Vision Service Plan through Ameritas	
	In-Network	Out-of-Network
General Plan Information		
• Exam	$10 copay	$10 copay
• Materials	$25 copay Glass Lenses	$25 copay Glass Lenses
Benefit Frequency		
• Exam	12 months	12 months
• Lenses	12 months	12 months
• Frames	24 months	24 months
• Contacts	12 months	12 months
Covered Services		
• Examination	100% after exam copay	Reimbursed up to $43
• Single Vision Lens	Covered after copay	Reimbursed up to $26
• Bifocal Lens	Covered after copay	Reimbursed up to $43
• Trifocal Lenses	Covered after copay	Reimbursed up to $60
• Lenticular	Covered after copay	Reimbursed up to $91
• Standard Progressive	100% covered up to lined bifocal contracted fee allowance	Not covered
Lens Options		
• UV Coating	$16 copay	No benefit
• Scratch Resistant Coating	$17-$33	No benefit
• Anti-Reflective Coating	$43-$85	No benefit
• Other Add-Ons and Services	Discounts available	No benefit
Contact Lenses		
• Medically Necessary	Covered after copay	Reimbursed up to $210
• Elective	Up to $130 allowance	Reimbursed up to $100
Frames	Up to $130 allowance**	Reimbursed up to $40

** The Costco and Walmart allowance will be the wholesale equivalent.

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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
Kaiser Permanente HMO 25	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
Anthem Blue Cross HMO 35	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
Anthem Blue Cross HDHP (PPO)	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
Ameritas DPPO	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
EyeMed & VSP Network	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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