

Policy #:



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 bicusps) 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 <i>In network allowance is discounted fee</i>	Maximum Allowable Benefit
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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.



The Ameritas Dental Network is one of the nation's largest.

Network providers have agreed to charge **25-50% less** than their regular rates which can lower your out-of-pocket costs.

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, Rite Aid 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.emsmed.com/vendors/pharmacy.aspx>

Look up a price – <http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Ameritas>

Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.



Save on frames and lenses

Save up to 10% 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 **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.

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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 <i>In network allowance is discounted fee</i>	Maximum Allowable Benefit
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