



An Introduction to Core Dental & Vision Insurance

Exclusively from



Benefit Highlights

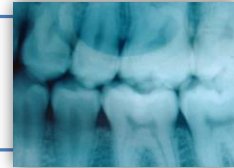
Type 1 - Preventive Dental Care

- Routine Exams
- Cleanings
- Fluoride Treatment



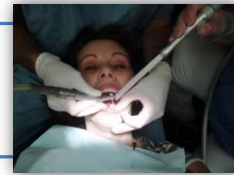
Type 2 - Basic Dental Care

- X-rays
- Extractions
- Fillings



Type 3 - Major Dental Care*

- Onlays
- Crowns or Crown Repair
- Root Canal



*Please note-There is a 6 month waiting period for Major Dental Care unless you have had prior dental coverage in the last 6 months

Orthodontia for dependent children

- Under the Platinum, Gold and Silver plans, orthodontic benefits are available for dependent children. Benefits are payable for orthodontic programs that are started before the dependent's 17th birthday. Waiting periods may apply.

The Platinum, Gold and Silver plans provide a \$1,000 lifetime maximum benefit per eligible dependent child, in addition to the plans annual maximum.

Core Dental Insurance (CDI) – Orthodontia Plan Allowances				
	Platinum Plan	Gold Plan	Silver Plan	Value Plan
Coinsurance	50%	50%	50%	No Ortho
Coverage for Adults	No	No	No	-
Lifetime Maximum (per person)	\$1,000	\$1,000	\$1,000	-
Waiting Period	12 months	12 months	12 months	-

Cosmetic Teeth Whitening

- Professional teeth bleaching, also referred to as whitening, has become a popular cosmetic procedure. With this benefit, plan members can enjoy having a healthy, white smile that will boost self-confidence and add sparkle to their appearance.

Tooth bleaching pays a benefit for the following services up to the maximum covered expense:

- Per arch bleaching (upper or lower) for ages 14 and over every 2 years
- Single tooth bleaching
- Internal bleaching to lighten a discolored tooth that has had root canal therapy

Dental Rewards®

- Is valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns Dental Rewards® by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Members and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year. When a claim is submitted, your EOB will include the status of your Dental Rewards®. Or, you may call our Claim Customer Service unit to ask about the status of your Dental Rewards®.

	All Plans
Threshold	\$500
Annual Carryover Amount	\$250
PPO Bonus (Annual bonus if PPO provider is used for all claims)	\$100
Maximum Rewards Accumulation	\$1,000

Increase Annual Maximum with Dental Rewards®

To be eligible for Dental Rewards®, file at least one claim in the given calendar year but not receive more than \$500 of benefit. This allows you to carry-over \$250/year into the next years annual maximum, for up-to 4 years. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost.

Base Individual Annual Maximum	Annual Maximum Potential with Dental Rewards®
Platinum Plan - \$2500	\$3500
Gold Plan - \$1500	\$2500
Silver Plan - \$1000	\$2000
Value Plan - \$1000	\$2000

Vision Correction LASIK

- Provides coverage for LASIK and related procedures, including standard LASIK, Custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). Members earn a lifetime benefit per eye over time. The benefit amount increases throughout a four-year period, with the highest coverage provided at year four. Members earn benefits for each eye and may not combine benefits earned for each eye to pay for a covered procedure for a single eye. The LASIK Advantage benefit is available to members age 18 and older. There is no network tied to this coverage.

Value, Silver, Gold & Platinum Plans	Lifetime Benefit Earned per Eye	
	After 12 months	After 24 months
	\$125 benefit/eye	\$250 benefit/eye

- There is a 12-month wait on LASIK benefits.** After 12-months, a \$125 benefit per eye is accrued. After 24-months, a \$250 benefit per eye is accrued. One lifetime benefit allowable per eye.

