

Ameritas Dental Plan Overview

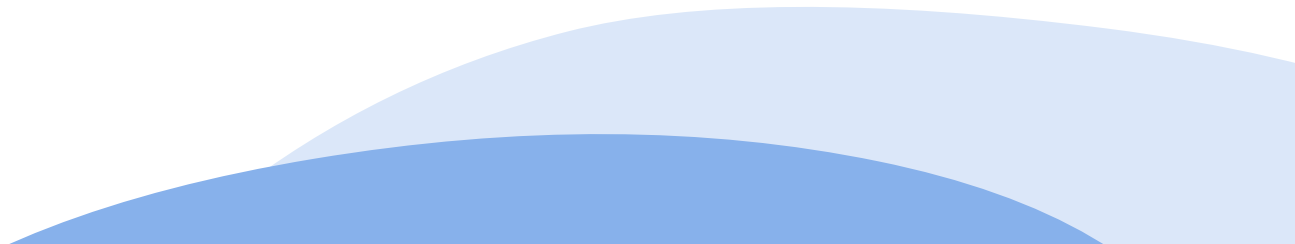
Understanding the details and benefits of the **Ameritas Dental Plan**

DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

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The Ameritas Dental Plan

- Coverage through **Ameritas**
 - **Preventive Care** for routine check-ups
 - **Basic and Major Services** with extensive support
 - **Vision Benefits** through integrated FUSION plan
 - **Network Savings** support
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Key Features and Benefits

Preventive Care

Basic Services

Major Services (varies by plan)

Vision Benefits through Ameritas



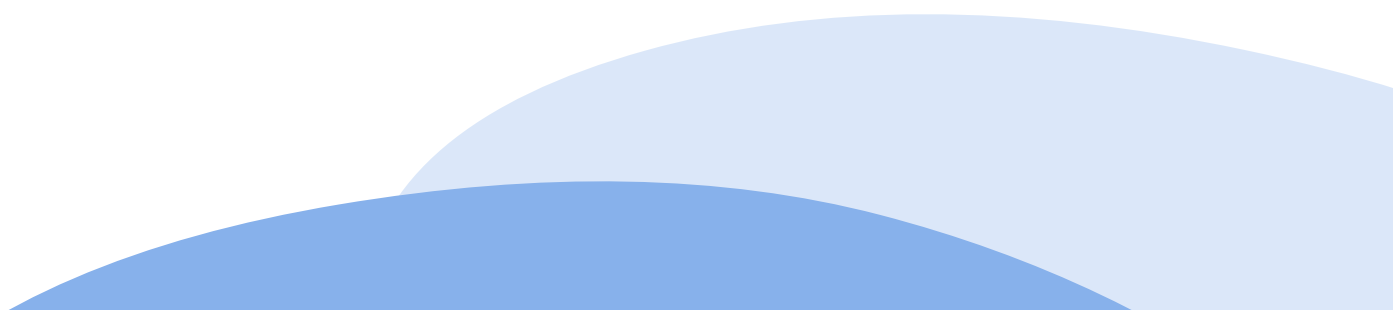
Cost Management Tools

Dental Rewards Program (DRP)

