LUTHERAN SOCIAL SERVICES
of Northwestern Ohio

Strengthening People in Body, Mind and Spirit

Benefit Enrollment

Education Meeting

Welcome to Open Enrollment for Dental & Vision

What is Open Enrollment?

Your opportunity to make decisions about benefits

Enroll in benefits for the first time

Make changes to current benefit selections

Decisions you make now remain for the *entire plan year*

Changes to benefits are only allowed during open enrollment unless you have a qualifying life event.

OPEN ENROLLMENT TIME PERIOD
November 16, 2026 – November 25, 2026

Highlights for the Upcoming Plan Year

What is Changing

- Dental & Vision carrier is changing to Reliance Matrix
- Dental & Vision Network is changing to Ameritas
- Employee Dental contributions will increase slightly

What is NOT Changing

- Dental Plan Design
- Employee Vision contributions
- Vision Plan Design

Key Dates

- Open Enrollment: November 16, 2026 – November 25, 2026
- New Plan Year Begins: January 1, 2027

Eligibility

You are eligible for benefits if working 30 hours hours a week.

ELIGIBLE DEPENDENTS

Your **legal** spouse

Your children from birth to age 26*

SUBMITTING PROOF

If Requested

- ✓ Birth Certificate
- ✓ Social Security Card
- ✓ Marriage Certificate
- ✓ Legal Documents
- ✓ Adoption Certificate

* Dependent age limit can vary for some coverages. See the certificate for details.

Cost of Coverage

	BI-WEEKLY (26 PAYROLL) CONTRIBUTIONS			
	Employee	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
Dental				
Reliance Matrix (Ameritas)	$10.50	$21.41	$28.34	$39.28
Vision				
Reliance Matrix (Ameritas-VSP)	$2.69	$5.37	$5.75	$9.18

Important Terms

What the terms mean…

100%
coverage for preventive care

Annual Deductible — The amount you pay before insurance pays.

Coinsurance — After the deductible has been met, you and the plan will split the cost of claims.

Out-of-Pocket Maximum — The maximum you will pay in the calendar year. Once you meet the OOP max, the plan pays 100% of eligible claims for the remainder of the year.

Copayment — The fixed amount you pay for common services.

Dental

	Reliance Matrix
Network	Ameritas Classic Network
DEDUCTIBLE	Calendar Year
Individual	$50
Family	$150
COVERED SERVICES	
Type I - Preventive	100%
Type II - Basic	80% after deductible
Type III - Major	50% after deductible
Type IV - Orthodontics	50% coverage
Orthodontic Age Limit	Through age 18 and under
BENEFIT MAXIMUM	
Annual Limit per Covered Person	$1,000
Orthodontic Lifetime Limit	$1,000
Rollover Provision	Threshold: $500 Maximum Rewards: $250 Annual PPO Bonus: $100 Maximum Carryover: $1,000

Vision

	Reliance Matrix
Network	VSP Choice Network + Affliates
Exam Copay	$10
Materials Copay	$25 Eye Glass lenses or Frames*
Frames	Maximum Allowance: $130**
Frequency	Once every 24 months
Lenses *(instead of contacts)*	Covered in Full
Frequency	Once every 12 months
Elective Contact Lenses *(instead of lenses)*	$130 allowance, ($60 Exam Fit copay)
Frequency	Once every 12 months

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*
***The Costco and Walmart allowance will be the wholesale equivalent.*

Member Tools

Reliance Matrix provides online resources to help you make well-informed choices for care and make best use of your health care. Our easy, handy tools let you find a new dentist or eye doctor, and more.



Reliance Matrix

www.reliancematrix.com

(800) 351-7500

Ameritas

Click here to search for in-network dental providers.

Click here to search for in-network vision providers.



Next Steps:

I Want to Keep, Enroll, Change, or Waive Coverage

- ✓ Complete the Reliance Matrix **Dental & Vision** Enrollment Form.
- ✓ Review, add, or remove eligible dependents as needed.
- ✓ Provide dependent verification documentation, if requested.
- ✓ Submit all enrollment forms by **November 25, 2026**.

Thank You

Thank you for reviewing your 2027 benefits. Please, submit all enrollment forms by November 25, 2026.

Questions regarding your benefits?

Contact

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The abbreviated outlines of benefits used throughout this document are not intended to express any legal opinion as to the nature of coverage. They are only visuals to a basic understanding of coverages and do not detail all the contract terms nor do they alter any contract conditions. Please read your contract for specific coverages, limitations and exclusions and contact us with questions.