

# fulfilling life

**New York Fraternal Order of Police**

Dental and Eye Care  
Summary



Ameritas Life Insurance Corp. of New York

# New York Fraternal Order of Police

Plan Design Summary



## Dental Summary

Proposed Effective Date: 6/1/2024

		Low Plan Down State	Low Plan Up State	High Plan Down State	High Plan Up State
<b>Plan Benefit</b>	Type 1	100%	100%	100%	100%
	Type 2	50%	50%	90%	90%
	Type 3	50%	50%	60%	60%
<b>Deductible</b>		\$25/Calendar Year Applies to Type 1,2&3 \$75/family	\$25/Calendar Year Applies to Type 1,2&3 \$75/family	\$25/Calendar Year Applies to Type 1,2&3 \$75/family	\$25/Calendar Year Applies to Type 1,2&3 \$75/family
<b>Maximum (per person)</b>		\$1,000/Calendar Year	\$1,000/Calendar Year	\$1,500/Calendar Year	\$1,500/Calendar Year
<b>PPO</b>		Passive PPO	Passive PPO	Passive PPO	Passive PPO
<b>Allowance</b>	Type 1	90th U&C	90th U&C	90th U&C	90th U&C
	Type 2	90th U&C	90th U&C	90th U&C	90th U&C
	Type 3	90th U&C	90th U&C	90th U&C	90th U&C
<b>Waiting Period</b>		None	None	None	None
<b>LASIK Advantage®</b>		None	None	None	None
<b>Annual Open Enrollment</b>		Included	Included	Included	Included

## Monthly Rates

<b>Fraternal Member</b>	\$53.96	\$46.36	\$75.36	\$65.20
<b>Fraternal Member &amp; Spouse</b>	\$110.32	\$94.76	\$153.52	\$132.80
<b>Fraternal Member &amp; Child(ren)</b>	\$127.12	\$108.48	\$172.76	\$148.20
<b>Fraternal Member &amp; Family</b>	\$183.52	\$156.88	\$250.96	\$215.80

Rates are guaranteed for 12 months following the effective date listed above.

Rates include: home address mailing.

**PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase \$.20 per fraternal member. Premiums are calculated considering a health insurer fee required under the Affordable Care Act (ACA). Plan designs and rates are subject to change in accordance with the ACA.**

## Participation Requirements

	Voluntary	Voluntary	Voluntary	Voluntary
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	Low Plan Down State	Low Plan Up State	High Plan Down State	High Plan Up State
<b>Plan Design Summary</b>	100/50/50 \$25/Calendar Year Applies to Type 1,2&3 \$75/family \$1,000	100/50/50 \$25/Calendar Year Applies to Type 1,2&3 \$75/family \$1,000	100/90/60 \$25/Calendar Year Applies to Type 1,2&3 \$75/family \$1,500	100/90/60 \$25/Calendar Year Applies to Type 1,2&3 \$75/family \$1,500
<b>Type 1 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>- Routine Exam (2 per benefit period)</li> <li>- Bitewing X-rays (1 per benefit period)</li> <li>- Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>- Periapical X-rays</li> <li>- Cleaning (2 per benefit period)</li> <li>- Fluoride for Children 13 and under (1 per benefit period)</li> <li>- Sealants (age 13 and under)</li> </ul>	<ul style="list-style-type: none"> <li>- Routine Exam (2 per benefit period)</li> <li>- Bitewing X-rays (1 per benefit period)</li> <li>- Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>- Periapical X-rays</li> <li>- Cleaning (2 per benefit period)</li> <li>- Fluoride for Children 13 and under (1 per benefit period)</li> <li>- Sealants (age 13 and under)</li> </ul>	<ul style="list-style-type: none"> <li>- Routine Exam (2 per benefit period)</li> <li>- Bitewing X-rays (1 per benefit period)</li> <li>- Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>- Periapical X-rays</li> <li>- Cleaning (2 per benefit period)</li> <li>- Fluoride for Children 13 and under (1 per benefit period)</li> <li>- Sealants (age 13 and under)</li> </ul>	<ul style="list-style-type: none"> <li>- Routine Exam (2 per benefit period)</li> <li>- Bitewing X-rays (1 per benefit period)</li> <li>- Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>- Periapical X-rays</li> <li>- Cleaning (2 per benefit period)</li> <li>- Fluoride for Children 13 and under (1 per benefit period)</li> <li>- Sealants (age 13 and under)</li> </ul>
<b>Type 2 Procedure (Frequency)</b>	<ul style="list-style-type: none"> <li>- Restorative Amalgams</li> <li>- Restorative Composites</li> <li>- Denture Repair</li> <li>- Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>- Restorative Amalgams</li> <li>- Restorative Composites</li> <li>- Denture Repair</li> <li>- Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>- Restorative Amalgams</li> <li>- Restorative Composites</li> <li>- Denture Repair</li> <li>- Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>- Restorative Amalgams</li> <li>- Restorative Composites</li> <li>- Denture Repair</li> <li>- Simple Extractions</li> </ul>
<b>Type 3 Procedure (Frequency)</b>	<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>- Endodontics (nonsurgical)</li> <li>- Endodontics (surgical)</li> <li>- Periodontics (nonsurgical)</li> <li>- Periodontics (surgical)</li> <li>- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>- Complex Extractions</li> <li>- Anesthesia</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>- Endodontics (nonsurgical)</li> <li>- Endodontics (surgical)</li> <li>- Periodontics (nonsurgical)</li> <li>- Periodontics (surgical)</li> <li>- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>- Complex Extractions</li> <li>- Anesthesia</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>- Endodontics (nonsurgical)</li> <li>- Endodontics (surgical)</li> <li>- Periodontics (nonsurgical)</li> <li>- Periodontics (surgical)</li> <li>- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>- Complex Extractions</li> <li>- Anesthesia</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>- Endodontics (nonsurgical)</li> <li>- Endodontics (surgical)</li> <li>- Periodontics (nonsurgical)</li> <li>- Periodontics (surgical)</li> <li>- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)</li> <li>- Complex Extractions</li> <li>- Anesthesia</li> </ul>

Current Dental Terminology © American Dental Association.

# New York Fraternal Order of Police

Plan Design Summary



## Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 6/1/2024

Plan 1: Vision Perfect®	
Annual Eye Exam	Up to \$55
Lenses (per pair)	
Single Vision	Up to \$60
Bifocal	Up to \$80
Trifocal	Up to \$95
Lenticular	Up to \$100
Progressive	Up to \$100
Frames	\$60
Frequencies	
Exam/Lens/Frames	12/12/12 Based on date of service

## Deductible, Maximum

Deductibles	\$10 Calendar Year Exam, \$10 Eye Glass Lenses or Frames*
Maximum Calendar Year	None

\*Deductible applies to the first service received

## Contact Lenses

Fit & Follow Up Exams	Taken from Elective Contact Lens Allowance
Contacts	
Elective	Up to \$120
Medically Necessary	Up to \$120

## Monthly Rates

Fraternal Member	\$9.16
Fraternal Member & Spouse	\$17.80
Fraternal Member & Child(ren)	\$15.76
Fraternal Member & Family	\$24.40

Rates are guaranteed for 12 months following the effective date listed above.

Rates include: home address mailing.

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## Participation Requirements

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