



Dental and Vision Options

2018 Guide for Presbyterian Health Plan Members

BenefitSource is one of New Mexico's leaders in providing Dental and Vision. We believe CHOICE is best for all Members. We are pleased to offer these Dental and Vision plans for 2018. **Please refer to our website, www.benefitsource.org, for more information on each plan design.**

Dental Options

OPTION 1: SANDIA PLAN

Members of the Federal Employee Sandia Dental Plan receive savings with low, preset fees on virtually all types of dental work. This plan includes coverage for preventive, basic and major services as well as orthodontics (braces). This option is an In-Network Plan only. YEAR round open enrollment!

Monthly Rate Employee	\$6.50
Employee + 1 dependent	\$11.25
Family	\$16.50

OPTION 2: ELITE PLAN

The Federal Employee Elite Dental Plan is a comprehensive indemnity option. This plan allows you to see what your out of pocket cost will be before you even see a dentist. This plan includes coverage for preventive, basic and major services. You have complete Freedom of Choice to see any dentist worldwide.

Monthly Rate Employee	\$29.14
Employee + 1 dependent	\$56.30
Family	\$94.66

Description	In-Network PPO Fee (Member Pays)	Out-of-Network (Plan Pays)
Periodic oral evaluation	\$0	\$32
Comprehensive oral eval	\$0	\$49
Bitewings four films	\$0	\$39
Prophylaxis adult (cleaning)	\$17	\$52
Silver amalgam filling-1 surface	\$36	\$53
Crown porcelain base metal	\$466	\$200
Complete denture upper	\$802	\$344
Surgical removal of erupted tooth	\$108	\$46

This is only a summary of the benefit fee schedule.
Visit: www.benefitsource.org for complete information about all 3 options.

OPTION 3:

PPO DENTAL PLAN

This plan is a traditional dental indemnity plan with freedom of choice to see any dentist. Members have lower out of pocket cost and no balance billing when using PPO Dental Plan Providers. This plan includes coverage for orthodontics (braces) for children (to age 19).

Monthly Rate Employee	\$29.28
Employee + 1 dependent	\$56.42
Family	\$99.18

Exclusively for Presbyterian Health Plan Federal Members

Federal employees are automatically enrolled in the Value Added Benefit at no additional cost. This provides significant discounts for complementary medicine like acupuncture, massage therapy and chiropractic care. There are also discounts when seeking services for non-medical home health care, Meals on Wheels food delivery program, and various weight management and fitness programs throughout Albuquerque.



For questions or to request a packet of information, please contact us at:
1804 Juan Tabo NE, Suite A, Albuquerque, NM 87112
888 862 8659 | 505 237 1501 | benefitsource.org

Vision Materials Option

Federal employees may use the vision materials benefit as needed without the surprise out of pocket expenses. BenefitSource and Vision Care Direct (VCD) have teamed up to offer a materials only plan. Members have access to a Complete Eyewear option that includes frames from the value line collection, high definition (single vision, bifocal, or trifocal) lenses for one low price.

VCD MATERIALS ALLOWANCE:

\$15 Member Materials Payment at time of service

- Frame allowance of \$130 toward any frame in the doctor's office (difference between retail price and frame allowance is member responsibility)
- Standard single vision, bifocal or trifocal lenses
- **OR** \$130 Contact lens allowance, may be applied towards materials and fitting
- Available at all VCD Provider Locations.

	BENEFIT FREQUENCY				RATE			
	Exam	Lenses	Contacts	Frames	Employee	Emp + 1	Emp + Child	Emp + Fam
PHP MEMBERS MATERIALS	Included*	12 months	12 months**	12 months	\$7.98	\$12.64	\$14.56	\$24.62

*Embedded exam included in PHP High Option plan. **Contact lenses available in lieu of frames with lenses.

This is only a summary, visit benefitsource.org for complete description of coverage, limitations and exclusions. This plan is provided by Vision Care Direct. Updated directory can be found at www.visioncaredirect.com.

Federal Employee Enrollment/Authorization Form – Dental and Vision for Presbyterian Health Plan Members

PLEASE PRINT CLEARLY

Social Security Number		Coverage Effective Date / /	Date Employed Full Time / /	Dental Office Selected <i>Option 1 only</i>	
Name: Last, First, Middle Initial			Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Dental <input type="checkbox"/> Vision
Home Address: Street, City, State, Zip					
Home Phone		Work Phone	E-Mail Address		
Do you have other dental coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do any of your dependents have other coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, list Carrier.</i>			
Spouse Name: Last, First, Middle Initial			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	Dental Vision
C H I L D R E N	1.	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	2.	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	3.	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	4.	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	5.	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>
	6.	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CHOOSE YOUR PLAN AND PAYMENT OPTIONS

Dental Option 1: Sandia Plan		Dental Option 2: Elite Plan		Dental Option 3: PPO Plan		Vision: Materials Plan	
Monthly Bank Draft	Annual Premium	Monthly Bank Draft		Monthly Bank Draft		Monthly Bank Draft	
<input type="checkbox"/> \$6.50	<input type="checkbox"/> \$69.00	<input type="checkbox"/> \$29.14		<input type="checkbox"/> \$29.28		<input type="checkbox"/> \$7.98	<input type="checkbox"/> \$14.56
<input type="checkbox"/> \$11.25	<input type="checkbox"/> \$127.00	<input type="checkbox"/> \$56.30		<input type="checkbox"/> \$56.42		<input type="checkbox"/> \$12.64	<input type="checkbox"/> \$24.62
<input type="checkbox"/> \$16.50	<input type="checkbox"/> \$184.00	<input type="checkbox"/> \$94.66		<input type="checkbox"/> \$99.18			

Annual Payment

Please check one:

Check VISA MasterCard Discover

Credit Card # _____

Expiration Date _____ CVV # _____

Monthly Bank Draft: Please include the first month's payment to initiate this.

Surepay Electronic Funds Transfer Payment

Please charge my account monthly: Checking Savings

Routing # _____

Account # _____

Draft Authorization/Membership Agreement

Unless I have elected annual payment, I hereby authorize BenefitSource to charge my account each month the applicable membership fee to be credited to my account with BenefitSource. This authority is to remain in full force and effect until I notify BenefitSource in writing of its termination (My Bank is authorized to make corrections should any be necessary). I have read and understand the terms and conditions of this authorization. I hereby authorize the release of my dental records to BenefitSource for use in a quality review program. Banks will be drafted between the 23rd and 28th of the month for the next month's coverage.

Please return completed form to **BenefitSource, Inc.** MAIL 1804 Juan Tabo NE, Suite A, Albuquerque, NM 87112 | FAX 505 237 8344