Benefits as of 09/30/2025

Ameritas Life Insurance Corp
P.O. Box 82520
Lincoln, NE 68501-2520
1-800-487-5553 / New Claims Fax # 402-467-7336
Electronic Payer ID 47009

The benefit information listed below is general plan information and is subject to all policy provisions and limitations. Final benefit calculation will be determined upon receipt of the claim. This is not a guarantee of payment or eligibility. For more specific information, please provide a pre-treatment estimate.

Plan Member: WATSON,RANDALL TIMOTHY
Plan Number: 0-62549-2
Plan Sponsor: ROYSE CITY ISD

Coverage Status Information: Plan Member and Children
Child Age: through the 26th birthday, end of month
Student Age: full-time students through the 26th birthday, end of month
Effective Date: September 1, 2025
Late Entrant: N/A
Missing Teeth: Limited prior extraction coverage provides for a procedure to replace teeth extracted while the member was covered under a prior plan, applies to initial plan members only. A 12-month maximum time period between extractions (while insured under prior plan) and replacement (while insured under our plan).

General Plan Information:

Claims need to be submitted timely to provide the best service for your patients, our members. Claims may be denied if they are not submitted within the regulatory time frames allowed by each state and described in the members certificate of coverage. Typically, the timeframe is 90 days from the date of service (only a few states allow longer).

The member will receive a discounted fee for covered services by utilizing a network provider.

Benefit Period: calendar year: January 1 - December 31

Benefit Type/Plan Benefit:			**Elimination Period:**
Type 1 - Preventive	100%	U&C	None
Type 2 - Basic	80%	U&C	None
Type 3 - Major	50%	U&C	None

U&C – Usual and Customary

Deductibles: $50 Type 2, Type 3 Annual Combined

Family Maximum Deductible: $150 Annual Combined

Maximum Annual Benefit: $5,000 Per Individual

Orthodontics:			**Elimination Period:**
Ortho Benefit:	50%	U&C	None

U&C – Usual and Customary

Ortho Deductible: There is no Ortho Deductible on this plan.
Ortho Maximum: $1,000 lifetime maximum Per Individual
Member and all Dependents.
A maximum of 8 quarterly payments made over the length of the treatment program or 24 months whichever is less. Payments are made at the end of quarter and will begin three months after the banding date.
Takeover: Initial insureds on this plan will receive the full maximum orthodontic benefit minus the benefit amount paid by the previous carrier.

Benefit Period: *Calendar Year: January 1 - December 31*				****Please Note:*** *The service categories and plan limitations shown represent an overview of your plan benefits. The summary represents the majority of services within each category and coverage may vary depending on procedure code and whether the service is covered.*
***Contributing Procedures**	**Service**	**Benefit Type**	**Frequency**	**Additional Information**
Exams				
D0120 D0145 D0150 D0180	Comprehensive Exam	Type 1 - Preventive	1 per provider	If frequency met, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency. In addition, coverage is limited to 2 per benefit period.
D0120 D0145 D0150 D0180	Routine Exam	Type 1 - Preventive	2 per benefit period	Procedure D0120 will be considered for individuals age 3 and over. Procedure D0145 will be considered for individuals age 2 and under.
D0140 D0170	Problem Focused Exam	Type 2 - Basic	No Frequency	Coverage is allowed for accidental injury only. If not due to an accident, will be considered at an alternate benefit of a D0120/D0145 and count towards this frequency.
Prophylaxis (Cleanings)				
D1110 D1120 D4346 D4910	Prophylaxis (Cleanings)	Type 1 - Preventive	2 per benefit period	An adult prophylaxis (cleaning) is considered for individuals age 14 and over. A child prophylaxis (cleaning) is considered for individuals age 13 and under. Benefits for prophylaxis (cleaning) are not available when performed on the same date as periodontal procedures.
D1206 D1208	Fluoride	Type 1 - Preventive	1 per benefit period	To age 19.
D1110 D1120 D4346 D4910	Periodontal Maintenance	Type 2 - Basic	2 per benefit period	Benefits are not available if performed on the same date as any other periodontal service. Procedure D4910 is contingent upon evidence of full mouth active periodontal therapy. Procedure D4346 is limited to persons age 14 and over.
D9932 D9933 D9934 D9935	Prosthodontic Prophylaxis	Type 1 - Preventive	2 per benefit period	Benefits are not available when performed on the same date as prophylaxis (cleaning) or periodontal maintenance.
Diagnostic Imaging (X-rays/Films)				
D0270 D0272 D0273 D0274 D0277	Bitewings	Type 1 - Preventive	2 per benefit period	The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.
D0210 D0330	Fullmouth	Type 1 - Preventive	1 in 3 years	
D0220 D0230	Periapicals	Type 1 - Preventive	No Frequency	The maximum amount considered for x-ray radiographic images taken on one day will be equivalent to an allowance of a D0210.

