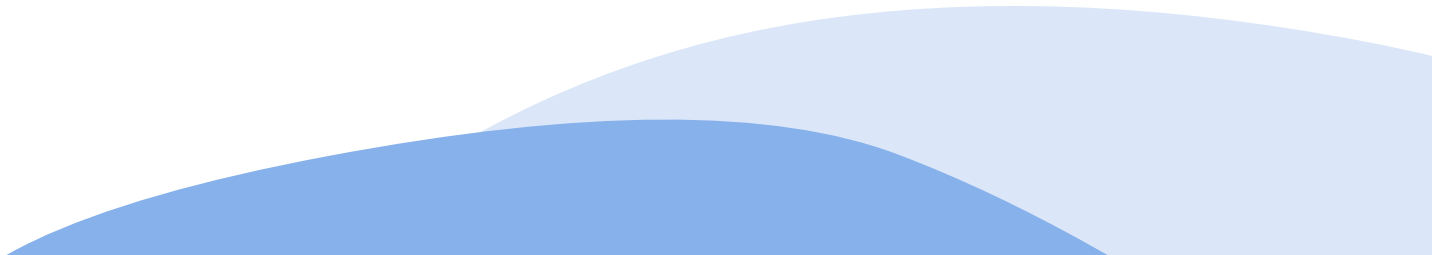


FUSION Plan Review

Understanding the details and benefits of the **FUSION Dental and Eye Care Plan**

FUSION Plan Overview

- Combines dental and eye care benefits through **Ameritas**
 - **Type 1 Preventive** for routine exams and cleanings
 - **Type 2 Basic** restorative and nonsurgical procedures
 - **Type 3 Major** surgical and prosthodontic services
 - **Vision Plan** support with network savings
- 
- A decorative graphic at the bottom of the slide consisting of two overlapping, rounded, wave-like shapes. The front wave is a medium blue, and the back wave is a lighter, semi-transparent blue.

Key Features and Benefits

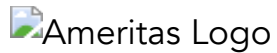
Type 1 Preventive

Type 2 Basic

Type 3 Major

Vision Plan (varies by plan)

Prescription Savings through National Congress of Employers




Cost Management Tools

Dental Rewards Program (DRP)


Network Savings System

Late Entrant Provisions Support

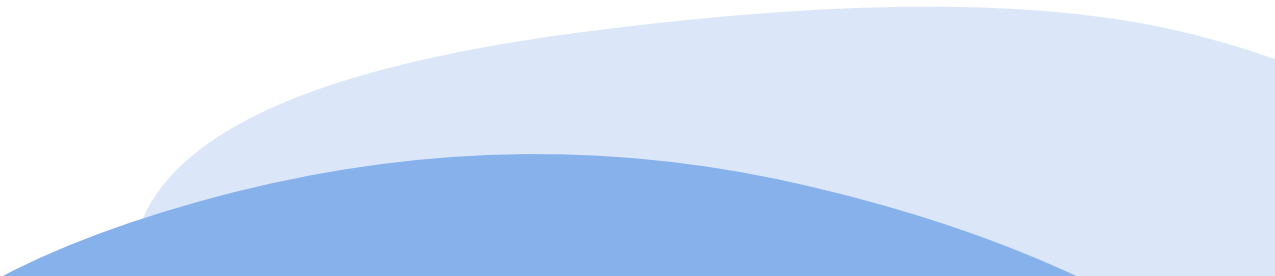
How Dental Rewards Program Works

1. Enroll through **Ameritas**
 2. Submit at least one dental claim each year
 3. If benefits paid are under \$500, qualify for rewards
 4. Receive \$250 in rewards (**DRP**)
 5. Additional \$100 PPO bonus for network visits
 6. Accumulate up to \$1000 in rewards
- 


Preventive Care and Wellness

- **Routine Exams** Services
 - **Prophylaxis** Programs
 - **Ameritas** provides dental and vision care
- 