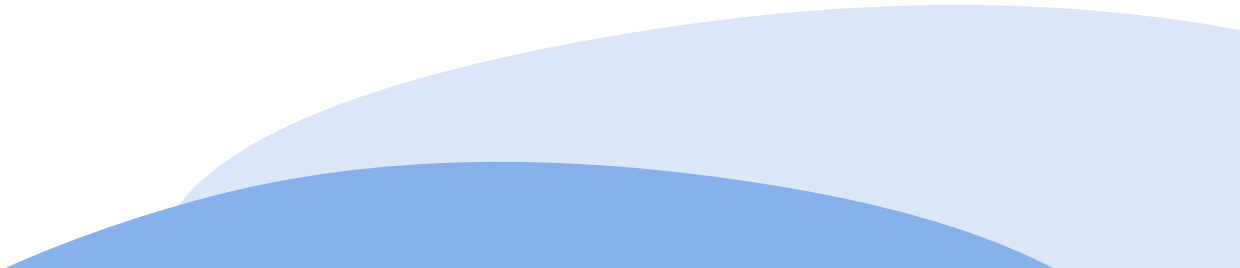
Annual Maximum System

Network Savings Support

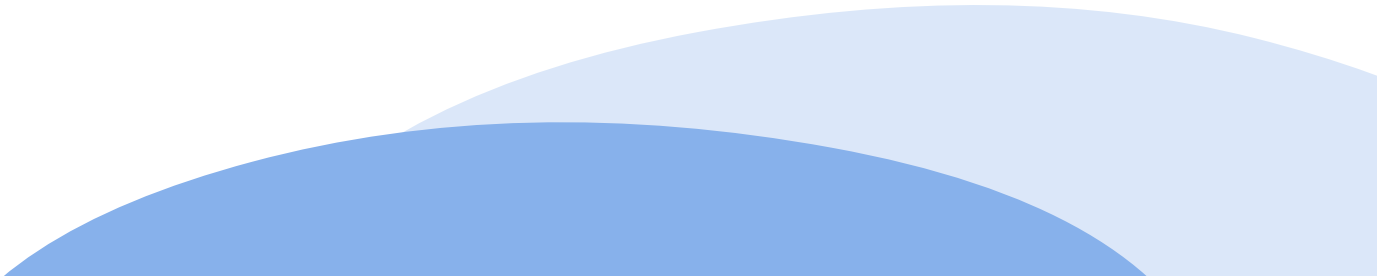
How Dental Rewards Program Works

1. Enroll through **Ameritas**
 2. Submit at least one dental claim per year
 3. Carry over \$250 in rewards if benefits paid are under \$500
 4. Receive additional rewards for using network providers
 5. Accumulate up to \$1000 in rewards
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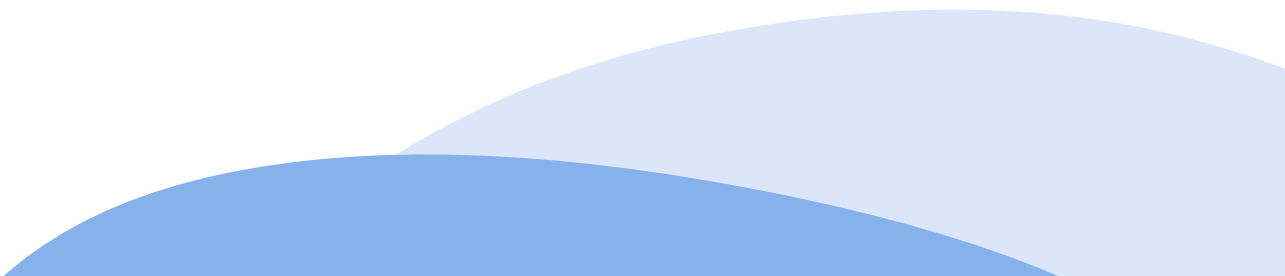
Preventive Care and Wellness

- **Routine Exams** Services
 - **Cleaning and X-rays** Programs
 - **Ameritas Network** provides extensive coverage
- 

Telehealth Services

- **Virtual Consultations**
 - **24/7 Access**
 - **Prescription Services** available
 - **Remote Access** to care
- 

Advocacy and Support Services

- Healthcare advocacy
 - **Claims Assistance** support
 - **Provider Options** flexibility
 - **Customer Service** support
- 

Type 1 Preventive (1/2)

Preventive Care

- Routine Exam (1 per 6 months)
- Bitewing X-rays (1 per 12 months)
- Cleaning (1 per 6 months)

Coverage

- 100% for all services

FUSION combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans.

For the maximum:

- The member can use up to \$1,000 toward any covered dental expense.
- The member can use up to \$100 toward any covered eye care expense.
- Total benefits paid between the two coverages will not exceed \$1,000.

Dental Plan Benefits *subject to FUSION plan design listed above*

| | |
|--|--|
| Type 1 Preventive No Waiting Period | 100% |
| | <ul style="list-style-type: none">• Routine Exam (1 per 6 months)• Bitewing X-rays (1 per 12 months)• Cleaning (1 per 6 months) |
| Type 2 Basic No Waiting Period | 100% |
| | <ul style="list-style-type: none">• Restorative Amalgams• Restorative Composites• Endodontics (nonsurgical)• Simple Extractions |
| Type 3 Major No Waiting Period | 100% |
| | <ul style="list-style-type: none">• Surgical Extractions• Periodontics (nonsurgical)• Crowns (1 in 10 years per tooth)• Endodontics (surgical)• Periodontics (surgical)• Prosthodontics (Bridges, Dentures) (1 in 10 years) |

Deductible*

| | |
|----------------|------------------------------------|
| Type 1 | \$0 |
| Type 2 and 3 | \$50 per person, per calendar year |
| Family Maximum | \$150 per Calendar Year |

Benefit Year Maximum

| | |
|---|---------|
| Type 1, 2, and 3 (per person, per calendar year) | \$1,000 |
|---|---------|

