

# Edge Series Dental Plan Comparison



Edge Series dental plans provide the benefits and coverage options you need to build the perfect plan.

| Product  | Edge Plus Plan A   | Edge Simple  |
|--|--|--|
| Coinsurance  | 100-80-50  | 100-80-50  |
| Deductible<br>(person/family)<br>Waived for Preventive | \$25/\$75<br><b>\$50/\$150</b><br>\$75/\$225   | \$25/\$75<br><b>\$50/\$150</b><br>\$75/\$225                 |
|  | Options include benefit year or lifetime. Lifetime deductible is one-time, per-person, with no family maximum.   |  |
| Claim Allowance  | Maximum Allowable Benefit<br><b>75th U&amp;C</b><br>90th U&C   | Maximum Allowable Benefit<br><b>75th U&amp;C</b><br>90th U&C |
|  | In-Network paid at Maximum Allowable Charge   Out-of-Network paid at Maximum Allowable Benefit, 75th or 90th U&C |  |
| Benefit Year Maximum                                   | Year 1/Year 2/Year 3+<br><b>\$750/\$1,000/\$1,500</b><br>\$1,000/\$1,500/\$2,000                                 | Year 1+<br><b>\$1,000</b><br>\$1,500                         |
| Dental Rewards   | No   | Yes  |
| Endo/Perio Placement                                   | <b>Basic</b><br>or<br>Major  | <b>Basic</b><br>or<br>Major                                  |
| Child Ortho Coinsurance                                | 50   | 50   |
| Child Ortho Lifetime Maximum                           | No Benefit<br>or<br><b>\$1,000</b>   | No Benefit<br>or<br><b>\$1,000</b>                           |

**bold** = default

| 12 Month Waiting Period for Major? | Prior Coverage     |          | No Prior Coverage  |          |
|------------------------------------|--------------------|----------|--------------------|----------|
|                                    | Initial Enrollment | New Hire | Initial Enrollment | New Hire |
| 3-9 Eligible Lives                 | No                 | Yes      | Yes                | Yes      |

| 12 Month Waiting Period for Child Ortho? | Prior Coverage     |          | No Prior Coverage  |          |
|--|--------------------|----------|--------------------|----------|
|  | Initial Enrollment | New Hire | Initial Enrollment | New Hire |
| 3-9 Eligible Lives                       | Yes                | Yes      | Yes                | Yes      |

| 12 Month Waiting Period for Child Ortho and Major? | Prior Coverage     |          | No Prior Coverage  |          |
|--|--------------------|----------|--------------------|----------|
|  | Initial Enrollment | New Hire | Initial Enrollment | New Hire |
| 10+ Eligible Lives                                 | No                 | No       | No                 | Yes      |

Edge Series products are not available in MA, MD, NM, NY or WA

## Edge Series: flexible dental plan design options

- Ameritas Dental Network (where available): With our dental plans, members can receive care from any dentist they choose. However, with one of our Classic dental network providers, their out-of-pocket costs almost always will be less
- Choose from deductible amounts that apply to Basic and Major, but not Preventive services
- Flexible out-of-network claim allowance lets you create a more passive network plan (75th or 90th U&C), or a claim allowance reflecting in-network fees called MAC (Maximum Allowable Charge), based on where the service is performed; out-of-network it's called MAB (Maximum Allowable Benefit)
- Available on Edge Simple only, enjoy a unique bonus feature like Dental Rewards®, an increasing annual maximum benefit rewards program
- All plans include a non-insurance prescription savings card, eyewear savings on glasses, and hearing aid and Jabra audio products savings

## Dental Rewards: an example of how it works

The Edge Simple dental plan includes a valuable feature that allows qualifying members to carry over part of their unused benefit year maximum. A member earns Dental Rewards by submitting at least one dental claim during the benefit year, while staying at or under a \$500 threshold amount for benefits paid each year. In addition, a person earning dental rewards who submits a claim for services received through an Ameritas dental network provider earns an additional PPO Bonus carry over of \$100. The PPO Bonus is not available in MT, RI or TX.

Members may accumulate Dental Rewards and PPO Bonus carry over up to a maximum of \$1,000 to use after their existing benefit year maximum is used. Applies to each covered member.

## Covered procedure summary

| Preventive  | Basic   | Major   |
|---|---|---|
| <ul style="list-style-type: none"><li>• Routine Exam (1 in 6 months)</li><li>• Bitewing X-rays (1 in 6 months)</li><li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li><li>• Periapical X-rays</li><li>• Cleaning (1 in 6 months)</li><li>• Fluoride for Children under age 19 (1 in 12 months)</li><li>• Space Maintainers</li><li>• Sealants</li></ul> | <ul style="list-style-type: none"><li>• Restorative Amalgams</li><li>• Restorative Composites</li><li>• Simple Extractions</li><li>• Root Canals/Endodontics &amp; Gum Disease/Periodontics (can be moved to Major)</li></ul> | <ul style="list-style-type: none"><li>• Denture Repair</li><li>• Onlays/Inlays</li><li>• Crowns (1 in 5 years per tooth)</li><li>• Crown Repair</li><li>• Surgical Extractions</li><li>• Prosthodontics (fixed bridge, removable complete/partial dentures) (1 in 5 years)</li><li>• Anesthesia</li></ul> |

# Edge Series Vision Plan Comparison



Three base plans have flexible plan design elements so you can build a vision quote to fit your needs.

| Product                      | Edge Focus®   |  | Edge ViewPointe®  |   |
|------------------------------|---|--|---|---|
| Network                      | VSP Choice Network + Affiliates   | Out-of-Network   | EyeMed Insight Network  | Out-of-Network  |
| Deductible                   | \$10-Exam, \$10-Materials, Both Annual<br><b>\$10-Exam, \$25-Materials, Both Annual</b><br>\$20-Exam, \$20-Materials, Both Annual |  | \$10-Exam, \$10-Materials, Both Annual<br><b>\$10-Exam, \$25-Materials, Both Annual</b><br>\$20-Exam, \$20-Materials, Both Annual |   |
| Frequency                    | 12/12/12 months<br><b>12/12/24 months</b>   |  | 12/12/12 months<br><b>12/12/24 months</b>   |   |
| Frame/Contact Lens Allowance | \$100/\$115<br><b>\$130/\$130</b><br>\$150/\$150<br>\$180/\$180   | \$70/\$100 or \$105<br><b>\$70/\$105</b><br>\$70 or \$75/\$120<br>\$70/\$145 or \$90/\$144 | \$100/\$115 Insight H<br><b>\$130/\$130 Insight H</b><br>\$150/\$150 Insight H<br>\$180/\$180 Insight H                           | \$65 or \$104/\$104<br><b>\$65 or \$104/104</b><br>\$75 or \$120/\$120<br>\$90 or \$144/\$144 |

Out-of-network frame/contact lens allowance dependent on chosen deductible and/or 12 or 24 month frame frequency.

**bold** = default

| Product         | Edge Vision Perfect®                   |
|-----------------|--|
| Network         | No Network                             |
| Deductible      | None                                   |
| Annual Maximum  | None<br>\$100<br><b>\$150</b><br>\$200 |
| Frequency       | <b>None</b><br>12/12/24 months         |
| Frame Allowance | <b>None</b><br>Up to \$80              |
| Exam Allowance  | <b>None</b><br>Up to \$50              |

**bold** = default

- Choose from deductible amounts that apply to exams
- Flexible benefit design allows you to control the lens and frame frequencies
- Discounts on materials not covered by the plans
- A prescription savings card comes standard with all plans

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