BENEFIT PERIOD: *Calendar Year: January 1 - December 31*				***Please Note:** *The service categories and plan limitations shown represent an overview of your plan benefits. The summary represents the majority of services within each category and coverage may vary depending on procedure code and whether the service is covered. Pretreatments are strongly suggested.*
***Contributing Procedures**	**Service**	**Benefit Type**	**Frequency**	**Additional Information**
Restorative				
D1351 D1353 D1354 D1355	Sealant	Type 1 - Preventive	1 in 3 years	To age 17. Benefits are considered on permanent molars only. Coverage is allowed on the occlusal surface only.
D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2391 D2392 D2393 D2394 D2990 D9911	Amalgam	Type 2 - Basic	1 in 6 months	Up to 4 surface filling considered.
D2140 D2150 D2160 D2161 D2330 D2331 D2332 D2335 D2391 D2392 D2393 D2394 D2990 D9911	Composite	Type 2 - Basic	1 in 6 months	Up to 4 surface filling considered. Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Coverage is limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.
Various Procedures	Crowns	Type 3 - Major	1 in 5 years	Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Frequency is waived for accidental injury. Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance. Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months. Coverage is limited to necessary placement resulting from decay or traumatic injury.
Various Procedures	Onlays	Type 3 - Major	1 in 5 years	Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Frequency is waived for accidental injury. Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.
Various Procedures	Inlays	Type 3 - Major	No Frequency	Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

	Veneers	Not Covered		
D2950	Crown Buildups	Type 3 - Major	No Frequency	
D2952 D2953 D2954 D2955 D2957	Post and Core	Type 3 - Major	No Frequency	
Endodontics				
D3310 D3320 D3330 D3332	Root Canals	Type 2 - Basic	No Frequency	Benefits are considered on permanent teeth only. Allowances include intraoperative radiographic images and cultures but exclude final restoration.
D3310 D3320 D3330 D3346 D3347 D3348	Root Canal Retreatment	Type 2 - Basic	1 in 12 months	Benefits are considered on permanent teeth only. Coverage is limited to service dates more than 12 months after root canal therapy. Allowances include intraoperative radiographic images and cultures but exclude final restoration.
D3410 D3421 D3425 D3426 D3471 D3472 D3473 D3501 D3502 D3503	Surgical Endodontics / Apicoectomy	Type 2 - Basic	No Frequency	
D3220 D3221 D3222 D3230 D3240	Therapeutic Pulpotomy	Type 2 - Basic	No Frequency	
Periodontics				
D4381	Antimicrobial Agent	Type 2 - Basic	2 in 2 years	
D4341 D4342	Root Planing and Scaling	Type 2 - Basic	1 in 2 years	All four quadrants can be performed on the same day.
D4355	Fullmouth Debridement	Type 2 - Basic	1 in 5 years	
D4240 D4241 D4260 D4261	Surgical Periodontics	Type 2 - Basic	Various frequencies apply	Pretreatment is strongly suggested.
D4210 D4211 D4212	Gingivectomy	Type 2 - Basic	1 in 3 years	
Oral Surgery *Radiographic Images (x-Rays) required				
D7111 D7140 D7252	Non-Surgical Extractions	Type 2 - Basic	No Frequency	
D7210 D7220 D7230 D7240 D7241 D7250 D7251	Surgical Extractions	Type 3 - Major	No Frequency	
Various Procedures	Other Oral Surgery	Type 3 - Major	No Frequency	
	Bone Augmentation	Not Covered		
General Anesthesia				
D9222 D9223 D9239 D9243	General Anesthesia and/or IV Sedation	Type 3 - Major	No Frequency	Coverage is only available with a cutting procedure. A maximum of four (D9222, D9223, D9239 or D9243) will be considered.
	Nitrous Oxide	Not Covered		

Removable Prosthodontics (Dentures) *missing tooth clause may apply				
Various Procedures	Removable Prosthodontics (Dentures)	Type 3 - Major	1 in 5 years	Frequency is waived for accidental injury. Allowances include adjustments within 6 months of placement date. Procedures D5864, D5866, D6112, D6113, D6116 and D6117 are considered at an alternate benefit of a D5213/D5214.
D5730 D5731 D5740 D5741 D5750 D5751 D5760 D5761 D5765	Denture Relines	Type 3 - Major	No Frequency	Coverage is limited to service dates more than 6 months after placement date.
D5710 D5711 D5720 D5721 D5725 D5765	Denture Rebases	Type 3 - Major	No Frequency	
D5410 D5411 D5421 D5422	Denture Adjustments	Type 3 - Major	No Frequency	Coverage is limited to dates of service more than 6 months after placement date.
D5511 D5512 D5520	Denture Repairs	Type 3 - Major	No Frequency	
Implants *missing tooth clause may apply				
	Implants	Not Covered		
Various Procedures	Implant Supported Crown	Type 3 - Major	1 in 5 years	Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Frequency is waived for accidental injury. Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
Various Procedures	Implant Supported Retainer	Type 3 - Major	1 in 5 years	Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Frequency is waived for accidental injury. Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance.
	Implant Services List	Not Covered		
Fixed Prosthodontics (Bridges) *missing tooth clause may apply				
Various Procedures	Bridges	Type 3 - Major	1 in 5 years	Porcelain and resin benefits are considered for anterior and bicuspid teeth only. Frequency is waived for accidental injury. Procedures that contain titanium or high noble metal will be considered at the corresponding noble metal allowance. Benefits will not be considered if procedure D2390, D2928, D2929, D2930, D2931, D2932, D2933 or D2934 has been performed within 12 months.
Tests and Examinations				
	Prediagnostic Cancer Screen Test	Not Covered		
Occlusal Guard				
	Occlusal Guard	Not Covered		

Please Note: Bitewing and periapical radiographic images are needed for crowns, build-ups, inlays, onlays, bridge retainer crowns, veneers and crown lengthening, if applicable.
Surgical extractions/Alveloplasty - periapical, full mouth series and panoramic radiographic images needed if applicable.
Scaling and Root planing/Periodontal surgery - bitewing and periapical radiographic images, and 6-point periodontal charting (legible, dated, current within 1 year)