



DENTAL
and
VISION

Retiree Benefit Options, Inc.

for Mississippi's public retirees

Phone: 601-982-1811
Email: rbo@msrbo.com



When entering retirement from a public employer, most people are faced with the problem of losing their employer-sponsored benefits. Cobra continuation is an option, but it can be expensive, and coverage can only be retained for 18 months following retirement.

Retiree Benefit Options, Inc. has resolved this issue by providing some of these benefits - Dental and Vision coverage - specifically to retirees. These plans have no limits on the length of coverage. Not only can they be kept beyond 18 months, they can even continue beyond age 65.

If you currently have Dental coverage through your employer as an active employee or under Cobra continuation, you will have no waiting periods when you enroll in RBO's Dental plan with no lapse in coverage. If you do not currently have Dental coverage, you will incur a 6-month waiting period on Major Dental services only. There are no waiting periods for Diagnostic & Preventive or Basic services.

RBO's Vision plan has no waiting periods, regardless of current coverage.

This booklet contains benefit summaries and frequently asked questions about the plans as well as an application for coverage. You may choose to enroll in either or both of these plans. Coverage is available for your dependents as well.

At this time, Retiree Benefit Options only accepts premiums to be paid by Automatic Bank Draft. You will find the bank draft authorization at the bottom of the application. Along with your application, please be sure to enclose a check made payable to Retiree Benefit Options in the amount of your first month's total premium. You must also include a voided check to set up the bank draft. Drafts will begin with your second month of coverage.

Your "effective date" of coverage (top right corner of the application) should be the first day in which any other Dental or Vision plan will expire in order to avoid a lapse in coverage and prevent waiting periods.

Should you have any questions regarding these plans, please call 601-982-1811 or email rbo@msrbo.com.

We look forward to serving you!

Note: Monthly premiums in this brochure are guaranteed through 12/31/2018



Retiree Dental Plan

Provided by Retiree Benefit Options, Inc. Group # MS15876

Group Dental Plan Summary

Monthly Rates	
Retiree Only (EE)	\$38.98
EE + 1 Dependent	\$78.67
EE + Family	\$122.34
<i>(Rates effective through 12/31/2018)</i>	

Coinsurance	
Diagnostic & Preventive Services (D & P)	100% ¹
Basic Services	80% ¹
Major Services	50% ¹
Deductibles (per person)	\$50 per calendar year (does not apply to D & P)
Annual Maximum (per person)	\$1,000 per calendar year
Waiting Periods	
D & P and Basic Services	None
Major Services	6 months ²

Delta Dental PPOSM

Delta Dental's customer service center is open Monday through Friday 6:15 am to 6:30pm CST
800-521-2651

After your effective date, log on to Delta Dental's website 24/7 to access benefits information, claim status, print an ID card, search for network providers and find average dental fees in your area.

www.deltadentalins.com

Claims address:
P.O. Box 1809
Alpharetta, GA 30023-1809

¹ PPO Dentists (in network) are paid on the PPO provider fee schedule. Delta Dental Premier[®] dentists (out of network) are paid on the Maximum Plan Allowance (MPA). Non Delta Dental dentists (out of network) are paid up to the 80th percentile.

² Waiting periods are waived based on uninterrupted coverage when replacing your Mississippi Public Employers' Group Dental Plan.

All three classes of services are covered with this plan. The percentage paid for a particular procedure is determined by the classification of that service.

----- Sample Procedure Listing -----

Diagnostic & Preventive	Basic	Major
<u>Routine Oral Exam</u> (2 per year)	<u>Restorative:</u> Amalgam, synthetic porcelain, plastic fillings and prefabricated stainless steel restorations for treatment of carious lesions)	<u>Crowns, Jackets and Cast Restorations</u> (1 in 5 years per tooth)
<u>Bitewing X-rays</u> (1 set per year >18) (2 per year < 18)		<u>Complex Oral Surgery</u>
<u>Full Mouth/Panoramic X-rays</u> (1 in 5 years)	<u>Denture Repair</u>	<u>Endodontic Services</u>
<u>Cleanings</u> (2 per benefit period)	<u>Simple Extractions</u>	<u>Periodontic Services</u>
<u>Fluoride for Children under 19</u>		<u>General Anesthesia</u>
<u>Emergency Exams</u>		<u>Prosthodontic Services:</u> fixed bridges, complete or partial dentures; repair of fixed bridges (1 in 5 years) - See Missing Tooth Clause in FAQs

Save money with a Delta Dental PPO dentist. Delta Dental's PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental dentists won't balance bill you the difference between the contracted amount and their usual fee.

