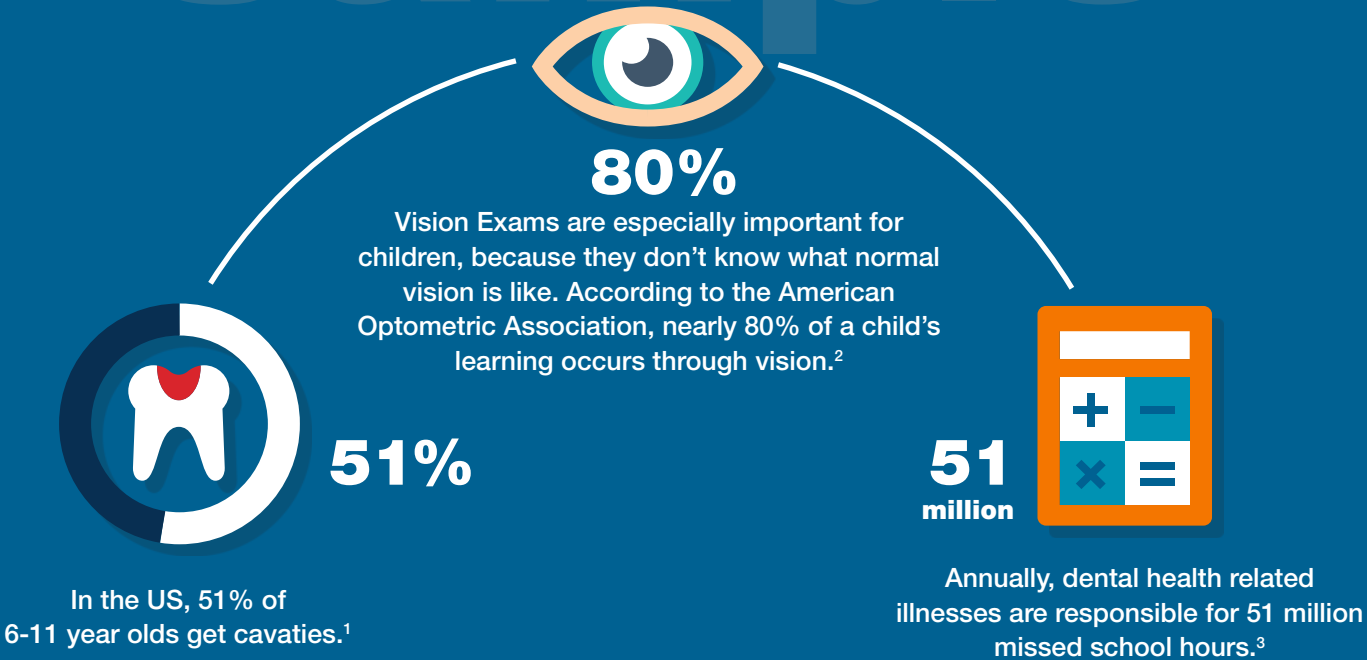




Your Ameritas Dental and Vision Benefits

Before your enrollment deadline, give dental and vision insurance some serious thought. Dental and vision insurance are just as important to a lifetime of good health as your medical plan. You owe it to yourself and your family to take a closer look at how your insurance plan works.



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Your Ameritas Dental Plan

You have two dental plans to choose from. The High Plan has greater benefits for basic and major services, and a larger annual maximum. Both plans provide 100% coverage for preventive care.

Your Plan Options	Low Plan	High Plan
What the plan pays	In Network / Out of Network	In Network / Out of Network
Maximum (per person)	\$1,000 / Calendar Year	\$1,200/\$1,000 / Calendar Year
Type 1 Preventive Exams, Cleanings, Bitewing X-Rays, Flouride and Sealants for children	100%	100%
Type 2 Basic Simple Extractions, Fillings, Endodontics & Periodontics (high plan)	80% / 50%	90% / 80%
Type 3 Major Endodontics & Periodontics (low plan), Complex Extractions, Crowns, Dentures, Anesthesia	50% / 25%	60% / 50%
Deductible	\$5 / Visit Type 1 \$50 / Calendar Year Type 2&3 No Family Maximum	Waived Type 1 \$50 / Calendar Year Type 2&3 \$150 Family Maximum
Monthly Rates	Low Plan	High Plan
Employee Only		
Employee & Spouse		
Employee & Children		
Employee, Spouse & Children		




Ameritas Rewards®

Each year you submit at least one dental claim and keep your total amount of benefits paid under \$500, you qualify to carry over \$250 in benefit dollars to the following year. If you visit an Ameritas network provider, you earn an additional \$100 in rewards.

