

MONTANA RETIRED EDUCATORS ASSOCIATION



Take a look at your MREA dental benefits...

You have two dental plans to choose from. The Platinum Plan has greater benefits for basic and major services, and a larger annual maximum. You'll get 100% coverage for preventive care with no waiting periods when you enroll today!

Your Plan Option	Platinum Plan	Gold Plan
<i>What the plan pays</i>		
Maximum (per person)	\$1,500 Per Calendar Year	\$1,000 Per Calendar Year
Type 1 Preventive:	100% Routine cleanings & routine oral exams	MCE* Routine Oral Exam - \$35 Bitewing X-Ray (4 image) - \$49 Routine Cleanings - \$75 Panoramic X-rays - \$91
Type 2 Basic:	80% Fillings, crown repair, denture repair & x-rays	MCE* Denture Repair (Each tooth) - \$68 Fillings (2 surface amalgam) - \$82 Fillings (2 surface resin) - \$100 Root Canal (Bicuspid tooth) - \$472
Type 3 Major:	50% Crowns, dentures, root canals, oral surgery, gum disease, general anesthesia & bridge work	MCE* Simple Extraction - \$73 Crown (Full cast noble metal) - \$350 Osseous Surgery (Periodontics) - \$397 Denture (Maxillary) - \$431
Deductible	\$75 Per Calendar Year \$225 Family Maximum	\$75 Per Calendar Year No Family Maximum
Monthly Rates	Platinum Plan	Gold Plan
Member Only	\$59.65	\$39.40
Member + One	\$132.74	\$78.81
Member + Family	\$158.21	\$99.81



*Maximum Covered Expense (MCE) is the maximum amount considered per procedure. The member is responsible for the difference between the plan's maximum covered expense and the network provider's discounted fee or the non-network provider's normal fee. Rates are guaranteed through June 2025.

Ameritas Rewards

Each year you submit at least one dental claim and keep your total amount of benefits under the threshold noted in the chart below, you qualify to carry over benefit dollars to the following year.

Annual Benefit Threshold	Platinum \$500	Gold \$500
Annual Maximum Benefit	\$1,500	\$1,000
Dental Rewards Carry Over	+ \$250	+ \$250
Next Benefit Year's Annual Maximum Benefit + Ameritas Rewards	= \$1,750	= \$1,250

Reimbursement percentages are based on the maximum plan allowance 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 Montana.

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Rev. 07-16, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network.

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Questions? Ask a friendly customer care representative today.
Call toll-free: (833) 643-2730

Your VSP Vision Plan

Vision Service Plan (VSP), gives you access to a vast, nationwide network of ophthalmologists and optometrists. Without coverage, an exam and prescription glasses can cost around \$450 or more. Take a look below to see how you can save with VSP!

What the Plan Pays	At a VSP Choice Network Provider	At an Out-of-Network Provider
Annual Exam	Covered in full	Up to \$45
Single Vision lenses	Covered in full	Up to \$30
Bifocal Lenses	Covered in full	Up to \$50
Trifocal Lenses	Covered in full	Up to \$65
Standard Progressive Lenses	Covered in full	Up to \$50
Frames	\$150 (\$170 on featured frame)	Up to \$70
Contacts (elective)	Up to \$150 (instead of glasses)	Up to \$105
Contacts (medically necessary)	Covered in full	Up to \$210

Your VSP co-pays: \$15 for annual exams and \$25 for materials and medically necessary contacts. No co-pay for elective contact lenses.

Benefit Frequencies: You get an exam and lenses or contacts every 12 months. Frames are available every 24 months.

Monthly Rates	
Member Only	\$12.72
Member + One	\$22.30
Member + Family	\$27.75

VSP Choice Network

You have the freedom to choose the provider who's right for you. Keep in mind, when you visit a VSP provider, your out-of-pocket expenses are lower and there are no claim forms to complete.



VSP offers the nation's largest network of independent doctors. Choose your provider from over 98,000 access points and more than 9,000 retail locations including:

Walmart*

COSTCO
WHOLESALE

Visionworks

Rxoptical

eyeconic

When you visit a VSP provider, not only do you enjoy convenience and service, you'll save more than if you see an out-of-network provider.



