

**DENTAL – EMPLOYER SPONSORED or VOLUNTARY**

Carrier	Ameritas <sup>4</sup>					
Plan Type	PPO					
Plan Name	Silver		Gold		Platinum	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Maximum</b>	\$1,100	\$1,100	\$1,600	\$1,600	\$2,100	\$2,100
<b>Annual Deductible</b>	\$50	\$50	\$50	\$50	\$50	\$100
Diagnostic & Preventive Care	Ded. Waived	Ded. Applies	Ded. Waived	Ded. Applies	Ded. Waived	Ded. Waived
Preventive	100%	80%	100%	100%	100%	100%
Basic Services	80%	80%	80%-90%-100% <sup>1</sup>	80%	75%	75%
Major Services	50%	50%	50%	50%	75%	75%
Endodontics & Periodontics	50%	50%	80%-90%-100% <sup>1</sup>	80%	75%	75%
Restorative	See EOC	See EOC	See EOC	See EOC	See EOC	See EOC
<b>Orthodontic Care (optional)</b>						
Coinsurance	50% <sup>3</sup>	50% <sup>3</sup>	50% <sup>3</sup>	50% <sup>3</sup>	50% <sup>3</sup>	50% <sup>3</sup>
Annual Maximum	None	None	None	None	None	None
Lifetime Maximum	\$1,000 <sup>3</sup>	\$1,000 <sup>3</sup>	\$1,000 <sup>3</sup>	\$1,000 <sup>3</sup>	\$1,000 <sup>3</sup>	\$1,000 <sup>3</sup>
<b>Waiting Periods</b>						
Basic	None	None	None	None	None	None
Major	None	None	None	None	None	None
Ortho	12 Months	12 Months	12 Months	12 Months	12 Months	12 Months
<b>Orthodontic Takeover Credit</b>	<b>ER Sponsored Only:</b> At initial group enrollment employer sponsored groups with 10+ eligible employees and prior continuous uninterrupted orthodontic coverage of 12 months, will waive orthodontic waiting period.					
<b>UCR</b>		Average Prevailing Fee <sup>2</sup>		80% of U & C		80% of U & C
<b>Annual Carry Over</b>						
Carry Over Amount	\$250		\$250		\$400	
PPO Bonus	\$100		\$100		\$200	
Benefit Threshold	\$500		\$500		\$750	
Maximum Carry Over Amount	\$1,000		\$1,000		\$1,200	
<b>Maximum Carry Over Provision</b>	Dental Rewards <sup>®</sup> by Ameritas - Members who visit the dentist and use only a portion of their annual maximum benefit in a year are rewarded with additional benefits for the following year. Based on the plan selected, members can earn additional money toward their next year's annual maximum benefit – if they use less than their Benefit Threshold listed above, they can increase their next year's coverage by \$250 on Silver and Gold Plans or \$400 on Platinum. Plus they can earn an additional \$100 on Silver or Gold or \$200 on Platinum if they visited a network provider. For more information on Dental Rewards please visit <a href="http://www.ameritas.com">www.ameritas.com</a> . (Dental Rewards is a registered service mark of Ameritas Life Insurance Corp. and is used with permission.)					

<sup>1</sup> Benefit increase by visiting your provider each year (See EOC for details).

<sup>2</sup> With the Average Prevailing Fee, the plan allowance for each covered procedure is established according to the median dentist charges in the ZIP Code area where services are provided. Reimbursement allowances automatically adjust if there's an increase or decrease in the overall charges in the area.

<sup>3</sup> Child only.

<sup>4</sup> Includes Maternity Benefit which provides an additional comprehensive evaluation and cleaning during pregnancy (See EOC for details).