Annual Benefit Threshold	\$500
Annual Maximum Benefit	\$1,200
Dental Rewards Carry Over	+ \$250
PPO Bonus Carry Over	+ \$100
Next Benefit Year's Annual Maximum Benefit + Ameritas Rewards + PPO Bonus	= \$1,550

LASIK Advantage

Increasing Lifetime Benefit Earned Per Eye

Year 1: \$0		
Year 2: \$200 total		\$100 per eye / \$200 total
Year 3: \$500 total		\$250 per eye / \$500 total
Year 4+: \$1,000 total		\$500 per eye / \$1,000 total

Your Ameritas dental plan includes LASIK Advantage benefits, making it more affordable for you to access a number of popular, well-established laser vision correction procedures. You can also use \$100 of your Ameritas rewards toward LASIK expenses.

Your Ameritas Vision Plan

Your Ameritas vision plan provides benefits that help pay for eye exams and eyewear. You also receive valuable VSP discounts and can even save money on laser vision surgery.

What the Plan Pays	At a VSP Choice Network Provider	At an Out-of-Network Provider
Annual Exam	Covered in full after \$10 exam deductible	Up to \$45 after \$10 exam deductible
Single Vision Lenses	Covered in full	Up to \$30
Bifocal Lenses	Covered in full	Up to \$50
Trifocal Lenses	Covered in full	Up to \$65
Lenticular Lenses	Covered in full	Up to \$100
Progressive Lenses	Up to Lined Bifocal allowance	Up to Lined Bifocal allowance
Frames	\$130 (after \$10 frame deductible)	Up to \$70 (after \$10 frame deductible)
Contacts (standard) fit & follow up exam	Your cost is up to \$60	No benefit
Contacts (elective)	Up to \$130	Up to \$105
Contacts (medically necessary)	Covered in full	Up to \$210

Benefit Frequencies: You get an exam every 12 months and glasses OR contacts every 12 months.

Monthly Rates
Employee Only
Employee & Spouse
Employee & Children
Employee, Spouse & Children

VSP Choice Network

You have the freedom to choose the provider who's right for you. Keep in mind, when you visit a VSP provider your out-of-pocket expenses are lower and there are no claim forms to complete.



VSP is accepted by more than **38,000** doctors nationwide

VSP offers the nation's largest network of independent doctors. Choose your provider from over 83,000 access points and more than 5,000 retail locations including:



When you visit a VSP provider, not only do you enjoy convenience and service, you'll save more than if you see an out-of-network provider.



20% off remaining frame balance



20-25% off on covered lens options such as UV coating & polycarbonate



20% off non-covered complete prescription glasses



15% off LASIK and PRK laser surgery retail price or



5% off promotion price

Based on applicable laws, reduced costs may vary by doctor location.

Here to Help

Once enrolled, visit ameritas.com – Account Access and sign into your secure member account for plan information. The secure member account gives instant access to not only ID cards, but also plan benefits, certificate of coverage, claims information and remaining benefits. If you have questions about your plan benefits, call our customer connections team.

Claims, benefit and provider network questions:

group@ameritas.com | 800-487-5553

Monday - Thursday, 7 a.m. – Midnight (CST) | Friday, 7 a.m. – 6:30 p.m. (CST)

Limitations and Exclusions

Dental

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

- for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within ten years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is covered, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's 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 any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.

Vision

This plan has the following limitation:

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

This plan does not cover:

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.

All rates are effective _____, and are guaranteed for _____ years.

¹ Source: CDC Trends in Oral Health Status

² Source: US Department of Health and Human Resources, Oral Health Annual Report

³ Source: The Vision Council 2016

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This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Rev. 07-16) are issued by Ameritas Life. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2018 Ameritas Mutual Holding Company.