

Right Product, Right Service, Right Enrollment

Member Dental & Vision Benefits



Automotive Service Association



Sponsored Benefit Provider

As a member of the Automotive Service Association, we wish to save you money by providing convenient access to group dental & vision benefits for you and your employees.

ASA has great dental and vision options to offer you through an agreement with Keystone Insurers Group. Details provided in this brochure. Enrollment is easy and through the ASA/Keystone agreement you can utilize any dentist.

As for vision - enjoy the benefits of Vision Service Plan's (VSP) network of more than 22,000 providers. Contact Member Services today for more information!

CONTACT US:

Dental & Vision Member Services

866-301-9375 Option 1

**Reference Automotive Service
Association when calling**

The Right Choice for Voluntary Dental & Vision!

We have the RIGHT Dental Plan for You...

We believe our Dental Insurance Plans continue to be among the most competitive on the market today. Access true group benefits and rates as an ASA member.

Our insurance plans allow you to choose ANY dentist for your convenience. As an added enhancement to our dental insurance plans, you also have the option to save more money by using our Maximum Care Dental Network.

www.careington.com/co/maxcare

Group Dental Plans

- ⇒ Group Dental Insurance Plans are Guaranteed Issue
- ⇒ Only 1 full-time employee required
- ⇒ Choose Any Dentist
- ⇒ Preventive and Restorative Procedures available on issue date
- ⇒ Qualifies for Section 125 Cafeteria Program
- ⇒ Rates are guaranteed for 1 Year from the Association Effective Date, which is November 1, 2014
- ⇒ Coverage Available: Employee Only, Employee & Spouse, Employee & Child(ren) or Family
- ⇒ Benefits with Deductibles - the Family Maximum is \$150.00
- ⇒ Orthodontia benefits for eligible dependent children
- ⇒ Annual Open Enrollment Period
- ⇒ Takeover Plans Available (*Group name, address, number of eligible lives, current carrier invoice and 2 years rate history required for quote*)

Visit this site for more information and to enroll your group and employees.

www.asabenefits.info

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Dental Plan Benefits & Rates

Benefits	Enhanced Dental	Basic Dental
Preventive Care <i>Cleanings, X-Rays, Periodic Exams, Fluoride Treatments & Sealants (under age 19)</i>	100% Coverage No Deductible No Waiting Period	100% Coverage No Deductible No Waiting Period
Restorative Procedures <i>Simple Extractions, Fillings, Endodontics, Periodontics and Complex Oral Surgery</i>	80% Coverage \$50 Deductible No Waiting Period	60% Coverage \$50 Deductible No Waiting Period
Major Restorative Procedures <i>Bridges, Crowns, Implants*, Dentures</i>	50% Coverage \$50 Deductible 12 Month Waiting Period	40% Coverage \$50 Deductible 12 Month Waiting Period
Maximum Benefit Per Year <i>Per Family Member</i>	\$1,000	\$750
Orthodontia Benefits <i>\$1,000 Lifetime Benefit per covered family member (under age 19)</i>	50% Coverage \$50 Deductible 24 Month Waiting Period	no coverage
Monthly Rates : Employee Employee + Spouse Employee + Child(ren) Employee + Family	\$24.17 \$48.34 \$50.75 \$79.75	\$18.44 \$36.89 \$38.79 \$60.87

*Implants (endosteal only), up to the allowance for the lowest cost covered traditional procedure.

For a takeover quote, the following information is needed:

- ⇒ Group name, address, eligible lives, current carrier invoice and 2 years rate history
- ⇒ Information can be faxed to 1-866-301-9379 attention Dental Sales or emailed to sales@myvba.biz

