

REALTORS® Dental Insurance



EXCLUSIVE DENTAL INSURANCE RATES AND PLANS FOR NAR MEMBERS

REALTORS® Dental Insurance plans are the only dental plans designed exclusively for National Association of REALTORS® members and their families. Plans provide coverage for preventive, basic, and major dental expenses with the dentist of your choice. There are 4 plans to choose from and most plans include bonus benefits like orthodontia, cosmetic, dental rewards, and more.

REALTORS® Dental Plan Benefits

Over 300 covered procedures. Highlights include:

- **Preventive Dental Benefits (no deductible):** Routine exams, cleanings, fluoride treatments, sealants, and more.
- **Basic Dental Benefits:** Full mouth X-rays, bitewings, filling restoration, simple and complex extractions, surgical removal of teeth, deep sedation/general anesthesia, and more.
- **Major Dental Benefits:** Onlays, maxillary partial denture – resin base, denture repair, endodontics – root canal, periodontal scaling and root planning, crown and crown repairs, pontics – porcelain fused to noble metal, and more.

Bonus Benefits: Orthodontia, Cosmetic, and More

Bonus benefits are available with Platinum, Gold, and Silver Plans.

- **Orthodontia Benefits:** A lifetime benefit available to dependent children of the plan.
- **Cosmetic Benefits:** Professional tooth bleaching, also referred to as whitening, has become a popular cosmetic procedure. With this benefit, plan members can enjoy having a healthy, white smile that will boost self-confidence and add sparkle to their appearance.
- **Dental Rewards:** A valuable feature which allows qualifying plan members to carryover part of their unused annual maximum.
- **Laser Vision Correction Coverage Benefit:** LASIK Advantage provides coverage for LASIK and related procedures, including standard LASIK, Custom LASIK, LASIK with Wavefront Technology, Custom Vue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). Members earn a lifetime benefit per eye over time.

REALTORS® Dental Plan Highlights

- **Eligibility:** As long as you are a member of the NAR you are eligible for these valuable dental plans.

- **Freedom of choice:**

You're free to visit any licensed dentist. These plans do have a preferred network (PPO) of dentists available nationwide; your out-of-pocket costs will decrease significantly if you visit a PPO dentist.

- **Large nationwide network (PPO):** When you visit a participating Ameritas Dental PPO provider, you save money. Ameritas PPO providers have agreed to charge reduced fees to member clients. The Ameritas Dental network is comprised of more than 83,000 dentist locations nationwide. You can use a simple online directory to easily find a provider in your area. PPO dentists must meet Ameritas credentialing and quality assurance evaluation requirements.



Platinum Plan

Provides highest level of Maximum Covered Expense and highest calendar year maximum (\$1,400). Loaded with benefits; preventative, basic, major, orthodontia, cosmetic - bleaching, and more. Highest Maximum Covered Expense values for each procedure. Best option when you do not utilize a network provider or if you want the maximum coverage.

RATES	Platinum
Member Only	45.64
Member & Spouse	84.56
Member & Children	109.67
Member & Family	148.60

Plan covers some of the following:

- Preventative (Type 1)** includes coverage for routine exams, x-rays, cleanings and more.
- Basic (Type 2)** includes coverage for fillings, extractions, anesthesia, full mouth X-Rays and more.
- Major (Type 3)** includes coverage for crowns, onlays, bleaching, Endodontics, Periodontics and more.

Bonus Benefits: Large PPO Network, Dental Rewards, Orthodontia Benefits, Cosmetic Benefits, Laser Vision Correction Coverage Benefits

Gold Plan

Affordable and provides good levels of Maximum Covered Expenses. Loaded with benefits; preventative, basic, major, orthodontia, cosmetic - bleaching, and more. A great plan when utilizing a network provider (although you can choose any provider). Walk into the dentist office with confidence knowing you have dental insurance.

RATES	Gold
Member Only	36.38
Member & Spouse	67.06
Member & Children	87.22
Member & Family	117.94

Plan covers some of the following:

- Preventative (Type 1)** includes coverage for routine exams, x-rays, cleanings and more.
- Basic (Type 2)** includes coverage for fillings, extractions, anesthesia, full mouth X-Rays and more.
- Major (Type 3)** includes coverage for crowns, onlays, bleaching, Endodontics, Periodontics and more.

Bonus Benefits: Large PPO Network, Dental Rewards, Orthodontia Benefits, Cosmetic Benefits, Laser Vision Correction Coverage Benefits

Silver Plan

Low cost plan with preventative, basic, major, and bonus benefits (cosmetic - bleaching, dental rewards, Laser vision correction, and more). This is ideal for members who want help controlling dental expenses but not looking for maximum coverage on expenses. Provides some coverage for over 300 dental expenses.

RATES	Silver
Member Only	29.14
Member & Spouse	53.42
Member & Children	69.86
Member & Family	94.14

Plan covers some of the following:

- Preventative (Type 1)** includes coverage for routine exams, x-rays, cleanings and more.
- Basic (Type 2)** includes coverage for fillings, extractions, anesthesia, full mouth X-Rays and more.
- Major (Type 3)** includes coverage for crowns, onlays, bleaching, Endodontics, Periodontics and more.

Bonus Benefits: Large PPO Network, Dental Rewards, Orthodontia Benefits, Cosmetic Benefits, Laser Vision Correction Coverage Benefits

Value Plan

Very low cost plan to help with the cost of dental care. Provides benefits for preventative and basic services up to the maximum coverage expense. Provides great value when utilizing the Ameritas provider network. The Value plan provides bonus benefits like access to the Dental PPO and Dental Rewards.

