



AlSCO Inc. Employee Dental and Vision Benefits





We're Proud to Protect Your Smile and Sight

Dental and vision insurance is just as important to a lifetime of good health as your medical plan. But caring for your teeth and eyes, and making sure your loved ones have good oral and vision care, can be expensive. You can offset these expenses by taking advantage of Ameritas dental and vision benefits exclusively for AlSCO Inc. employees and their families.

As you review options during open enrollment, you can call the **Ameritas Enrollment Support Welcome Line toll-free at 877-313-0033 between October 15 and December 31, 2019** to ask questions about the dental and vision plans, how work in progress will be handled when the Ameritas plan goes into effect January 1, 2020, finding a network provider, and more.



See any dentist. Your Ameritas dental plan allows you and your family members to receive care from any licensed dental provider, regardless if they are in- or out-of-network.

You do not need to switch providers. Family members do not need to see the same dentist.



Save money. Dentists in the Ameritas network have agreed to a contracted fee. They charge you 25-50% less than their regular rates. Many of them also offer discounted fees on non-covered dental services as allowed by state law. Network provider charges are guaranteed to be below the plan allowance.



Avoid paperwork. When visiting a network provider, there are no claim forms to submit. You simply make the appointment and show up. Out-of-network dentists may also submit claims as a courtesy.



Exceptional network. The Ameritas Dental Network is one of the nation's largest. Plus, now you can visit dental providers in Mexico and still receive coverage. Locate network providers in your area at ameritas.com – Find a provider.

Dental benefit



Dental plan summary

Maximum Benefit Per person per calendar year	\$1,500
Deductible Per person per calendar year	\$0 Type 1 Preventive \$50 Type 2 Basic and Type 3 Major Procedures \$150 Family maximum
Waiting Period	12 months on Type 3 Major Procedures This waiting period is waived for anyone enrolling in the plan effective 1/1/2020
Type 1 Preventive Exams, X-rays, cleanings, space maintainers, fluoride and sealants for children	Maximum Covered Expense (Please see schedule of benefits)
Type 2 Basic Fillings, extractions, endodontics, periodontics, anesthesia	
Type 3 Major Inlays, onlays, crowns, crown repair, implants, bridges, dentures	
Adult and Child Orthodontia Plan benefit Lifetime maximum per person Waiting Period	50% \$1,000 12 months This waiting period is waived for anyone enrolling in the plan effective 1/1/2020

Using your dental benefits is pain-free

1. Save by using a network provider. Find a provider near you at Alsco.ameritasgroup.com.
2. Schedule an appointment and tell them you have Ameritas dental insurance. They may request your ID card.
3. Your network provider will send you a bill after your service. To view your claim status, access your member account at ameritas.com.



1.



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3.

AlSCO Inc.

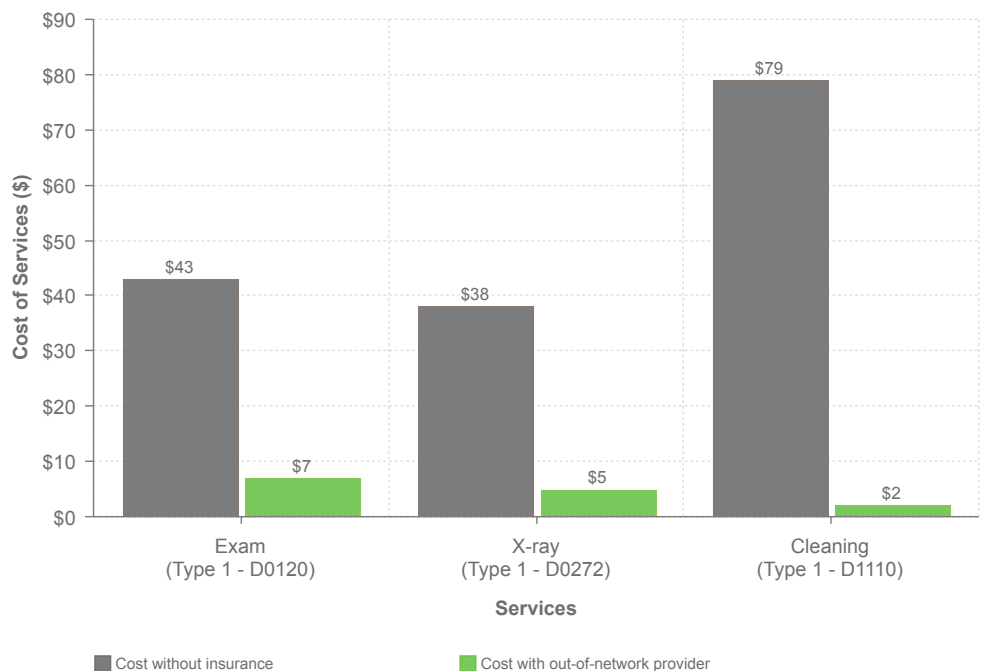
Sample Covered Procedure Summary: For illustrative purposes, we have provided a small sampling of procedures covered under the plan along with the amount allowed for each sample procedure. For a complete list of all covered procedures, amounts allowed, frequencies and limitations that may apply, please visit AlSCO.ameritasgroup.com and click on the Schedule of Dental Benefits under Tools and Resources in the center of the page. A complete certificate of coverage will also be available online for all enrolled members.

