Your Renewal Made Easy

Renewing your ChoiceBuilder coverage is easy! If you like the carriers and benefits you have today, you don't need to do anything! We will work with your employer to renew your benefits for the next plan year. If you want to change carriers or coverage options to better meet your needs, **now is the time.** Please follow the instructions below. When completing your forms please refer to your Group # B05350.

- ***Change Address / Name***

  Complete these sections:
  - Section 1. Employee Information
  - Section 2. Address Change
  - Legal Acknowledgement page

- ***Change Carrier or Benefit Level*** *(for example: Platinum, Gold, Silver),* ***or Add Coverage***

  Important: Please check with your employer for carrier and benefit coverage changes and for the deadline to submit all changes.

  Complete these sections of the Employee Renewal Change Form:
  - Section 1. Employee Information
  - Section 3. Adding/Canceling Coverage if you are adding or canceling coverage
  - Add/Change Benefits page(s) – if changing your carrier(s) or your benefit level(s); options for carrier and benefit coverage changes will depend on your employer's selections for your group
  - Legal Acknowledgement page

  Note to Delta Dental enrollees wishing to change their dental carrier:

  Employer Sponsored Dental coverage: Credit for your Delta Dental coverage months will be applied toward the applicable major and ortho waiting periods for your new dental carrier selection.

  Check with your Plan Administrator about waiting period credit if you are being offered a new dental carrier option at this renewal.

- ***Add Dependent Coverage***

  Complete these sections of the Employee Renewal Change Form:
  - Section 1. Employee Information
  - Section 3. Adding/Canceling Coverage
  - Legal Acknowledgement page

Once you have completed your Employee Renewal Change Form, please sign/date each page and return the form to your employer.

Please be sure to return all completed forms to your employer or Plan Administrator prior to the submission deadline.

When your plan changes are completed, your employer will receive a confirmation email and your new ID card will be mailed to you. It's that simple to enjoy another year of confidence with ChoiceBuilder! If you have any questions, please contact our ChoiceBuilder Customer Service Center at (866) 412-9279.

Your Current Plan is Ameritas Group Platinum w/Ortho		
Your Current Coverage and Cost:	EE ONLY	$ 79.11
Your Current Coverage Renews at:	EE ONLY	$ 79.11

Employee Renewal Enrollment Worksheet - Voluntary Dental

Wireless Watchdogs
Quote #: **B05350_2021.001**
Employer Zip Code: 90301

Regina Mitchell
Residence Zip Code: **90044**
Effective Date: **4/1/2021**

All DHMO Dental benefits are covered In-Network only.

DeltaCare® USA	HMO Bronze	HMO Silver	HMO Gold
Exams and Diagnostics			
Annual Maximum	None	None	None
Annual Deductible	None	None	None
Initial Oral Exam	100%	100%	100%
Periodic Oral Exam	100%	100%	100%
Teeth Cleaning	100%	100%	100%
Bite Wing X-Ray	100%	100%	100%
Restorative			
Cavities-Amalgam, 1 Surface	100%	$5	100%
Cavities-Amalgam, 2 Surfaces	100%	$10	100%
Crowns			
Porcelain-Base Metal (posterior)	$410	$195	$140
Full Cast Noble Metal	$465	$200	$150
Periodontics			
Gingivectomy-Per Tooth	$50	$80	$80
Periodontal Scaling and Root Planing (quadrant)	$40	$30	$20
Endodontics			
Single Root Canal	$110	$85	$55
Bi-Root Canal	$195	$150	$120
Molar Root Canal	$245	$280	$250
Waiting Periods	None	None	None
Oral Surgery			
Removal of Uncomplicated Single Tooth	$45	$5	100%
Removal of Impacted Tooth - Partially Bony	$65	$75	$70
Removal of Impacted Tooth - Completely Bony	$80	$95	$90
Orthodontics			
Children (maximum age 18)	$2,100	$1,700	$1,700
Adult	$2,250	$1,900	$1,900
Prosthodontics			
Complete Upper or Lower Denture	$510	$215	$145
Partial Upper or Lower Denture	$535	$180	$120

Note: Copays listed are for services performed by general dentists.
Please consult the EOC for specialist copays.