Claims Allowance

| | |
|-----------------|-------------------------|
| Type 1, 2 and 3 | Maximum Covered Expense |
|-----------------|-------------------------|

In network allowance is discounted fee

Type 1 Preventive (2/2)

Deductible

- \$0 for Type 1 services

Benefit Year Maximum

- \$1,000 per person, per calendar year

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For the maximum:

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Benefit Year Maximum

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Claims Allowance

| | |
|-----------------|-------------------------|
| Type 1, 2 and 3 | Maximum Covered Expense |
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In network allowance is discounted fee

Type 2 Basic (1/2)

Basic Services

- Restorative Amalgams
- Restorative Composites
- Endodontics (nonsurgical)
- Simple Extractions

Coverage

- 100% for all services

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For the maximum:

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Dental Plan Benefits *subject to FUSION plan design listed above*

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Claims Allowance

| | |
|-----------------|-------------------------|
| Type 1, 2 and 3 | Maximum Covered Expense |
|-----------------|-------------------------|

In network allowance is discounted fee

Type 2 Basic (2/2)

Deductible

- \$50 per person, per calendar year

Family Maximum

- \$150 per Calendar Year

FUSION combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans.

For the maximum:

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Claims Allowance

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In network allowance is discounted fee

Type 3 Major (1/2)

Major Services

- Surgical Extractions
- Periodontics (nonsurgical)
- Crowns (1 in 10 years per tooth)

Coverage

- 100% for all services

FUSION combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans.

For the maximum:

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|---|---------|

Claims Allowance

| | |
|-----------------|-------------------------|
| Type 1, 2 and 3 | Maximum Covered Expense |
|-----------------|-------------------------|

In network allowance is discounted fee

Type 3 Major (2/2)

Deductible

- \$50 per person, per calendar year

Benefit Year Maximum

- \$1,000 per person, per calendar year

FUSION combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans.

For the maximum:

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Vision Plan (1/2)

Vision Benefits

- Exams, Lenses, Frames
- Bifocal, Trifocal, Progressive Lenses

Coverage

- Subject to maximums

Vision Plan Benefits subject to FUSION plan design listed above

| Allowances | | Frequencies Based on date of service** | |
|------------------------------|--------------------|--|-------|
| Exam | Subject to Maximum | Exam | None |
| Lenses (per pair) | | Lenses | None |
| Single | Subject to Maximum | Frames | None |
| Bifocal | Subject to Maximum | | |
| Trifocal | Subject to Maximum | Maximum | \$100 |
| Lenticular | Subject to Maximum | Deductibles (Lifetime deductible) | \$0 |
| Progressive | Subject to Maximum | | |
| Contacts | | | |
| Elective/Medically Necessary | Subject to Maximum | | |
| Frames | Subject to Maximum | | |

*Deductible applies to the first service received

**Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).

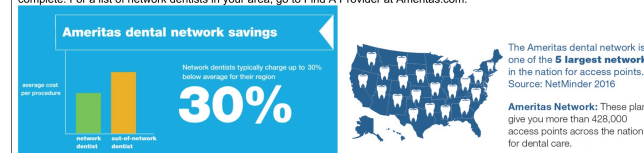
Dental Rewards

Your dental plan includes Dental Rewards as a way to grow your annual maximum benefit. Simply by visiting a dental provider each year and submitting a claim, you can increase your annual maximum benefit over time. After your initial benefit is used, accumulated rewards are there to help pay for more expensive procedures, such as root canals or crowns.

Here's how it works. For each year, you submit at least one dental claim and your total dental benefits paid for the year are at or under \$500 you qualify to carry over \$250 in rewards to the following year. When your dental visit is to an Ameritas network provider, you earn an extra \$100 PPO Bonus. You may accumulate rewards up to the maximum amount of \$1000. Please note, if you do not submit a dental claim during the year, no rewards are earned and accumulated rewards are reset to zero. However, you can start qualifying for rewards again the very next year.

Provider Flexibility and Network Savings

Members aren't limited to one particular dentist, or a small group of providers, who may or may not be taking new patients. Each plan member is free to visit any provider they choose, including your current dentist, regardless if they are in- or out-of-network. And family members do not have to see the same dentist. When you visit an in-network dentist there are no claim forms to complete. For a list of network dentists in your area, go to Find A Provider at Ameritas.com.



Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declined, you and/or your eligible dependents will be considered a Late Entrant. Covered expenses will not include and benefits will not be payable in the first 12 months that a person is insured if the person is a Late Entrant, except for evaluations, prophylaxis (cleanings), and fluoride application. After 12 months, you will have access to all of the plan's benefits.

