Policy #:

Ameritas
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Dental Plan Benefits

Networks: Classic

Type 1 Preventive No Waiting Period	100%
	Routine Exam (2 per Benefit Period) Cleaning (2 per Benefit Period)
Type 2 Basic No Waiting Period	50-80%
	Bitewing X-rays (1 per Benefit Period) Sealants 15 and under (1 in 3 years permanent molars and bicuspids) Restorative Amalgams Restorative Composites
Type 3 Major No Waiting Period	10-20%
	Surgical Extractions Simple Extractions Endodontics (nonsurgical) Periodontics (nonsurgical) Crowns (1 in 5 years per tooth) Endodontics (surgical) Periodontics (surgical) Prosthodontics (Bridges, Dentures) (1 in 5 years)

Deductible

Type 1	$0	
Type 2 and 3	$50 per person, per benefit year	
Family Maximum	When 3 family members satisfy their Deductible Amounts for this Benefit Period, no additional Deductibles will apply to any family members for the rest of this Benefit Period.	

Benefit Period Maximum Amount

Type 2 and 3 (per person, per benefit year)	1st Benefit Period	$750
	2nd + Benefit Period	$1,500

Claims Allowance

Type 1, 2 and 3	Maximum Allowable Benefit

In network allowance is discounted fee

Policy #:

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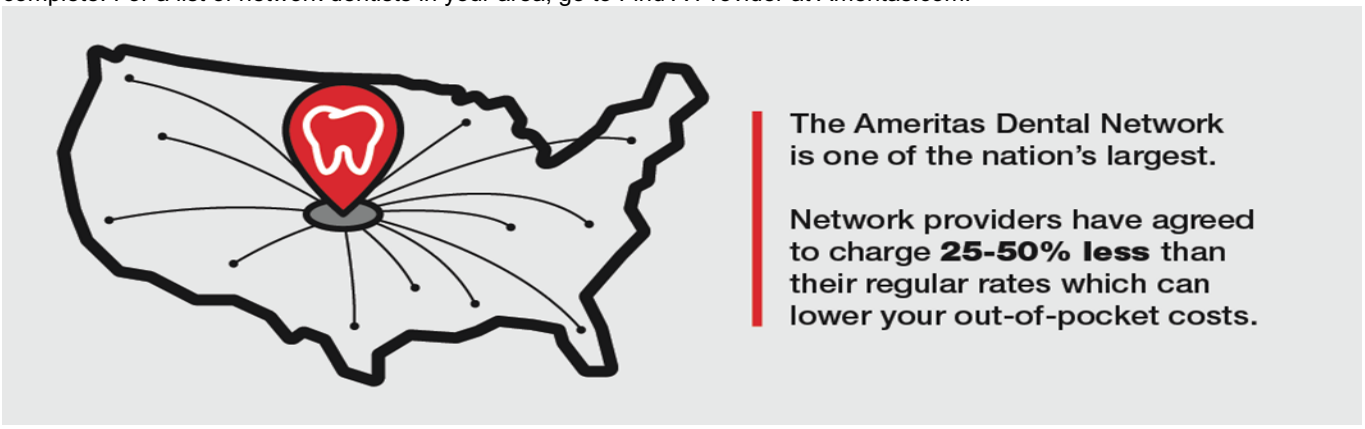
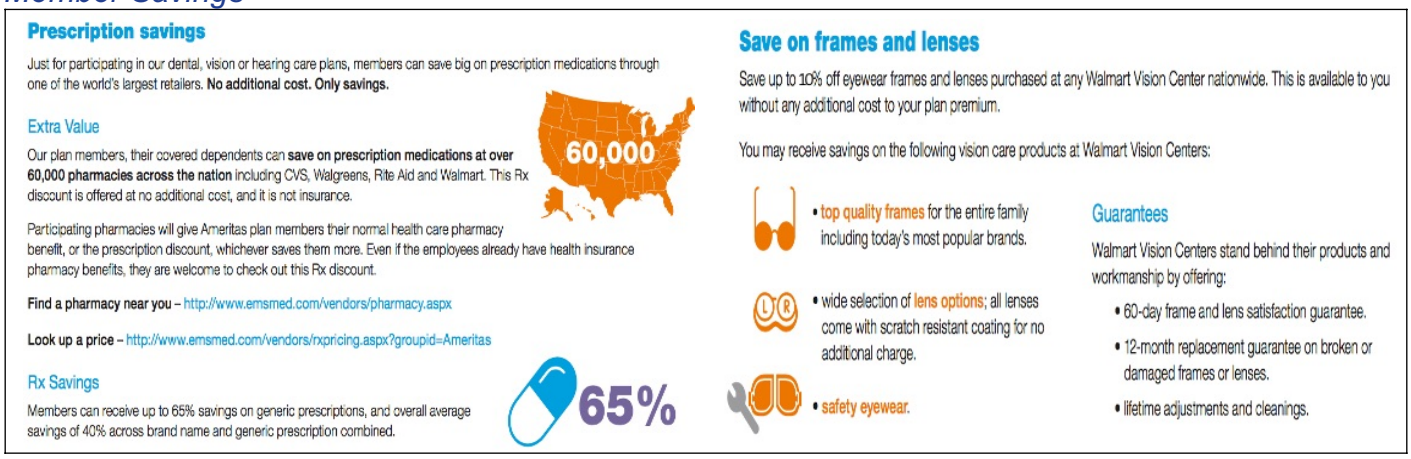
Provider Flexibility and Network Savings

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.



