Dental Plans PPO 3000, 3500, 4000 & 5000 by Ameritas

This is a summary of benefits for the PPO 3000, 3500, 4000 & 5000 underwritten by Ameritas, a division of Ameritas Life Insurance Corp.

	PPO 3000		PPO 3500		PPO 4000		PPO 5000	
Plan Benefits	**In-Network^**	**Out-of-Network^**	**In-Network^**	**Out-of-Network^**	**In-Network**	**Out-of-Network†**	**In-Network**	**Out-of-Network†**
Annual Maximum	$1,000	$600	$1,000[1]	$1,000[1]	$1,200[1]	$1,000[1]	$1,600[1]	$1,300[1]
Annual Deductible	$50 (Max 3x/Fam)	$100 (Max 3x/Fam)	$50 (Max 3x/Fam)	$50 (Max 3x/Fam)	$25 (Max 3x/Fam)	$75 (Max 3x/Fam)	$25 (Max 3x/Fam)	$75 (Max 3x/Fam)
Preventive Care	Ded. waived	Ded. waived	Ded. waived	Ded. applies	Ded. waived	Ded. applies	Ded. waived	Ded. applies
Preventive	100%	80%	100%	100%	100%	80%	100%	80%
Basic	80%	80%	80%/90%/100%*	80%	80%/90%/100%*	80%	80%/90%/100%*	80%
Major** (12 mo. wait period)	50%	50%	50%	50%	50%	50%	50%	50%
Endo/Perio	50%**	50%**	80%**	50%**	80%	50%**	80%	50%**
"Fusion" Vision Reimbursement								
Annual Maximum	N/A		$100***		$100***		$100***	

† Plan 3000 and 3500 out-of-network claims are reimbursed at MAB. Plan 4000 and 5000 out-of-network claims are reimbursed at UCR.
* Submit one covered dental claim each year and your Basic procedures will advance to the 90% level the following plan year and to 100% on the third year.
** 12 month waiting period applies. Waiting period will be waived for Groups with 10+ employees and 12 months continuous uninterrupted dental coverage on previous plan.
*** Annual maximum per calendar year to spend at any eye care provider. File claim with Ameritas for reimbursement.
[1] Annual maximum is a dental/vision combined benefit; you choose how to spend your maximum - it may be used toward dental and/or eye care expenses with a maximum of $100 toward eye care expenses.

Please Note:

- Employer must contribute at least 50% of the employee premium of the lowest cost dental plan being offered.
- Employees with other group coverage are not counted towards participation unless employer contribution is 100%.
- All groups without comparable dental coverage are subject to the waiting periods for major and ortho.

Dental Rewards® 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 half of the annual maximum, they can increase their next year's coverage by $250 and earn an additional $100 to $150 if they visit a network provider. For more information on Dental Rewards, please visit **www.ameritas.com**. (Dental Rewards is a registered service mark of Ameritas Life Insurance Corp. and is used with permission.)

	PPO 3000	PPO 3500	PPO 4000	PPO 5000
Carry Over Amount	N/A	$250	$250	$250
PPO Bonus	N/A	$100	$100	$150
Benefit Threshold	N/A	$500	$500	$750
Maximum Carry Over Amount	N/A	$ 1,000	$ 1,000	$ 1,000

For orthodontia, please see next page

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Orthodontia is an optional benefit selected for the entire group by the employer.

Optional Orthodontia	PPO 3000		PPO 3500*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Orthodontia (24 mo. wait period)**	Not Covered	Not Covered	50%	50%
Annual Maximum	Not Covered	Not Covered	None	None
Lifetime Maximum	Not Covered	Not Covered	$ 1,000	$ 1,000

Optional Orthodontia	PPO 4000*		PPO 5000*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Orthodontia (24 mo. wait period)**	50%	50%	50%	50%
Annual Maximum	None	None	None	None
Lifetime Maximum	$ 1,000	$ 1,000	$ 1,000	$ 1,000

Note: Treatment must begin prior to 19th birthday.

* Available to groups of 5 or more eligible employees.

** 24 month waiting period applies. Waiting period will be waived for groups with 10+ employees and 24 months continuous uninterrupted orthodontia coverage on previous plan.

PPO 3000, 3500, 4000 & 5000

Exclusions & Limitations

No benefits will be paid for expenses incurred:

- For overdentures and associated procedures.
- For charges in excess of those considered reasonable and customary.
- For cosmetic procedures.
- For the replacement of dentures, bridge inlays, onlays or crowns that can be repaired or restored to normal function.
- For implants and:
  - Replacement of lost or stolen appliances
  - Replacement of retainers
  - Athletic mouthguards
  - Precision or semi-precision attachments
  - Dental duplication or sealants
- For oral hygiene instructions and:
  - Plaque control
  - Completion of a claim form
  - Acid etch
  - Missed appointments
  - Prescription of take home fluoride
  - Diagnostic photographs
- For services not completed when insurance ends, except that certain services which began while insured may be covered if completed within 31 days of termination of coverage.
- For procedures that have begun but have not been completed.
- For services and treatment provided at no charge, with or without insurance coverage.
- For services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.
- For a condition covered under any Workers' Compensation Act or similar law.
- That are applied toward satisfying a deductible.
- That are generally considered by the dental profession as experimental or investigational.
- For the treatment of cleft palate and anodontia.
- For services or supplies payable under any medical expense plan.
- For orthodontia, unless included within Coverage Schedule.
- Prior to the date the insured is covered under the policy.
- For the diagnosis or treatment of TMJ.
- For hospital services.
- For any child 26 years of age and over.
- During any waiting period we require, when you voluntarily end your insurance and re-enroll at a later date. Your waiting period is 2 years and begins on the date your coverage first ended.
- Charges for infection control, sterilization and waste disposal.

This is a summary of Exclusions & Limitations Only. For a complete listing, please see the *Evidence of Coverage*.

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