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DENTAL EXPENSES NOT COVERED

- ⇒ for overdentures and associated procedures;
- ⇒ for charges in excess of those considered Reasonable and Customary;
- ⇒ for cosmetic procedures;
- ⇒ for the replacement of dentures, bridges, inlays, onlays or crowns that can be repaired or restored to normal function;
- ⇒ for replacement of lost or stolen appliances, replacement of retainers, athletic mouthguards, precision or semi-precision attachments, denture duplication;
- ⇒ for oral hygiene instructions; and for: plaque control, completion of a claim form acid etch, broken appointments, prescription or take-home fluoride, or diagnostic photographs;
- ⇒ for services not completed by the end of the month in which coverage ends unless continuation of coverage has been requested and accepted by Us;
- ⇒ for procedures that are begun, but not completed;
- ⇒ for services and treatment provided without charge, or for which there would be no charge in the absence of insurance;
- ⇒ for services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries;
- ⇒ for a condition covered under any Worker's Compensation Act or similar law;
- ⇒ for services that are generally considered by the dental profession as experimental or investigational;
- ⇒ for the treatment of cleft palate and anodontia;
- ⇒ for services or supplies payable under any medical expense plan;
- ⇒ for orthodontia, unless included within Coverage Schedule;
- ⇒ for services rendered prior to the date the Insured is covered under the Policy;
- ⇒ for the diagnosis or treatment of Temporomandibular Joint Dysfunction (TMJD);
- ⇒ for hospital services;
- ⇒ if You voluntarily end Your insurance You will not be eligible to re-enroll for a period of 2 years after the date Your coverage first ended;
- ⇒ charges for infection control, sterilization, and waste disposal.

UNDERWRITING GUIDELINES

ELIGIBLE EMPLOYEES

- ⇒ An individual employed by a participating employer who works 20 hours or more per week, and who is considered an employee for Social Security purposes. Partners and Proprietors are also considered to be eligible employees.

ELIGIBLE DEPENDENT

- ⇒ Eligible dependent is any of the following persons:
 - ⇒ Your spouse (or any applicable civil union partner, and/or domestic partner), and
 - ⇒ Your unmarried child, from birth to age 26.
- ⇒ Each unmarried child at least 26 years of age who is dependent upon You for support because he is incapable of self-sustaining employment by reason of mental retardation or physical handicap; who was incapacitated and insured under the Policy on his 26th birthday; and who continues to be incapacitated beyond his 26th birthday.

GENERAL INFORMATION

PREMIUMS, RENEWABILITY

- ⇒ Applicable Dental Premium Rates are guaranteed for each Employer Group for 12 months from date of issue. Thereafter, rates are subject to change in accordance with the Master Policy. Coverage is renewable as long as eligibility criteria are satisfied and premiums are paid when due.

TERMINATION OF COVERAGE

- ⇒ Coverage terminates on the earliest of the following dates: (a) the last day of the month in which You cease to be eligible for coverage; (b) the last day of the month in which Your Dependent is no longer a dependent as defined; (c) subject to the Grace Period, the last day of the month for which a premium has been paid by you or on your behalf; or (d) the date the Master Policy ends.

COORDINATION OF BENEFITS

- ⇒ This Plan will be coordinated with any other group, blanket or franchise plan under which an individual will receive benefits.

EFFECTIVE DATE

- ⇒ The insurance for its current employees will be effective on the date approved by the insurance company. Future new employees will become insured on the first of the month following the completion of the probationary period selected by the employer. A completed enrollment form must be received within 31 days of new employee eligibility. An employee who does not enroll when initially eligible is considered a "late entrant." A late entrant is eligible to enroll in the program as a "new employee" on the Plan's Anniversary Date or immediately if a qualifying event occurs.

REASONABLE AND CUSTOMARY

- ⇒ Reasonable and Customary means the usual, customary and regular charges for the area where such expenses are incurred.

MAXIMUM CARE NETWORK

- ⇒ With over 200,000 dental locations nationwide, the Maximum Care Network can help you save up to 50% on routine and major dental procedures, in addition to helping you manage your annual maximums. Search providers at www.careington.com/co/maxcare. This option is not available in ID, MA, NJ, NY, VT or WA. Security Life will be held harmless in the event that the provider network does not have the appropriate state licensure or that the provider does not honor the network's discount.