Type 1 Sample Procedures		Maximum Covered Expense
#D0120	Routine Exam (2 per benefit period)	\$36.00
#D0274	Bitewing x-rays, four radiograph images (2 per benefit period)	\$51.00
#D0210	Full Mouth X-Rays (1 in 3 years)	\$116.00
#D0330	Panoramic X-Ray (1 in 3 years)	\$93.00
#D1110	Adult Cleaning (2 per benefit period)	\$77.00
#D1120	Child Cleaning (2 per benefit period)	\$54.00
#D1206	Fluoride for Children 17 and under (1 per benefit period)	\$29.00
#D8210	Removable Appliance Therapy (Space Maintainers for thumb sucking)	\$410.00
Type 2 Sample Procedures		
#D1351	Sealants, per tooth, age 15 and under (1 per 36 months for permanent molars on occlusal surfaces)	\$35.00
#D2160	Restorative Amalgams, three surfaces, primary Or permanent	\$123.00
#D2394	Restorative Composites, three surface posterior	\$187.00
#D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$761.00
#D4210	Periodontics: Gingivectomy or gingivoplasty, four or more contiguous teeth or tooth bounded spaces per quadrant	\$321.00
#D4341	Periodontal scaling and root planning, four or more teeth per quadrant	\$165.00
#D5511	Denture Repair: repair broken complete denture base, mandibular	\$101.00
#D7140	Extraction, erupted tooth	\$89.00
#D7240	Removal of impacted tooth, completely bony	\$333.00
#D9222	Deep sedation/general anesthesia, first 15 minutes (available with a cutting procedure)	\$103.00
Type 3 Sample Procedures		
#D2643	Onlay, porcelain/ceramic- three surfaces	\$470.00
#D2752	Crown – porcelain fused to noble metal (1 in 5 years per tooth)	\$452.00
#D2980	Crown Repair necessitated by restorative material failure	\$82.00
#D5110	Complete denture – maxillary	\$524.00
#D6240	Pontic, porcelain fused to high noble metal (1 in 5 years)	\$477.00
#D6750	Retainer crown, porcelain fused to high noble metal	\$516.00

Dental benefits can have a positive impact on your out-of-pocket costs. A preventive visit with an exam, cleaning and X-ray is about \$160 without insurance. With these dental benefits, your cost would be \$14 with an out-of-network provider. **If visiting a network provider, you pay nothing for these services.**

* This example shows estimated amounts for ZIP Code 841XX. The amount insurance covers is calculated from the plan's schedule of benefits.

Out-of-pocket cost example*



Vision benefit



Vision plan summary

	In-network	Out-of-network
Benefit Frequencies		
Exam		Every 12 months
Eyeglass lenses or contacts		Every 12 months
Frames		Every 24 months
Deductible	\$10 Exam	
Per person per calendar year	\$25 Eyeglass lenses	No deductible
Annual Eye Exam	100%	Up to \$35
Lenses		
Single vision	100%	Up to \$25
Bifocal	100%	Up to \$40
Trifocal	100%	Up to \$55
Lenticular	20% Discount	No benefit
Progressive	Member cost: \$65 + lens deductible	No benefit
Frames	\$130	Up to \$65
Contacts		
Elective	Up to \$130	Up to \$104
Fit & follow-up exam	Standard: member cost up to \$55 Premium: 10% off retail	No benefit
Lens Options and Coatings, Member Cost		
Std. polycarbonate	\$40	No benefit
Tints & dyes (except pink I & II)	\$15	No benefit
Scratch resistant	\$15	No benefit
Anti-reflective	\$45	No benefit
Ultraviolet	\$15	No benefit

EyeMed vision network

EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Find EyeMed Access Network providers at eyemed.com.

