Dental benefits are our specialty, and we work hard to make a plan that works for you.

Two benefits – dental and vision – combined into one plan that lets you and your family receive the care you need most.

Your annual maximum has been combined into one amount. This plan's annual maximum benefit is \$1,750 for each person covered on your plan, and you get to choose how to spend it. You can use it all toward dental expenses, or you can use up to \$150 for eyeglasses/contacts and the remainder on dental.

Ameritas Dental Network

one of the 5 largest in the nation





reduced out-of-

pocket expenses



quality assurance requirements

network dentists typically charge up to 20-40% below average for their region

Source: Netminder 2016.

Network Savings

You want quality dental services at a price you can afford. Your dental plan gives you access to dentists in your area who provide excellent service. And they've agreed to charge you a reduced fee. **To find a network provider in your area, visit ameritas.com**—**Find a Provider.**

* Increasing Incentive Coinsurance

We believe that you should be rewarded for your loyalty. That's why we offer plans featuring increasing incentive coinsurance. Submit a covered dental claim each year, and your benefits increase automatically on Basic (Type 2) procedures.

Benefit Summary	Group Policy #010-350950 effective 4/1/18-3/31/21	
Dental Maximum (per person)	\$1,750 **This is the minimum annual maximum, Dental Rewards can also be applied. (see back page)	
Vision Maximum (per person)	\$150	
Deductible	\$0 on Type 1 \$50/calendar year on Type 2 & 3	
Type 1 Preventive Procedures	Plan Pays	
Exams (2 per benefit period) Bitewing x-rays (2 per benefit period) Full Mouth/Panoramic x-rays (1 in 5 years) Periapical x-rays Cleaning (4 per benefit period) Fluoride for Children 18 and under (2 per benefit period) Sealants (age 18 and under) Space Maintainers	Covered at 100%	
Type 2 Basic Procedures	In-network	Out-of- network
Restorative Amalgams Restorative Composites	80% year 1	
Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Anesthesia Denture Repair Simple Extractions Complex Extractions	90% year 2 100% year 3+ *See increasing incentive coinsurance	80%
Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Anesthesia Denture Repair Simple Extractions	90% year 2 100% year 3+ *See increasing incentive	80%
Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Anesthesia Denture Repair Simple Extractions Complex Extractions	90% year 2 100% year 3+ *See increasing incentive coinsurance	80%
Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Anesthesia Denture Repair Simple Extractions Complex Extractions Type 3 Major Procedures Implants Inlays/Onlays Crowns (1 in 5 years per tooth) Crown Repair Prosthodontics, i.e. fixed bridge, removable complete/	90% year 2 100% year 3+ *See increasing incentive coinsurance	

Please consult your sales representative for plan options In RI.





Dental Rewards[®]

Simply by visiting a dental provider each year and submitting a claim, while keeping total benefits received for that year at or below the plan's annual benefit threshold amount, you can earn Dental Rewards to help pay for more expensive dental procedures in the future. Each person covered on your plan has his or her own annual maximum benefit and rewards bucket.

PPO Bonus for Going In-Network

When you visit an Ameritas Dental Network provider, you receive an additional PPO Bonus carry over amount.

Example: Dental Rewards in Action

Annual benefit threshold Members qualify for rewards carry over when dental claims paid for the year are at or below this amount.	\$750
Annual maximum benefit The max amount the plan already pays each year toward each member's dental claims.	+ \$1,750
Dental Rewards carry over The amount members can qualify for and add to their next year's annual maximum benefit.	+ \$400
PPO Bonus carry over An additional amount earned when visiting an Ameritas dental network provider.	+ \$200
Next benefit year's Annual Maximum Benefit + Dental Rewards + PPO Bonus	= \$2,350
Maximum rewards accumulation This is the maximum accumulation amount for Dental Rewards and PPO Bonus combined at any one time.	\$1,200

Added Value

Rx Savings:

You and your 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.

Eyewear Savings:

Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center.

To receive the discount, visit ameritas.com and sign in to (or create) a secure member account, where you can access and print your Rx or Eyewear Savings ID card.

How to Submit a Vision Claim

Pay the provider for services. Complete the Ameritas Vision group claim form GC325 and send it in for reimbursement, along with your itemized/detailed receipts. (Remember to keep a copy of receipts for your records.) Claim must be filed within 90 days after completion of the service.

Ameritas Life Insurance Corp.

Claims Office P.O. Box 82520 Lincoln, NE 68501-2520 group@ameritas.com

We're Here to Help

Our customer relations associates will be pleased to assist you 7 a.m. to Midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. Just call toll-free: 800-487-5553.

*PPO Bonus not available in RI.

87.3% of members in Ameritas dental, vision or hearing plans a year ago are still with us today. Here's why:



87% of phone calls answered within 30 seconds

Claims processing accuracy exceeds



English and Spanish, multilingual interpretation



Claims processed in an average of 9 business davs

This brochure highlights the dental and vision coverage available through Ameritas Life Insurance Corp. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.





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