20% off remaining frame balance



20-25% off non-covered lens options such as UV coating & polycarbonate



20% off non-covered complete prescription glasses



15% off LASIK and PRK laser surgery retail price or



5% off promotion price

Based on applicable laws, reduced costs may vary by doctor location.



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MREA Dental & Vision Enrollment Form

Here to help,

Protect your smile for years to come with the MREA Dental and Vision insurance plan, administered by AMBA. It's easier than ever to find the right plan to meet all your dental health needs while controlling your costs. Our team is dedicated to providing you with the information you need to make the right choice for you. Complete the application below, or for additional questions regarding dental or vision plans call (833) 643-2730.

Three Ways to Apply Today!

You can pay your premium via credit card by enrolling online or by phone.



Online

Enroll online at
MyAMBAbenefits.info/MREA



By Phone

Call AMBA at 1.833.643.2730 to
complete the enrollment process



By Mail

Complete the information below
and mail to AMBA, 6034 W
Courtyard Drive, Austin, TX 78730

STEP 1: TELL US ABOUT YOURSELF

Full Name: _____ Address: _____ City/State/Zip: _____		Gender: ☐ Male ☐ Female	Date of Birth: ____/____/____ MM DD YYYY	Social Security # (Required)
Phone Number: (____) ____ - ____	Email Address: _____	Have you had continuous Dental coverage for the past 12 months with less than a 60 day gap in coverage? ☐ Yes ☐ No		
If yes, Name of Your Carrier: _____		Effective Date: _____		Termination Date: _____

STEP 2: SPOUSE OR DEPENDENT INFORMATION

First Name: _____ Last Name: _____	Gender: ☐ Male ☐ Female	Date of Birth: ____/____/____ MM DD YYYY	Disabled: ☐ Yes ☐ No	Social Security # (Required)
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STEP 3: SELECT YOUR COVERAGE

Dental (Gold)	☐ Member Only \$39.40	☐ Member +1 \$78.81	☐ Family \$99.81
Dental (Platinum)	☐ Member Only \$59.65	☐ Member +1 \$132.74	☐ Family \$158.21
Vision	☐ Member Only \$12.72	☐ Member +1 \$22.30	☐ Family \$27.75

STEP 4: PAYMENT CHOICE (You can pay your premium via credit card by enrolling online or by phone)

- ☐ **Convenient Monthly Bank Draft:** Include a VOIDED CHECK from the account you wish to pay from. Your initial premium and \$20 application fee will be drafted on or after your effective date of coverage.

I hereby authorize AMBA to initiate debit and credit entries to my account for the initial \$20 application fee and the monthly premiums. My authorization includes permission to debit higher or lower amounts if the premiums change pursuant to their terms. This authorization remains in effect until revoked by in writing and is received by AMBA at least three business days before the proposed effective date of the revocation. 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

- ☐ **Annual Payment:** Submit your application to begin coverage on the effective date. You will then receive an invoice for the \$20 application fee and your premium balance (through the end of this plan year).



MREA Membership Enrollment Form

1: MEMBERSHIP INFORMATION

Name: First, MI, Last

Address (Street or P.O. Box)

Address

City, State, Zip

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Phone

E-mail

Date of Birth

Date of Retirement

- ☐ Yes, I have included MREA in my estate plans.
- ☐ I am considering including MREA in my estate plans.
Please send more information.

2: LOCAL UNITS & DUES

- ☐ Anaconda – \$10.00
- ☐ Big Sky (Bozeman) – \$15.00
- ☐ Butte/Silver Bow – \$10.00
- ☐ Lewis & Clark (Helena) – \$10.00
- ☐ North Central (Great Falls) – \$10.00
- ☐ Northwest (Kalispell) – \$10.00
- ☐ Southeast (Miles City) – \$10.00
- ☐ Southwest (Dillon) – \$10.00
- ☐ Western MT (Missoula) – \$10.00
- ☐ Yellowstone Valley (Billings) – \$5.00

3: SELECT YOUR PAYMENT METHOD

- ☐ **Pay by Check** – My check for state dues (\$25) and local unit dues (listed above) is enclosed. Make payable to MREA.

State Membership Dues: _____

Local Unit Dues: _____

Donation Amount: _____

Total: _____

Signature

Date

Mail to: AMBA; 6034 W. Courtyard Dr. Suite 300, Austin, TX 78730

Online payments are 5% greater to cover processing fees.
To enroll with a credit card call 866-829-2256.