Ameritas Dental

Take advantage of VIP's special underwriting offer.

$2,000	$50	0 months
Annual max per person	Deductible Type 2 & 3 only	Waiting period Type 1–3

What the plan pays

- **Type 1 — Preventive care — 100%** — **No deductible**
  Exam (1/6 mo), cleaning (1/6 mo), bitewings (1/12 mo), full-mouth/pano (1/5 yr), fluoride & sealants age 15 and under, space maintainers, periapical x-rays.
- **Type 2 — Basic services — 80%** — **$50 deductible**
  Fillings, posterior composites, nonsurgical endo and perio, simple extractions, denture repair, anesthesia.
- **Type 3 — Major services — 50%** — **$50 deductible**
  Crowns & onlays (1/7 yr per tooth), crown repair, surgical endo/perio, bridges and dentures (1/7 yr), complex extractions.

Special benefits for VIP clients only

- **Unused maximum can roll forward.**
  This is Dental Rewards. If you get your preventive care and the plan pays $750 or less in benefits that year, $400 carries into the next year. You can do that up to three years in a row, so as much as $1,200 can sit on top of the regular $2,000 annual maximum when you need a bigger year.
- **No waiting periods.**
  Even major services don't have a 12-month waiting period like most dental plans. Crowns, root canals, and extractions can be used when coverage starts.
- **Missing teeth are still covered.**
  A tooth that might already be missing isn't excluded from the care you need. This plan does not use a missing-tooth clause.
- **More of the common work pays at 80%.**
  Root canals, gum treatment, oral surgery, and extractions are paid as basic services at 80%, not dropped to 50% like a lot of plans treat them.
- **In-network fees are contracted.**
  When you use an Ameritas dentist, the plan pays off a discounted contracted fee instead of a full retail charge.
- **Rates stay put for two years.**
  The group rate is guaranteed for 24 months. After that, any increase is capped at 5%.
- **Preventive care does not eat the deductible.**
  Cleanings, exams, and x-rays have no deductible. The $50 deductible applies to basic and major work only, and the family cap is $150.

Not on brochure rates
FL, NY, NM, WA — tailored quote only. MA is excluded.
Member help: 800-487-5553 · ameritas.com · Find a dentist in the Ameritas network.

Bi-weekly dental rates by Area

An Area is a group of states that share one price. 26 deductions a year. Monthly rate × 12 ÷ 26.

Area	EE	EE + Sp	EE + Ch	Family	States on this Area
1	$14.68	$28.86	$32.92	$47.08	Alabama, Arkansas, Oklahoma
2	$15.38	$30.22	$35.80	$50.64	Nebraska, Louisiana
3	$16.17	$31.77	$37.02	$52.60	Pennsylvania, Kansas, Tennessee
4	$16.91	$33.25	$39.23	$55.55	Ohio, Georgia
5	$17.45	$34.28	$40.50	$57.32	Texas, South Carolina
6	$18.13	$35.63	$41.76	$59.26	Colorado, Missouri
7	$18.87	$37.09	$44.34	$62.57	
8	$19.79	$38.90	$46.01	$65.11	Illinois, Wisconsin, Arizona, Indiana, North Carolina
9	$21.62	$42.46	$51.80	$72.66	Michigan, Idaho, New Jersey, Wyoming
10	$23.50	$46.19	$55.07	$77.76	Connecticut, Hawaii, Nevada, California, Utah, Oregon

Ameritas Vision

VSP Choice · same rates in every state

12 / 12 / 12
Exam / lenses / frames
every 12 months

$10
Exam deductible
and materials deductible

$180
Frame or contact
allowance

What the vision plan covers

- **Annual eye exam.**
  In-network the exam is covered in full after the $10 deductible. Out of network the plan pays up to $45.
- **Lenses every year.**
  Single vision, bifocal, trifocal, and lenticular lenses are covered in full in-network after the materials deductible.
- **$180 for frames or contacts.**
  Use the allowance on frames, or take up to $180 toward elective contacts instead of glasses. Costco and Walmart use the wholesale equivalent.
- **Medically necessary contacts.**
  Covered in full in-network. Elective contact fitting is a member cost up to $60.
- **Kids' polycarbonate is covered.**
  Standard polycarbonate is covered in full for dependent children. Adults pay $33 in-network.
- **Extra savings on the VSP network.**
  20% off extra pairs and anything above the frame allowance. Average 15% off LASIK when a VSP doctor coordinates it.

Bi-weekly vision rates

Vision is not priced by Area. Every state on the brochure uses this one rate.