Telehealth Services

- **Prescription Savings**
 - **Vision Discounts**
 - **Eyewear Savings** available
 - **Access** to care
- 

Advocacy and Support Services

- **Comprehensive** healthcare advocacy
 - **Customer Service** assistance
 - **Flexible Provider** options
 - **Network Savings** support
- 

Type 1 Preventive (1/2)

Routine Exams

- 100% coverage
- No deductible
- Includes cleanings

Bitewing X-rays

- 100% coverage
- No deductible

Cleanings

- 100% coverage
- No deductible



Type 1 Preventive (2/2)

No Waiting Period

- Immediate coverage

Annual Maximum

- \$1,000 per person



Type 2 Basic (1/2)

Restorative Amalgams

- 100% coverage
- \$50 deductible

Composites

- 100% coverage
- \$50 deductible

Nonsurgical Endodontics

- 100% coverage
- \$50 deductible



Type 2 Basic (2/2)

Simple Extractions

- 100% coverage
- \$50 deductible

Annual Maximum

- \$1,000 per person



Type 3 Major (1/2)

Surgical Extractions

- 100% coverage
- \$50 deductible

Crowns

- 100% coverage
- \$50 deductible

Prosthodontics

- 100% coverage
- \$50 deductible



Type 3 Major (2/2)

Surgical Periodontics

- 100% coverage
- \$50 deductible

Annual Maximum

- \$1,000 per person



Vision Plan (1/2)

Exams and Lenses

- No deductible
- Maximum allowances

Frames

- No deductible
- Maximum allowances

Progressive Lenses

- Maximum allowances



Vision Plan (2/2)

Network Savings

- 35% on eyewear at Walmart

Lifetime Deductible

- \$100 for other services



Comparing the Plans

Feature	Type 1 Preventive	Type 2 Basic	Type 3 Major	Vision Plan
Coverage	100%	100%	100%	Max Allowances
Deductible	\$0	\$50	\$50	\$0
Annual Max	\$1,000	\$1,000	\$1,000	N/A
Network Savings	Yes	Yes	Yes	Yes
Waiting Period	None	None	None	None

Definitions and Limitations

Coverage Limits

- \$1,000 max combined
- Dental and vision
- No exceedance

Late Entrant

- 12-month waiting
- Limited benefits

Network Savings

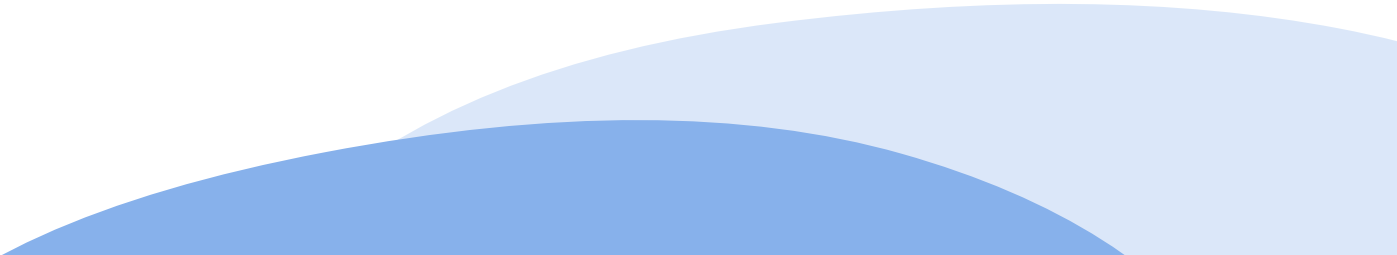
- 30% below average
- In-network

Claim Submission

- Within 90 days
- Ensure benefits



Key Takeaways and Reminders

- **Comprehensive** benefits
 - **Network Savings** included
 - **Flexible Provider** options
 - **Claim Submission** required
- 

Thank You!

Continue to be great!