Member Savings



Customer Service

Customer Connections 877-667-6127 www.Ameritas.com
Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

This document is a highlight of policy benefits provided by Ameritas Life Insurance Corp. that you selected at enrollment. It is not the full policy and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, please refer to your policy.

Policy #:

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Dental Plan Benefits

Networks: Classic

Type 1 Preventive No Waiting Period	100%
	Routine Exam (2 per Benefit Period) Bitewing X-rays (1 per Benefit Period) Cleaning (2 per Benefit Period)
Type 2 Basic No Waiting Period	80-90%
	Simple Extractions Restorative Amalgams Restorative Composites
Type 3 Major No Waiting Period	20-50%
	Surgical Extractions Endodontics (nonsurgical) Periodontics (nonsurgical) Crowns (1 in 5 years per tooth) Endodontics (surgical) Periodontics (surgical) Prosthodontics (Bridges, Dentures) (1 in 5 years) Implants (1 in 5 years)

Deductible

Type 1	$0
Type 2 and 3	$50 per person, per benefit year
Family Maximum	When 3 family members satisfy their Deductible Amounts for this Benefit Period, no additional Deductibles will apply to any family members for the rest of this Benefit Period.

Benefit Period Maximum Amount

Type 2 and 3 (per person, per benefit year)	1st Benefit Period	$2,000
	2nd + Benefit Period	$2,500

Claims Allowance

Type 1, 2 and 3	Maximum Allowable Benefit

In network allowance is discounted fee

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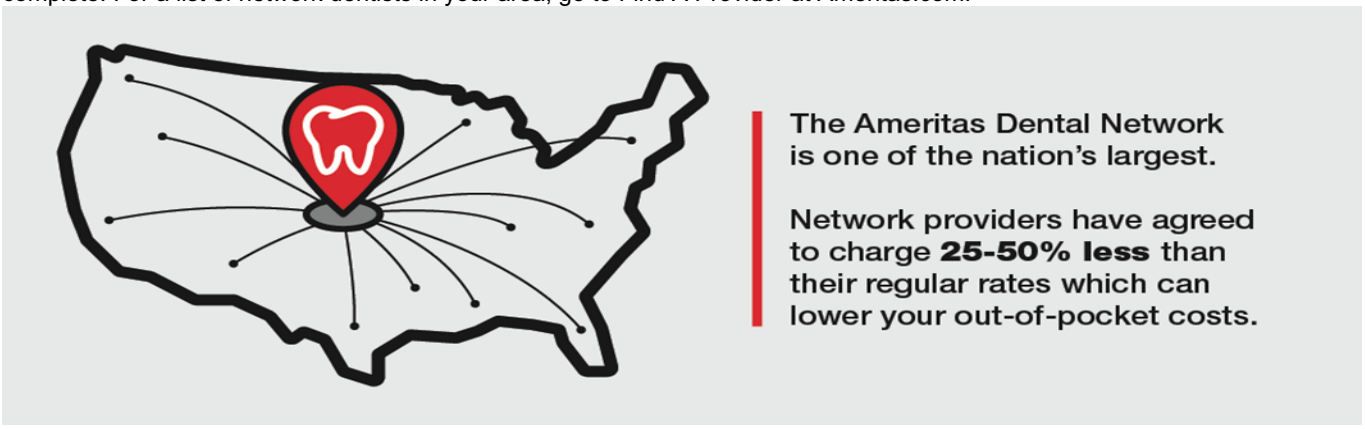
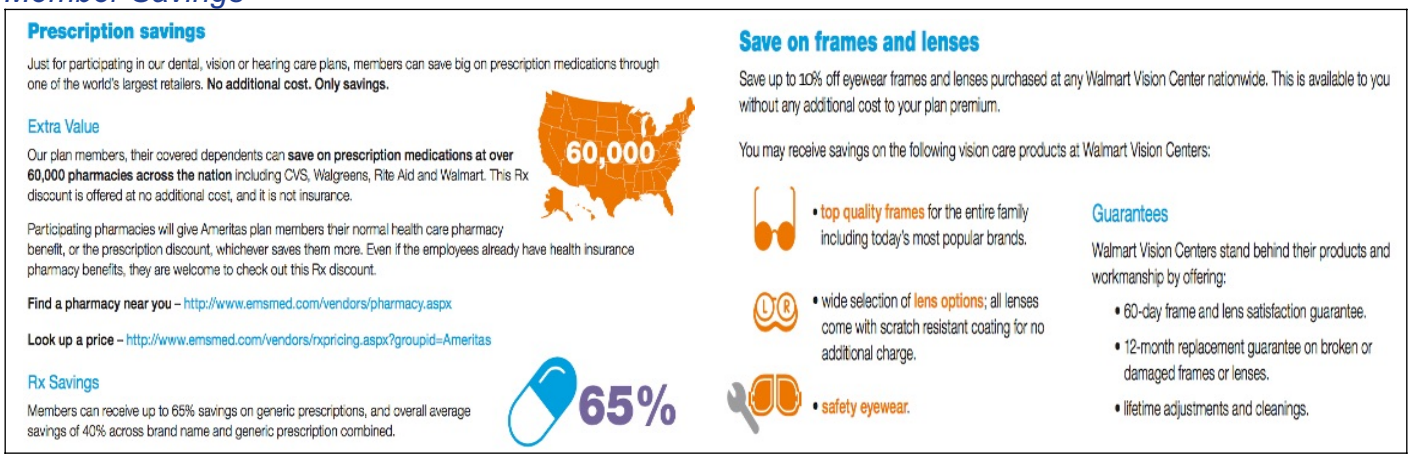


Member Savings



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