CREDIT FOR PRIOR COVERAGE (CPC)

- ⇒ Credit for prior coverage: If this plan is replacing an existing group dental plan (with comparable coverage) those employees (and their dependents) who were covered under the preceding plan will receive credit for the time covered towards this plan's waiting periods. Credit will be calculated based on the number of months each employee was covered under the prior plan. New employees (and dependents) joining the plan will be subject to the waiting periods. A copy of the group's prior plan and last billing statement showing those covered (and their prior plan effective date) must be provided with the group application to ensure proper credit is given.

Vision Plan Benefits & Rates

Sight is one of your most precious and valuable gifts. You can protect this gift through regular professional examinations and by wearing properly fitted eyewear. The VSP vision plan is an affordable way to insure the health of your eyes.

VBA Voluntary Vision Insurance Plan

- ⇒ 100% Voluntary
- ⇒ Guaranteed issue
- ⇒ Only 1 full-time employee required
- ⇒ No waiting periods
- ⇒ Nationwide VSP Network of 22,000 participating doctor locations
- ⇒ Coverage available: Employee only, Employee & Spouse, Employee & Child (ren), or Family coverage
- ⇒ Laser vision correction discounts
- ⇒ Two-year rate guarantee from the Association effective date, which is November 1, 2014.

Pays the cost of an eye examination and prescribed eyewear purchased (one set of frames, lenses, or contacts) up to the plan allowance, less any co-pay.

Benefits— VSP Network Doctor

- Exam** Covered in full
Single Vision Lenses Covered in full
Lined Bifocal Lenses Covered in full
Lined Trifocal Lenses Covered in full
Frames Covered Up to \$130.00
Contacts
 ⇒ Necessary.....Covered in full
 ⇒ Elective.....Covered up to \$130

VSP Vision Benefits	Voluntary Vision
Eye Exams Annually / Per Family Member	\$15 Co-Pay
Materials <i>Frames, Lenses, Contacts (in lieu of eye glass lenses)</i>	\$25 Co-Pay, Lenses every 12 months, Frames every 24 months, Contacts every 12 months (in lieu of eye glass lenses)
Laser Vision Surgery Non Insured Discount Benefit	15% Discount off laser center's usual and customary charges
Monthly Rates*:	
Employee	\$ 9.48
Employee + Spouse	\$18.95
Employee + Child(ren)	\$19.90
Employee + Family	\$31.27

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VISION EXPENSES NOT COVERED

Limitations – In no event will payment exceed the lesser of:

- ⇒ The actual cost of covered Services or Materials; or
- ⇒ the limits of the Policy, shown in this Schedule.

Exclusions – We will not cover:

- ⇒ Orthoptic or vision training and any associated supplemental testing;
- ⇒ plano lenses;
- ⇒ lens coatings;
- ⇒ two pairs of glasses, in lieu of bifocals or trifocals;
- ⇒ medical or surgical treatment of the eyes;
- ⇒ any eye examination, or any corrective eyewear, required by an employer as a condition of employment;
- ⇒ any injury or illness when covered under any Workers Compensation or similar law, or which is work-related;
- ⇒ no-line bifocal or progressive lenses;
- ⇒ photo-chromatic lenses;
- ⇒ sub-normal vision aids or non-prescription lenses;
- ⇒ services rendered or Materials purchased outside the U.S. or Canada, unless: a. the Insured resides in the U.S. or Canada; and b. the charges are incurred while on a business or pleasure trip.
- ⇒ charges in excess of the Usual and Customary charge for the Service or Materials;
- ⇒ charges incurred after; a. the Policy ends; or b. the Insured's coverage under the
- ⇒ Policy ends, except as stated in the Policy;
- ⇒ experimental or non-conventional treatment or device;
- ⇒ spectacle lens treatments or "add-ons", except solid tints (#1 and #2), and oversize lenses;
- ⇒ high index lenses of any material type;
- ⇒ lost or broken Materials, except when replaced at normal intervals when Services are available.

IMPORTANT NOTICE:

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the dental policy GH-1112 (and any state specifics) and the vision policy GH-1154 or GH-1157 (and any state specifics). Premium rates may change upon renewal. This policy is renewable at the option of the Company. This product may not be available in all states and is subject to individual state regulations.

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