The PPO plus Premier "safety-net": If you don't choose to visit a Delta Dental PPO dentist, you also have access to the Delta Dental Premier[®] network. You'll usually pay more than if you visit a PPO dentist, but you'll still have cost protection that you don't get when you visit a non-Delta Dental dentist.

Carrier: **Delta Dental
Insurance Company**

Group: **MS15876**

Customer Service:
800-521-2651

Website:
www.deltadentalins.com

Dental Plan Frequently Asked Questions

How do I obtain a copy of my dental benefits?

After your effective date, you can access a complete listing of your benefits by logging in at www.deltadentalins.com or contact RBO for an email or paper copy of your Evidence of Coverage booklet.

Can I see any dentist or specialist or must I choose one from your list?

Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest when you see a Delta Dental PPOSM dentist.

How do I know if my dentist or specialist is part of the PPO network?

Click on the Find a Dentist tab on the Delta Dental website (www.deltadentalins.com). Select the Delta Dental PPO Network. This site includes the name, location, hours, and languages spoken for each participating dentist or specialist in the Delta Dental PPO network. Select Delta Dental Premier[®] to search the Delta Dental Premier Network.

How much will I have to pay at the time of my appointment?

You may be responsible for your deductible and co-insurance. However, some dental offices will not collect the deductible or co-insurance until after the claim has been processed by insurance. Please contact your dental office to see how they handle their billing.

Will you send benefit payments to me or to the dentist/specialist?

Benefits are assigned according to how it is authorized on the claim form if services are performed in the United States. If services are performed outside of the United States, benefits will automatically be assigned to the insured. If you visit a PPO dentist or Premier Dentist, based on their contractual agreement, benefit payments are automatically issued directly to the dentist or specialist. For non-participating dentists and specialists, benefits can be assigned to the insured or to the dentist or specialist. If you would like the benefits assigned to you, please leave the authorization line blank.

Do I have to get a pre-treatment estimate?

No, you don't have to. However, if your dental care will be extensive, you may ask your dentist to complete and submit a request for a cost estimate, sometimes called a pre-treatment estimate. This will allow you to know in advance what procedures are covered, the amount the benefit plan will pay toward treatment and your financial responsibility. A pre-treatment estimate is not a guarantee of payment. When the services are complete and a claim is received for payment, Delta Dental will calculate payment based on your current eligibility, amount remaining in your annual maximum and any deductible requirements.

What is a missing tooth clause?

A missing tooth clause explains the coverage limitations relating to teeth missing or extracted prior to your effective date of coverage. Teeth missing prior to the effective date of coverage are not covered benefits.

Can my spouse and children be covered by the plan?

Yes. You (the retiree) must be the primary insured, but you can also choose to cover your spouse and unmarried dependent children under age 26.

If I choose not to sign up now, will I be able to enroll at a later date?

You will be eligible for coverage later, however if you incur a lapse in coverage between your current plan and this plan, you will be subject to a 6 months waiting period for any major (Class III) work.



Retiree Vision Plan

Provided by Retiree Benefit Options, Inc.

Vision Plan Summary

	<u>In Network*</u>	<u>Out-of Network*</u>
Comprehensive Eye Exam:		
Ophthalmologist (MD)	Covered in Full	Up to \$34
Optometrist (OD)	Covered in Full	Up to \$26
Standard Lenses (Per Pair):		
Single Vision		
Bifocal	Covered in Full	Up to \$26
Trifocal	Covered in Full	Up to \$39
Lenticular	Covered in Full	Up to \$49
	Covered in Full	Up to \$78
Contact Lenses (Per Pair):**		
Medically Necessary		
Elective***	Covered in Full Up to \$120	Up to \$210 Up to \$100
Contact Lens Fitting Exam****		
Standard		
Specialty	Covered in Full Up to \$50	Not Covered Not Covered
Frames—Standard***		

Monthly Rates	
Retiree Only	\$ 9.14
Retiree + Family	\$22.94

Co-Payments:

