

# The NEAD Insurance Trust offers comprehensive plans for automotive related industries and provides coverage to employers with as few as 3 enrolled employees.<sup>1</sup>

Dental and Vision benefits are more affordable than you think.

**42%** of employees say improving their benefits package is one thing their employer could do to keep them in their jobs.<sup>2</sup>



These plans, provided by Ameritas, are specifically designed to keep costs down, reduce employee turnover, and encourage preventive care. And when employees are happy, you can focus on growing your business – together.

## Two Benefits Fused into One Plan

Employees have the flexibility to choose how to spend a shared portion of their annual maximum. They can use their entire maximum benefit for dental care, or use up to \$150 on eyeglasses/contacts and the remainder on dental expenses.

Plan Comparison	Low Plan	High Plan	
Dental Maximum (per person)	\$750/calendar year	\$1,750/calendar year	
Vision Maximum (per person)	\$150/calendar year (leaves \$600 for dental)	\$150/calendar year (leaves \$1,600 for dental)	
Type 1 Preventive deductible	\$0	\$0	
Type 2/Basic and Type 3/Major deductible	\$50/calendar year 2x family maximum	\$50/calendar year 2x family maximum	
What the plan pays after deductibles		In network	Out of network
Type 1 Preventive procedures	100%	100%	100%
Type 2 Basic procedures	80%	80% year 1 90% year 2 100% year 3+	80%
Type 3 Major procedures	no benefit	50%	50%
Claim Allowance	95 <sup>th</sup> U&C*	Discounted Fee	95 <sup>th</sup> U&C*
Orthodontia	no benefit	50%, child only \$1,000 lifetime benefit	

Monthly Rates	Low Plan	High Plan
Employee only	\$23.80	\$42.40
Employee + 1 dependent	\$48.90	\$84.80
Employee + 2 or more dependents	\$80.80	\$139.90

## Dental Rewards (High Plan)

By seeing a dentist each year and submitting total claims less than \$750, members qualify to carry over \$400 to add to their next year's annual maximum. And members receive an extra \$200 carry-over reward by visiting an Ameritas dental network provider. Maximum carry-over accumulation is \$1,200.

**87.3% of members enrolled in Ameritas dental, vision or hearing plans a year ago are still with us today. Here's why:**



87% of phone calls answered within 30 seconds

**99%**

claims processing accuracy exceeds 99%



English and Spanish, multilingual interpretation



claims processed in an average of 9 business days



## Not Your Average Network

The Ameritas Dental Network is one of the nation's largest<sup>3</sup>, but what good is that if the providers fail to meet your expectations? Only dentists who adhere to our credentialing and quality assurance requirements are able to join and remain in the Ameritas Dental Network. Locate network providers in your area at [ameritas.com](http://ameritas.com) – Find a Provider. And employees can nominate their dentists for network recruitment through their secure member portals once they become members.



# Contact Us

For more information or to get a proposal, contact:

**Charlie Muise**  
NEAD Managing Trustee  
cmuise@neadinsurancetrust.org  
781-706-6944

**Transurance, Inc.**  
Plan Administrator  
paul@mtac.us or lisa@mtac.us  
860-520-4410

## Limitations and Exclusions

Covered expenses will not include and no benefits will be payable for expenses incurred:

### Dental

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
  - alter vertical dimension;
  - restore or maintain occlusion;
  - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.

### Limitations for High Plan

- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for a Program which was begun on or after the member's 19th birthday.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.

### Vision

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
- subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye care expense benefits ceases.
- sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- non-prescription lenses.
- replacement or repair of lost or broken lenses or frames except at normal intervals.
- any eye examination or corrective eyewear required by an employer as a condition of employment.
- medical or surgical treatment of the eyes.
- any service or supply not shown on the Schedule of Eye Care Procedures.
- coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.



<sup>1</sup> Employee participation requirements: the greater of 60% or 3 lives (voluntary)

<sup>2</sup> 2016 Aflac WorkForces Report

<sup>3</sup> more than 111,500 providers at more than 428,000 access points nationwide.

\* 95th U&C means 9.5 out of 10 dentists in a specific ZIP Code area charge at or below the plan allowance for a procedure. We determine the Usual and Customary (U&C) allowance listed on the plan summary page using information including data from a nationally recognized independent data source. Plan members are reimbursed based on the appropriate charges in the dentist's ZIP Code area. We review our U&C allowances annually

Call center and claims statistics provided by Ameritas claims processing system, 2016.

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