The optional benefits listed below are being offered to you on a voluntary basis. Your employer is not required to make any premium contribution. If you choose to enroll, the premiums displayed will be your actual cost.

Carrier - Plan	Plan Type	These are your costs per pay period based on (12) paychecks per year			
		Employee Only	Additional Cost for Spouse	Additional Cost for Child(ren)	Additional Cost for Family
DeltaCare® USA					
Bronze	HMO	$ 12.86	$ 9.27	$ 9.40	$ 19.23
Silver	HMO	$ 19.78	$ 14.27	$ 14.47	$ 29.59
Gold	HMO	$ 22.58	$ 16.25	$ 16.53	$ 33.77

We assume no liability for rate or benefit discrepancies.

Your Current Plan is Ameritas Group Platinum w/Ortho		
Your Current Coverage and Cost:	EE ONLY	$ 79.11
Your Current Coverage Renews at:	EE ONLY	$ 79.11

Employee Renewal Enrollment Worksheet - Voluntary Dental

Wireless Watchdogs
Quote #: **B05350_2021.001**
Employer Zip Code: 90301

Regina Mitchell
Residence Zip Code: **90044**
Effective Date: **4/1/2021**

Ameritas Group	PPO Silver	PPO Gold	PPO Platinum
In-Network			
Annual Maximum	$1,100	$1,600	$2,100
Annual Deductible	$50	$50	$50
Preventive Care	Ded. Waived	Ded. Waived	Ded. Waived
Preventive	100%	100%	100%
Basic	80%	80%①	75%
Major	50%	50%	75%
Endo & Periodontics	50%	80%②	75%
Restorative	See EOC	See EOC	See EOC
Waiting Period Basic	None	None	None
Waiting Period Major	None	None	None
Orthodontia Adult	Not Available	Not Available	Not Available
Orthodontia Children (maximum age 18)	50%③	50%③	50%③
Waiting Period Ortho	12 Months	12 Months	12 Months
Out-of-Network			
Annual Maximum	$1,100	$1,600	$2,100
Annual Deductible	$50	$50	$100
Preventive Care	Ded. Applies	Ded. Applies	Ded. Waived
Preventive	80%	100%	100%
Basic	80%	80%	75%
Major	50%	50%	75%
Endo & Periodontics	50%	80%	75%
Restorative	See EOC	See EOC	See EOC
Waiting Period Basic	None	None	None
Waiting Period Major	None	None	None
Orthodontia Adult	Not Available	Not Available	Not Available
Orthodontia Children (maximum age 18)	50%③	50%③	50%③
Waiting Period Ortho	12 Months	12 Months	12 Months
Dental Rewards			
Carry Over Amount	$250	$250	$400
PPO Bonus	$100	$100	$200
Benefit Threshold	$500	$500	$750
Maximum Carry Over Amount	$1,000	$1,000	$1,200

① Benefits increase by visiting your provider each year (see EOC for details).

② Benefits increase by visiting your provider each year (see EOC for details).

③ Coinsurance with a lifetime maximum of $1,000.

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Carrier - Plan	Plan Type	These are your costs per pay period based on (12) paychecks per year			
Ameritas Group		**Employee Only**	**Additional Cost for Spouse**	**Additional Cost for Child(ren)**	**Additional Cost for Family**
Silver	PPO	$ 58.75	$ 58.59	$ 89.95	$ 148.55
Gold	PPO	$ 68.56	$ 68.71	$ 101.67	$ 170.23
Platinum	PPO	$ 79.11	$ 79.25	$ 117.20	$ 195.72

We assume no liability for rate or benefit discrepancies.

