

20/20 Plus Plan[®] details

Plan A

No deductible, waiting or elimination periods for vision, dental or hearing care benefits. "Annual" = calendar year

Vision Benefits	Plan Benefit
Exam	Up to \$50
Frames*	Not Covered
Plastic Lenses* (including single vision, bifocal, trifocal and progressive)	Not Covered
Contacts	Not Covered

*Members may receive a savings on eyewear frames and lenses purchased at any Walmart Vision Center nationwide.

Dental Benefits	Plan Benefit
Annual Exam - Periodic / Comprehensive	Up to \$25
Annual X-Rays - Bitewings, 2 Films	Not Covered
X-Rays - Panoramic / Full Mouth Series	Not Covered
Annual Cleaning - Adult	Not Covered
Annual Cleaning - Child	Not Covered
Annual Fluoride - Child	Not Covered
Sealants, Per Tooth	Not Covered
Resin Fillings, One Surface	Not Covered
Extractions, Simple	Not Covered
Extractions, Surgical	Not Covered
Root Canals	Not Covered
Crowns, Bridges, Dentures	Not Covered
Periodontics	Not Covered
Orthodontia	Not Covered

Ameritas Dental Network savings available in most states. For a complete list of covered procedures, please refer to your policy.

Hearing Care Benefits	Plan Benefit
Exam	Up to \$75
Members receive additional value with an EPIC alliance provider.	

Rx Savings

Walmart and Sam's Club pharmacies offer the everyday low price of \$4 on hundreds of generic prescriptions. With this plan, members can save approximately 40% off other generic drugs and 10-15% off most brand name prescriptions. Sam's Club membership is not required to use the pharmacy.

This Plan Details document is a highlight sheet only. Please review the Outline of Coverage along with the Application Form or send an email to sales@hpsameritas.com to request a sample policy. Your actual policy will be the full legal description of your benefits.

Certain plans and plan options may not be available in all areas.

The plan described in this document is marketed and insured by Ameritas Life Insurance Corp. and administered by HealthPlan Services.

Vision Limitations:

Covered Expenses will not include and no benefits will be payable for expenses incurred for:

1. Examinations performed or frames or lenses ordered before the Insured was covered under this section.
2. Any examination performed or frame or lens ordered after the Insured's coverage under this section ceases, subject to Extension of Benefits.
3. Sub-normal vision aids; orthoptic or vision training or any associated testing.
4. Non-prescription lenses.
5. Replacement or repair of lost or broken lenses or frames except at normal intervals.
6. Any eye examination or corrective eyewear required by an employer as a condition of employment.
7. Medical or surgical treatment of the eyes.
8. Any service or supply not shown on the Schedule of Eye Care Services.
9. Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.

Dental Limitations:

Dental Expenses will not include, and benefits will not be payable, for any of the following:

1. Expenses in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application.
2. Appliances, restorations, or procedures to do any of the following:
 - a. Alter vertical dimension.
 - b. Restore or maintain occlusion.
 - c. Splint or replace tooth structure lost as a result of abrasion or attrition.
3. Any procedure begun after the insured person's insurance under this contract terminates.
4. To replace lost or stolen appliances.
5. Any treatment which is for cosmetic purposes.

6. Any procedure not shown in the Table of Dental Procedures. (Frequency and other limitations may apply. Please see the Table of Dental Procedures for details.)
7. Orthodontic treatment unless orthodontic expense benefits have been included in this policy. Please refer to the Schedule of Benefits and Orthodontic Expense Benefits provision.
8. Expenses for which the Insured person is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of employment.
9. Charges which the Insured person is not liable or which would not have been made had no insurance been in force, except for those benefits paid under Medicaid.
10. Services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.
11. Because of war or any act of war, declared or not.

Hearing Limitations:

Covered Expenses will not include and no benefits will be payable for expenses incurred for:

1. Medical or surgical treatment of any part of the ear, including but not limited to, cochlear implants, or tubes in the ears.
2. Which the Insured person is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any hearing loss caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit, including an occupational hearing loss.
3. Charges for which the Insured person is not liable or which would not have been made had no insurance been in force.
4. Any procedure not shown in the Schedule of Hearing Care Services.
5. Any treatment which is for cosmetic purposes.
6. Assistive hearing devices not listed in the Schedule of Hearing Care Services, such as phone amplification, cellular phone amplifier, hearing aid dehumidifier, loop system, etc.
7. Charges for services not provided by a licensed provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor), within the scope of that license.
8. Services which are not related to a conductive or sensorineural hearing loss, such as any nonorganic hearing loss or occupational hearing loss.
9. Charges for a hearing screening performed as a part of or in the course of any non-hearing routine examination.
10. Because of war or any act of war, declared or not.
11. Removal of foreign bodies or ear wax from the ear or any part of the ear.

HealthPlan Services

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This highlights brochure is not a contract, certificate of insurance or guarantee of coverage. Waiting periods, exclusions and limitations may apply. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-08, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 11-09) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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