Benefit not included in state of WA

Vision & Hearing Benefits

- Apply a portion of dental maximum benefit towards annual eye exams, lenses, frames and contact lenses. Additional discounts are at no cost to plan members who use an EyeMed Access network at <https://www.eyemedvisioncare.com/locator/locator.emvc?execution=e1s1>

Vision Benefit: \$100 each calendar year towards covered vision expenses. This benefit is taken from the annual dental benefit maximum.

- Covered Vision Expenses
 - Annual eye exams
 - Lenses: single, bifocal, trifocal, lenticular and progressive
 - Contact lenses including fit and follow up
 - Discounts are available to plan members who use an EyeMed Access network provider
- Hearing Wellness Benefit
 - Included - \$75 exam per person per year.

Benefit not included in state of WA

Access the In-Network and Save

- **Greater Accessibility** with over 235,000 network providers nationwide
- **Experience the Value** in Ameritas' wholly-owned provider network. The Ameritas network is never leased or rented, maintaining the value for Ameritas clients
- **Save by using In-Network providers.** - Network providers have agreed to charge significantly reduced fees for services. *Save up to 40% through network providers or 25%, on average.*
- **No referrals necessary**
- **Higher benefit percentages** when you see an Ameritas network provider
- **Easily find providers** near you with the Ameritas Provider Search at <http://ameritas-dental.prismisp.com/>

Save up to 40% through network providers or 25%, on average.



State Availability						
STATE	Approved	Credit Cards	ETF	Check	No \$35 Enrollment Fee, Rates \$5 less	Pre-Appointment Required
AL	Yes	Yes	Yes	Yes		
AK	Yes		Yes	Yes		
AZ	Yes	Yes	Yes	Yes		
AR	Yes	Yes	Yes	Yes		
CA	Yes		Yes	Yes		
CO	Yes	Yes	Yes	Yes	No Fees	
CT	Yes	Yes	Yes	Yes		
DE	Yes	Yes	Yes	Yes		
DC	Yes	Yes	Yes	Yes		
FL	Yes	Yes	Yes	Yes	Different Rates	
GA	Yes	Yes	Yes	Yes		
HI	Yes	Yes	Yes	Yes		
ID	Yes	Yes	Yes	Yes		
IL	Yes	Yes	Yes	Yes		
IN	Yes	Yes	Yes	Yes		
IA	Yes	Yes	Yes	Yes		
KS	Yes	Yes	Yes	Yes		Pre-Appoint
KY	Yes		Yes	Yes	No Fees	
LA	Yes	Yes	Yes	Yes		
ME	Yes	Yes	Yes	Yes		
MD	Yes	Yes	Yes	Yes		
MA						
MI	Yes		Yes	Yes	No Fees	
MN	Yes	Yes	Yes	Yes		
MS	Yes	Yes	Yes	Yes		
MO	Yes	Yes	Yes	Yes		
MT	Yes	Yes	Yes	Yes		Pre-Appoint
NE	Yes	Yes	Yes	Yes		
NV	Yes	Yes	Yes	Yes		
NH	Yes	Yes	Yes	Yes		
NJ	Yes	Yes	Yes	Yes		
NM	Yes	Yes	Yes	Yes		
NY						
NC	Yes		Yes	Yes		
ND	Yes	Yes	Yes	Yes		
OH	Yes	Yes	Yes	Yes		
OK	Yes		Yes	Yes		
OR	Yes	Yes	Yes	Yes		
PA	Yes	Yes	Yes	Yes		Pre-Appoint
RI	Yes	Yes	Yes	Yes		
SC	Yes	Yes	Yes	Yes		
SD	Yes	Yes	Yes	Yes		
TN	Yes		Yes	Yes	No Fees	
TX	Yes	Yes	Yes	Yes		
UT	Yes	Yes	Yes	Yes		
VT	Yes	Yes	Yes	Yes		
VA	Yes	Yes	Yes	Yes		
WA	Yes	Yes	Yes	Yes		
WV	Yes	Yes	Yes	Yes		
WI	Yes	Yes	Yes	Yes		
WY	Yes	Yes	Yes	Yes		

Rates

Monthly Rates

Plan Level	Platinum	Gold	Silver	Value
Individual	\$51.00	\$41.00	\$31.00	\$21.00
Single & Dependents	\$122.75	\$99.40	\$75.82	\$57.01
Married, No Dependents	\$97.00	\$77.00	\$57.00	\$37.00
Family	\$168.75	\$135.40	\$101.82	\$73.01

*In CO, MI, TN, KY, \$5.00 per month premium discount applies to rates listed above!