- \$10 Comprehensive Eye Exam
- \$25 Materials
- \$25 Contact Lens Fitting Exam

In-network co-pays are paid directly to the provider. Out-of-network co-pays will be deducted from the out-of-network reimbursement. Materials co-pay applies to lenses and/or frames, not contact lenses

Plan Frequency

Comprehensive Exam	12 Months
Contact Lens Fitting Exam	12 Months
Lenses	12 Months
Frames	24 Months
Contact Lenses	12 Months

- * All in-network and out-of-network allowances are at the retail value.
- ** Contact lenses are in lieu of eyeglass lenses and frames benefit.
- *** The insured is responsible for paying any charges in excess of this allowance.
- **** Standard contact lens fitting applies to an existing contact lens wearer who wears disposable, daily wear or extended wear lenses only. The specialty contact lens fitting applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multi-focal lenses. For the specialty fit, the member is responsible for any charges over \$50.

Discounts on Additional Purchases

Prescription eyeglass lenses	30% off retail
Add-on charges to basic lenses	20% off retail
Contact lenses	20% off retail
Disposable contact lenses	10% off retail
All other prescription materials	20% off retail
Eyeglass frames	30% off retail

These discounts are provided by Superior Vision contracted providers who are identified in the provider directory as "accepts discounts".

For assistance using your plan, please contact Customer Service at 800-507-3800 or visit us online at www.superiorvision.com

Refractive Surgery Discounts: Superior has a nationwide network of refractive surgeons. These providers offer Superior Vision plan members a discounted rate off the usual and customary prices for LASIK surgery. Discounts will vary by provider.

Discounts on Covered Benefits

These discounts apply to upgrades on the covered frame and lenses only. For discounts on additional pairs, please refer to the Discounts on Additional Purchases. Frames: 20% off the difference between the covered frame allowance and the retail price of the selected frame. Note: Discounts do not apply when prohibited by the manufacturer.

Add-ons to the covered pair of lenses:

Lens Options & Upgrades

- Scratch Coat (factory)
- Ultraviolet coat
- Standard anti-reflective coat
- High Index 1.6
- Polycarbonate
- Standard photochromic
- Plastic tints, solid or gradient
- Glass Coloring

Member pays 20% off retail up to:

- \$13 (single vision & standard multifocal lenses)
- \$15 (single vision & standard multifocal lenses)
- \$50 (single vision & standard multifocal lenses)
- \$55 (single vision lenses only)
- \$40 (single vision lenses only)
- \$80 (single vision lenses only)
- \$25 (any type lenses)
- \$35 (any type lenses)

All other lens options/upgrades 20% discount off retail

Higher end or brand name lens upgrades are at an additional expense to you. These upgrades will be available at a 20% discount off retail.

Progressive Lens benefit (no-line): The member pays the difference between the provider's in-office price for Standard Trifocal lenses and the price for progressive power lenses selected, less 20%.

Carrier:
Superior Vision

Group: **029689**

Customer Service:
800-507-3800

Website:
www.superiorvision.com

Vision Plan Frequently Asked Questions

[What is the difference between an In-Network provider and Out-of-Network provider?](#)

Your vision benefits are offered through a PPO (Preferred Provider Organization) plan. We have “in-network” providers (those for whom we have a PPO contract) and “out-of-network” providers (no PPO contract). This means that you can obtain products or services through any provider you choose, though you’ll generally pay less with our in-network providers. When visiting an in-network provider, you are responsible for paying any applicable co-pay and for items that are not covered, or that exceed your benefit limitations. When visiting out-of-network providers, you pay for all services in full, and then file a claim with Superior Vision for reimbursement according to your out-of-network benefits schedule.

[How do I find an In-Network provider?](#)

Superior Vision members have access to the most diverse vision network available in the U.S. With over 350 provider access points in Mississippi, the network includes numerous national retail chains including: Eyemart Express, EyeMasters, JCPenney Optical, LensCrafters, Sam’s Club, Sears Optical and Wal-Mart Vision Centers. You can locate a provider by simply visiting www.superiorvision.com and clicking on Locate a Provider or you can contact Customer Service at 800-507-3800.

[What if my present provider is not in the provider network?](#)

A Provider Nomination form can be found and submitted from the member portal on our website. In addition, you may make the request through Customer Service or fax the information to Provider Relations at 916-852-2380.

[Can I get my eye examination at one location and the materials at another?](#)

Yes, you can. However each provider will need to call Superior Vision Customer Service to verify your eligibility.