Vision Plan (2/2)

Lifetime Deductible

- \$0 for certain services

Network Savings

- Up to 30% below regional averages

Vision Plan Benefits subject to FUSION plan design listed above

| Allowances | | Frequencies Based on date of service** | |
|------------------------------|--------------------|--|-------|
| Exam | Subject to Maximum | Exam | None |
| Lenses (per pair) | | Lenses | None |
| Single | Subject to Maximum | Frames | None |
| Bifocal | Subject to Maximum | | |
| Trifocal | Subject to Maximum | Maximum | \$100 |
| Lenticular | Subject to Maximum | Deductibles (Lifetime deductible) | \$0 |
| Progressive | Subject to Maximum | | |
| Contacts | | | |
| Elective/Medically Necessary | Subject to Maximum | | |
| Frames | Subject to Maximum | | |

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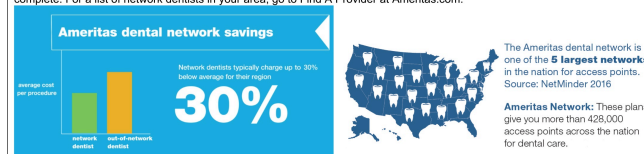
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Comparing the Plans

| Feature | Type 1 Preventive | Type 2 Basic | Type 3 Major | Vision Plan |
|----------------------|-------------------|-----------------|-----------------|--------------------------|
| Coverage | 100% | 100% | 100% | Subject to maximums |
| Deductible | \$0 | \$50 per person | \$50 per person | \$0 for certain services |
| Benefit Year Maximum | \$1,000 | \$1,000 | \$1,000 | Integrated with dental |
| Network Savings | Up to 30% | Up to 30% | Up to 30% | Up to 30% |
| Waiting Period | None | None | None | None |

Definitions and Limitations

Preventive Care

- Routine exams and cleanings
- Bitewing X-rays

Basic Services

- Restorative procedures
- Simple extractions

Major Services

- Surgical procedures
- Crowns and prosthodontics

Vision Services

- Exams and lenses
- Frame allowances

Agents must review all exclusions and limitations with the consumer to ensure full understanding

Member Savings

Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. **No additional cost. Only savings.**

Extra Value

Our plan members, their covered dependents can **save on prescription medications at over 60,000 pharmacies across the nation** including CVS, Walgreens, FTA, Wal-Mart and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the prescription discount, whichever saves them more. Even if the employees already have health insurance pharmacy benefits, they are welcome to check out this Rx discount.

Find a pharmacy near you - <http://www.ameritas.com/vendors/pharmacy.aspx>

Look up a price - <http://www.ameritas.com/vendors/pharmacy.aspx?groupid=Ameritas>

Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 42% across brand name and generic prescription combined.



Save on frames and lenses

Save up to 50% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. This is available to you without any additional cost to your plan premium.

You may receive savings on the following vision care products at Walmart Vision Centers:

- **top quality frames** for the entire family including today's most popular brands.

- wide selection of **lens options**; all lenses come with scratch-resistant coating for no additional charge.

- **safety eyewear**.

Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- Lifetime adjustments and cleanings.

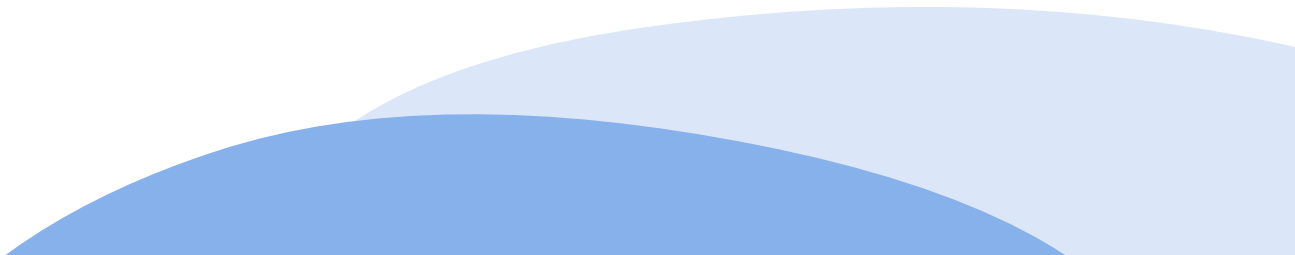
Customer Service

Customer Connections **800-487-5553** www.Ameritas.com

Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your policyholder. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Key Takeaways and Reminders

- **Extensive Coverage** benefits
 - **No Waiting Periods** included
 - **Network Savings** benefits
 - **Enrollment** required
- 

Thank You!

Continue to be great!



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