Take advantage of EyeMed provider discounts, including 20% off the remaining frame balance, materials not covered by the plan, and non-prescription sunglasses.

Have you always dreamed of better vision without glasses or contacts? Make your dream a reality by using your EyeMed laser vision correction discount for LASIK or PRK procedures.

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

Using EyeMed Benefits

Using your vision benefits is easy



1. Find an EyeMed network provider



2. Schedule an appointment



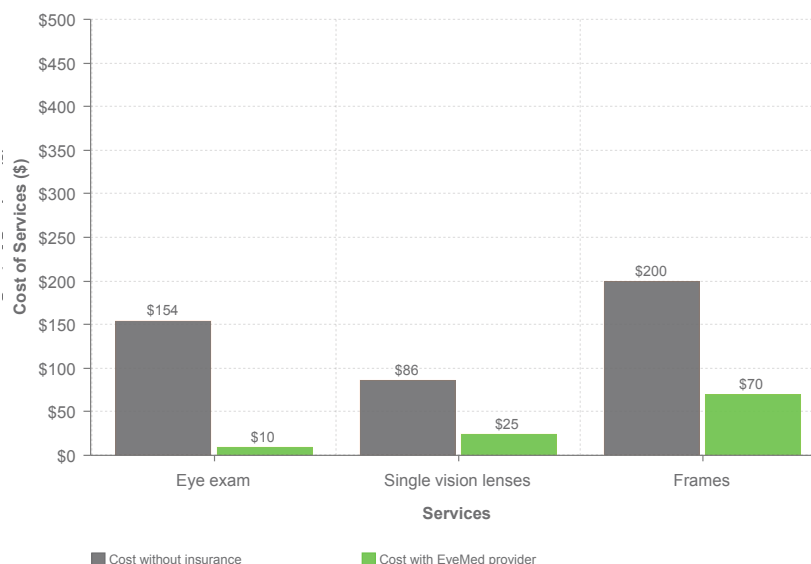
3. Enjoy clear vision and healthy eyes



Save money

Vision insurance can help offset some of the costs of exams and help you afford the latest in eyewear. Take a look at the impact vision benefits can have on your out-of-pocket costs in the sample below.

Out-of-pocket cost example



Check with your vision provider for costs of services and materials.
*Cost estimates from All About Vision 2016.

Here to help

Our claims contact center associates have earned **BenchmarkPortal's Center of Excellence award since 2006**, an achievement held only by a handful of other companies.



Overall caller satisfaction score of 4.7 out of five



99% claims processing accuracy



English and Spanish, multilingual interpretation



Claims processed in an average of 9 business days

After your plan goes into effect on January 1, 2020:

Dental claims, benefit and provider network questions:

877-495-5581

group@ameritas.com | 800-487-5553

Monday - Thursday, 7 a.m. – Midnight (CST)

Friday, 7 a.m. – 6:30 p.m. (CST)

EyeMed Customer Care Center:

866-289-0614

Monday through Saturday, 7 a.m. to 10 p.m. (CST)

Sunday, 10 a.m. to 7 p.m. (CST)

¿en español? Ameritas offers Spanish-speaking claims center representatives and a variety of Spanish documents, as well as telephone interpretation services in a wide range of languages.

Worldwide support. AXA Assistance provides you with dental and vision provider referrals and appointment coordination when you're traveling outside the U.S. AXA has offices in more than 30 countries, answering calls 24 hours a day. Immediately after a call comes in, an assistance coordinator assesses the situation, provides credible provider referrals and can even help with making the appointment. Access AXA contact details via your secure member account at ameritas.com.

Dental health report card. Find out where your dental health stands and how to improve it. After 12 months of using your dental benefits, Ameritas will provide you with a dental health report card. It was developed through the University of Nebraska Medical Center College of Dentistry and includes feedback on your dental health status and dental care tips specific to you.



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. The Ameritas Dental Network is not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. This piece is not for use in New Mexico. This information is provided by, and group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) are issued by Ameritas Life Insurance Corp. 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. © 2019 Ameritas Mutual Holding Company.