[How do I get reimbursed when using an out-of-network provider?](#)

Obtain a Reimbursement Claim form either from the member section of our website or from a Customer Service Representative. Complete the claim form and attach a copy of your receipt or itemized bill that explains what services were provided (keep the original for your records). Mail or fax these to Superior Vision’s Customer Service. You will be reimbursed the allowable amount as outlined in the out-of-network section of your Outline of Benefits.

[How do I use the elective \(cosmetic\) contact lens allowance?](#)

You may choose to wear contact lenses in lieu of glasses as your vision correction. The specified allowance may be applied toward the purchase of any type of elective contact lenses. Your benefit is greater when dispensed by an in-network provider. Remember that glasses and contacts are not covered in the same plan year.

[How are progressive lenses \(no-line lenses\) covered?](#)

Lined bifocals and trifocals are standard lenses and covered in full. If you select no-line progressive lenses, you will pay the difference between the retail price of the selected progressive lens and the retail price of the lined trifocal at your provider’s office. The difference may also be subject to a discount.

[Can I utilize in-store specials, promotions or coupons along with my Superior Vision plan benefit?](#)

Your benefits provide discounted rates from in-network providers, and cannot be used in conjunction with coupons, promotions, sales or other types of discounts. An exception: if you use the services of an in-network provider but choose to take advantage of a sale, coupon or other in-store special, the provider may require that you pay in full and then submit your receipt to Superior Vision for reimbursement at the out-of-network rates. If you have questions about the use of discounts, call Customer Service before you seek services as rules may vary from state to state and be subject to state laws.

Retiree Benefit Options

Application for Dental/Vision Coverage

Effective Date: _____

Please print in black ink.

Retiree's Name Last First MI	Sex	Social Security Number	
Mailing Address (Street or PO Box)	City	State	Zip
Birthdate (MM/DD/YYYY)	Phone	Date of Retirement (MM/DD/YYYY)	
Agency/School retired from		Personal Email	

Have you had Dental insurance within 30 days of the effective date of this policy? Yes No

Coverage selected: _____ If yes, current Dental insurance company: _____

Delta <input type="checkbox"/> Retiree Only \$38.98	Superior <input type="checkbox"/> Retiree Only \$9.14
Dental <input type="checkbox"/> Retiree + One \$78.67	Vision <input type="checkbox"/> Family \$22.94
<input type="checkbox"/> Family \$122.34	Underwritten by National Guardian Life Insurance Company

TOTAL MONTHLY PREMIUM: _____

Dependent Coverage (Please complete if dependent coverage elected, and check which coverage)

Spouse Name Last First MI	Sex	Birthdate (MM/DD/YYYY)	<input type="checkbox"/> Dental <input type="checkbox"/> Vision
Child Name Last First MI	Sex	Birthdate (MM/DD/YYYY)	Disabled? Y / N <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Child Name Last First MI	Sex	Birthdate (MM/DD/YYYY)	Disabled? Y / N <input type="checkbox"/> Dental <input type="checkbox"/> Vision

Signature _____ Date _____

Include TWO checks: One made payable to RBO for the first month's total premium and a VOID check to establish Bank Draft

ACH Debit Authorization Agreement

Company Name: Retiree Benefit Options, Inc.

Address: 403A Towne Center Blvd, Ridgeland, MS 39157

I authorize the above named Originating Company to initiate debit entries or adjustments for any debit entries to my (our) banking account listed below.

Name(s) on Account: _____

Address: _____ SSN: _____

Bank Name: _____ Account Type: Checking Savings

Bank Address (City, State, Zip): _____

Account #: _____ Routing/ABA#: _____

This Authority is to remain in full force until the company has received written notification from me (or either of us) of its termination in such a manner as to afford the company and bank a reasonable opportunity to act on it.

Authorized Signature: _____ Date: _____

(Signature must be the same as on signature card on account.)

Retiree Benefit Options, Inc. - 403A Towne Center Blvd, Ste 101 - Ridgeland, MS 39157

Phone: 601-982-1811 - Email: rbo@msrbo.com NVI/NDN ENROLL 01/10-MS Retirees

RBO

Voluntary Benefit Plans

**Retiree Benefit Options, Inc.
403A Towne Center Blvd, Ste 101
Ridgeland, MS 39157**

**601.982.1811
rbo@msrbo.com**