*In CO, MI, TN, KY \$35 application fee is waived!

Monthly Rates (Florida Only)

Plan Level	Platinum	Gold	Silver	Value
Individual	\$45.25	\$36.19	\$28.38	\$16.50
Single & Dependents	\$98.69	\$77.13	\$58.69	\$30.25
Married, No Dependents	\$84.00	\$65.88	\$50.25	\$26.50
Family	\$137.44	\$106.81	\$80.56	\$40.25

Important Disclosures

Waiting Periods	There is a 6-month waiting period on ALL “Type 3 – Major” benefits. Orthodontia and LASIK benefits have a 12+ month waiting period.
Creditable Coverage Waiver	The 6 month wait period for type 3 major services can be waived with proof of prior qualified dental insurance that has been canceled within 30 days prior to enrollment.
Deductible	There is no deductible to meet <u>and</u> no year 1 benefit reductions!
Cleaning/Exam Notice!	Plans have 1 insurance benefit and unlimited network discount benefits per 12 months on cleanings/exams
Networks	Dental – Ameritas provider network Vision – EyeMed Access network provider
Billing Questions	Billing – InsuranceTPA.com – 800-279-2290
Claims/Benefits Questions	Claims/Benefits– Ameritas – 800-487-5553
Application Fee	\$35.00 – charged in first month only in addition to first premium payment. Application Fee not charged in CO, KY, MI, TN.
10-day Review	Each member has 10-days to review their policy. Written notice is needed to terminate their plan within 10-days from their effective date.
NO Credit Card States	Credit cards are not accepted in AK, CA, OK and NC. However, ETF from a checking account is accepted.
Upgrade/Downgrade	After 12 consecutive months on a plan, members are eligible for a plan upgrade. Members are allowed 1 downgrade per year.

Bonus Benefits!

<p>Orthodontia *not included on Value Plan</p>	<p>After a 12-month wait, there is a \$1,000 lifetime benefit for each dependent child to be used towards orthodontia. Ortho services must be started before the child's 17th birthday. This benefit is "in addition to" their annual maximum benefit. This benefit is subject to 50% coinsurance.</p>
<p>Cosmetic Whitening *not included on Value Plan</p>	<p>Cosmetic teeth whitening benefits are available for member over 14 years of age. These benefits vary by plan and are eligible every 2 years.</p>
<p>Dental Rewards®</p>	<p>Dental Rewards® is a unique feature that allows members to roll a portion of their un-used annual benefit maximum into their next plan year. To access this benefit, the member must have submitted at least one claim during that year for dental services. A maximum lifetime carryover of \$1,000 is allowed (\$250/yr for 4 years).</p>
<p>LASIK Vision Correction</p>	<p>After a 12-month wait, there is a lifetime benefit for LASIK vision correction available for members 18 years and older. After 12-months on the plan there is a \$125 benefit per eye. After 24-months on the plan there is a \$250 benefit per eye. This is a lifetime benefit meaning only one benefit per eye is allowed.</p>
<p>Vision Benefits</p>	<p>\$100 each calendar year towards covered vision expenses. This benefit is taken from the annual dental benefit maximum. Benefit can be used on/towards Exams, Frames, Lenses, contacts. Additional savings and discounts for members who use <u>EyeMed Access network provider</u>.</p>
<p>Hearing Benefits</p>	<p>\$75 per person per year towards a hearing exam. Not available in Washington.</p>