RATES	Value
Member Only	17.34
Member & Spouse	30.94
Member & Children	44.70
Member & Family	58.30

Plan covers some of the following:

- Preventative (Type 1)** includes coverage for routine exams, x-rays, cleanings and more.
- Basic (Type 2)** includes coverage for fillings, extractions, anesthesia, full mouth X-Rays and more.

Bonus Benefits: Large PPO Network, Dental Rewards

A sampling of the covered procedures along with each plan's maximum covered expenses is shown in this illustration. A complete schedule of benefits and maximum covered expense can be accessed at the rate and plan design section of our website at www.RealtorsDentalInsurance.com (you must login).

Example of PPO vs. Out of Network Savings:

Bob, who lives in the Chicago area (ZIP 60156), visits the dentist two times each year for his annual checkup and gets an exam, cleaning, and x-rays. The dentist discovers that Bob needs two fillings and an extraction of two impacted wisdom teeth. Here is an example of how the plan could work if Bob selects the Gold or the Platinum plan.

PROCEDURE/PROCEDURE CODE	DENTIST'S AVG. CHARGE IN THE AREA	PPO PROVIDER NEGOTIATED FEE	MAXIMUM ALLOWABLE EXPENSE UNDER THE NAR GOLD PLAN	MAXIMUM ALLOWABLE EXPENSE UNDER THE NAR PLATINUM PLAN
Comprehensive exam, #D0150	\$59	\$38	\$43	\$51
Adult cleaning, #D1110	\$75	\$50	\$60	\$70
Bitewing x-rays, #D0272	\$36	\$22	\$26	\$30
Filling (restorative amalgam), #D2140	\$102	\$68	\$60	\$70
Complex extraction, #D7230	\$343	\$226	\$214	\$250
TOTAL	\$615	\$404	\$403	\$471
X 2 visits per year				
Total Annual Expense	\$1,230	\$808	\$806	\$870
			- \$50 Deductible	- \$50 Deductible
			\$756 Benefits Available For Bob's claims	\$820 Benefits Available For Bob's claims

If Bob uses a PPO provider for services, under the Gold Plan, Bob's out of pocket expense would be \$52. If Bob uses an out-of-network dentist, Bob will share more of the cost of his services, with his out-of-pocket expense being \$474.

If Bob uses a PPO provider for services, under the Platinum Plan, Bob's out-of-pocket expense would be \$0, as the Platinum Plan would fully cover the PPO provider's negotiated fees for the services Bob needed. If Bob uses an out-of-network dentist, Bob will share more of the cost of his services with his out-of-pocket expense being \$410.

* Out-of-pocket costs include a one-time \$50 deductible

Call a benefit specialist today at
(877) 267-3752

or go online for more information.

www.RealtorsDentalInsurance.com/AE



SASid develops, administers and markets REALTORS® Dental and REALTORS® Core Health Insurance on behalf of REALTOR Benefits® Program.



REALTORS® Dental insurance is underwritten by the Ameritas Group, which is rated A (excellent) for financial strength and operating performance, by A.M. Best Rating.

ENROLLMENT FORM FOR REALTORS® DENTAL INSURANCE

1. NAR Member's Information

Name (Last, First, MI) _____

Age _____ Date of Birth _____ Sex _____

Social Security No. _____

Street Address: _____

Street _____

City _____ State _____ Zip Code _____

Billing Address: _____

Billing Name _____

Street _____

City _____ State _____ Zip Code _____

Email Address _____

Home Phone No. _____ Work Phone No. _____

NRDS No. _____

2. Dependent Information – Complete the following for each dependent to be insured:

Spouse

Name (Last, First, MI) _____

Age _____ Date of Birth _____ Sex _____

Child

Name (Last, First, MI) _____

Age _____ Date of Birth _____ Sex _____

Child

Name (Last, First, MI) _____

Age _____ Date of Birth _____ Sex _____

Child

Name (Last, First, MI) _____

Age _____ Date of Birth _____ Sex _____

3. Do you currently have dental insurance?

Yes* No

* Please provide proof of existing insurance to qualify for waiting period cut.

4. Plan Selected: _____

Initial Premium \$ _____ + \$10.00 = \$ _____

Monthly Rate Enrollment Fee Initial Premium

Requested Effective Date:

Next day coverage after payment Future date: _____

MONTHLY RATES	Platinum	Gold	Silver	Value
Member Only	45.64	36.38	29.14	17.34
Member & Spouse	84.56	67.06	53.42	30.94
Member & Children	109.67	87.22	69.86	44.70
Member & Family	148.60	117.94	94.14	58.30

Payment Information

I request that you honor account debits drawn from my account by SASid, Inc. This authorization will stay in effect until I revoke it in writing. Until you receive such notice, I agree that you shall be fully protected in honoring any such debits. I also agree that you may at any time, end this agreement by giving 30 days advance written notice to me and to SASid, Inc. You are to treat such debit as if it were signed by me. If you dishonor such debit with or without cause, I will not hold you liable, even if it results in loss of my insurance.

Credit/Debit Card Payment Request:

I authorize SASid, Inc. To charge my credit card for REALTORS® Dental Insurance premium, fees and dues:

_____ Account Number Exp. Date Sec. Code

_____ Print Account Holder's Name (As is on card)

Signature of Card Holder

Date

Automatic Check Withdrawal Request: By selecting automatic check withdrawal, your REALTORS® Dental Insurance premium, fees, and dues will be withdrawn from your checking account until the term of insurance expires. Complete the form below. Attach a voided check and a check for the first months premium, fees, and dues.

Print Name of Bank or Institution

Address of Bank or Institution

Bank Account Number

Bank Routing Number

Signature of Payer

Date

Applicant's Statement

Signed in (City, State) _____

Signature of Applicant _____

Date

Please complete this form and mail to: SASid, 462 Midland Rd., Janesville, WI 53546