EE	EE + Sp	EE + Ch	Family
$4.95	$10.67	$8.62	$14.34

Find a VSP doctor at ameritas.com or vsp.com · VSP: 800-877-7195

Voluntary Insurance Partners

Dental Highlight Sheet

Ameritas

Dental Plan Summary

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50/Calendar Year Type 2 & 3
	Waived Type 1
	$150/family
Maximum *(per person)*	$2,000 per calendar year
Allowance	Discounted Fee
Dental Rewards®	Included
Waiting Period	None
Annual Eye Exam	None
Annual Open Enrollment	Included

Sample Procedure Listing (*Current Dental Terminology* © American Dental Association.)

Type 1	Type 2	Type 3
• Routine Exam (1 in 6 months)	• Periapical X-rays	• Onlays
• Bitewing X-rays (1 in 12 months)	• Fillings for Cavities	• Crowns (1 in 7 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 5 years)	• Restorative Composites (anterior and posterior teeth)	• Crown Repair
• Cleaning (1 in 6 months)	• Endodontics (nonsurgical)	• Endodontics (surgical)
• Fluoride for Children 15 and under (1 in 12 months)	• Periodontics (nonsurgical)	• Periodontics (surgical)
• Sealants (age 15 and under)	• Denture Repair	• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 7 years)
• Space Maintainers	• Simple Extractions	• Complex Extractions
	• Anesthesia	

Bi-weekly Rates

Employee Only (EE)	See VIP's Brochure and Plan Detail Sheet for Area Rates
EE + Spouse	
EE + Children	
EE + Spouse & Children	

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **Voluntary Insurance Partners.** At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. 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. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

eCard

Once you are enrolled in the plan, register for your secure member account at www.ameritas.com. Click on account access (at top right), select Dental/Vision/Hearing, then Secure Member Account. You'll have 24/7 access to your electronic ID card (to print or save to your smartphone), look up your benefits, review your claims, use the dental cost estimator and more! Using online services helps to minimize your risk of identity theft, protect your privacy and get your benefit information faster than through the mail.

Rx Savings

Our valued plan members and their 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.

To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Voluntary Insurance Partners

Dental Highlight Sheet

Ameritas

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	$400	Dental Rewards amount is added to the following year's maximum
Maximum Carryover	$1,200	Maximum possible accumulation for Dental Rewards

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER,** then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Your provider network is Ameritas Classic and Plus Network.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Voluntary Insurance Partners

Dental Highlight Sheet

Ameritas

Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at ameritas.com/applications/group/estimator.

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

Worldwide Support

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas network. AXA contact information is available in the secure member account.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

Domestic Partner

State law requires Domestic Partner coverage be offered to policyholders. Domestic partner means two unrelated individuals who share the necessities of life, live together, and have an emotional and financial commitment to one another, similar to that of a spouse.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. 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.

Voluntary Insurance Partners

Eye Care Highlight Sheet

Ameritas

VSP Plan: 12/12/12, $10/$10 Ded, $180 Allowance

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	$10 Exam	$10 Exam
	$10 Eye Glass Lenses or Frames*	$10 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to $45
Lenses (per pair)		
Single Vision	Covered in full	Up to $30
Bifocal	Covered in full	Up to $50
Trifocal	Covered in full	Up to $65
Lenticular	Covered in full	Up to $100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to $60	No benefit
Elective	Up to $180	Up to $145
Medically Necessary	Covered in full	Up to $210
Frame Allowance	$180**	Up to $70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

**Deductible applies to a complete pair of glasses or to frames, whichever is selected.*
***The Costco and Walmart allowance will be the wholesale equivalent.*

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses		
Standard	$55	Up to Lined Bifocal allowance.
Premium	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children $33 adults	No benefit
Solid Plastic Dye	$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	$17	No benefit
Photochromatic Lenses (Glass & Plastic)	$31-$82	No benefit
Scratch Resistant Coating	$17-$33	No benefit
Anti-Reflective Coating	$43-$85	No benefit
Ultraviolet Coating	$16	No benefit

**Lens Option member costs vary by prescription, option chosen and retail locations.*

Bi-weekly Rates

Employee Only (EE)	$4.95
EE + Spouse	$10.67
EE + Children	$8.62
EE + Spouse & Children	$14.34

Voluntary Insurance Partners

Eye Care Highlight Sheet

Ameritas

Additional Focus® Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is $1,800 for LASIK and $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to $1,000 is covered every two years).

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

Rx Savings

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To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

eCard

Once you are enrolled in the plan, register for your secure member account at www.ameritas.com. Click on account access (at top right), select Dental/Vision/Hearing, then Secure Member Account. You'll have 24/7 access to your electronic ID card (to print or save to your smartphone), look up your benefits, review your claims, use the dental cost estimator and more! Using online services helps to minimize your risk of identity theft, protect your privacy and get your benefit information faster than through the mail.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com
View plan benefit information at: vsp.com

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

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Eye Care Highlight Sheet



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