Your Current Plan is N/A		
Your Current Coverage and Cost:	N/A	$ 0.00
Your Current Coverage Renews at:	N/A	$ 0.00

Employee Renewal Enrollment Worksheet - Voluntary Vision

Wireless Watchdogs
Quote #: **B05350_2021.001**
Employer Zip Code: 90301

Regina Mitchell
Residence Zip Code: **90044**
Effective Date: **4/1/2021**

VSP	Gold	Platinum
	In-Network	**In-Network**
Eye Examination	$10 Copay	$10 Copay
Frames	$180 Allowance	$180 Allowance
Standard Lenses		
Single vision	$25 Copay	$25 Copay
Lined Bifocal	$25 Copay	$25 Copay
Lined Trifocal	$25 Copay	$25 Copay
Contact Lenses	$150 Allowance	$150 Allowance
Frequency in Months		
Exam / Lenses / Frames	12/12/24	12/12/12
	Out-of-Network	**Out-of-Network**
Eye Examination	Up to $45	Up to $45
Frames	Up to $70	Up to $70
Standard Lenses		
Single vision	Up to $30	Up to $30
Lined Bifocal	Up to $50	Up to $50
Lined Trifocal	Up to $65	Up to $65
Contact Lenses	Up to $105	Up to $105
Frequency in Months		
Exam / Lenses / Frames	12/12/24	12/12/12

The optional benefits listed below are being offered to you on a voluntary basis. Your employer is not required to make any premium contribution. If you choose to enroll, the premiums displayed will be your actual cost.

Carrier - Plans	These are your costs per pay period based on (12) paychecks per year		
VSP	**Employee Only**	**Additional Cost for 1 Dependent**	**Additional Cost for 2 Or More Dependents**
Gold	$ 8.80	$ 8.51	$ 19.09
Platinum	$ 10.73	$ 10.43	$ 23.33

Your Current Plan is N/A		
Your Current Coverage and Cost:	N/A	$ 0.00
Your Current Coverage Renews at:	N/A	$ 0.00

Employee Renewal Enrollment Worksheet
Chiropractic - Voluntary

Wireless Watchdogs	Regina Mitchell
Quote #: **B05350_2021.001**	Residence Zip Code: **90044**
Employer Zip Code: 90301	Effective Date: **4/1/2021**

CHIROPRACTIC

New Patient Evaluation and Management	
Initial evaluation, problem focused	$65 per visit
Initial evaluation, expanded	
Initial evaluation (history & exam), detailed	
Home visit, new patient, problem focused	
Established Patient Re-Examination and Management	
Re-examination	$50 per visit
Re-examination, expanded	
Home visit, established patient, problem focused	
Modalities	
Hot/Cold Packs, supervised	$50 per visit
Unattended electrical stimulation, supervised	
Whirlpool, supervised	
Infrared, supervised	
Therapeutic Procedure	
Physical medicine; treatment to one area, therapeutic exercise	$50 per visit
Manual therapy (myofacial release, trigger point therapy, manual traction)	
Chiropractic Manipulative Treatment	
Spinal, one to two regions	$50 per visit
Spinal, three to four regions	
Spinal, five regions	
Extraspinal, one or more regions	
Special Services	$50 per visit
Service after hours	
Office service on emergency basis	
The following benefits are covered up to amount indicated	
Radiological Exam, Chest	
Ribs, unilateral, two views	$48
Ribs, bilateral, three views	$59
Sternum, minimum of two views	$41
Sternoclavicular joint or joints, minimum of three views	$44
Radiological Exam, Spine and Pelvis	
Spine, single view, specify level	$30
Thoracic, AP and lateral	$45
Lumbosacral, complete with bending views	$74
Pelvis, complete, minimum three views	$49
Radiological Exam, Upper Extremities	
Clavicle, complete	$33
Elbow, complete, minimum three views	$37
Wrist, complete, minimum three views	$37
Hand, minimum three views	$38
Radiological Exam, Lower Extremities	
Hip, complete, minimum two views	$41
Knee, complete, including oblique(s), tunnel, patellar and standing views	$41
Ankle, complete, minimum three views	$38
Foot, complete, minimum three views	$37

The optional benefits listed below are being offered to you on a voluntary basis. Your employer is not required to make any premium contribution. If you choose to enroll, the premiums displayed will be your actual cost.

Carrier - Plan	These are your costs per pay period based on (12) paychecks per year	
		Additional Cost
Landmark Healthcare	**Employee Only**	**For Dependents**
Chiropractic Only	$1.88	Included