

Ameritas Dental Plans

Benefit Comparison and Rates

Individuals and Family



| BENEFIT SUMMARY | | | | |
|---|---|---|---|---|
| | PPO Plan 1000 | | PPO Plan 1250 | |
| Benefit | PPO | Out of Network | PPO | Out of Network |
| DEDUCTIBLE | | | | |
| Individual | \$50 | Combined with PPO | \$50 | Combined with PPO |
| Family | 3/Family | Combined with PPO | 3/Family | Combined with PPO |
| Waived for Preventive | Yes | Yes | Yes | Yes |
| ELIGIBILITY | | | | |
| Group Size Dental Services | Individual or Family | Individual or Family | Individual or Family | Individual or Family |
| WAITING PERIODS | | | | |
| Major | 12 months ¹ | 12 months ¹ | 12 months ¹ | 12 months ¹ |
| Waived for major if there was prior group coverage? | Yes | Yes | Yes | Yes |
| DENTAL SERVICES | | | | |
| Preventive Care | Plan pays based on a Maximum Covered Expense schedule. Member is responsible for costs in excess of covered expenses. | Plan pays based on a Maximum Covered Expense schedule. Member is responsible for costs in excess of covered expenses. | Plan pays based on a Maximum Covered Expense schedule. Member is responsible for costs in excess of covered expenses. | Plan pays based on a Maximum Covered Expense schedule. Member is responsible for costs in excess of covered expenses. |
| Basic Services | | | | |
| Major Services (after 12-month waiting period) ¹ | | | | |
| Periodontal Surgery | See schedule | See schedule | See schedule | See schedule |
| Endodontic Surgery | See schedule | See schedule | See schedule | See schedule |
| Ortho | Not Covered | Not Covered | Not Covered | Not Covered |
| BENEFIT MAXIMUMS | | | | |
| Annual Benefit Maximum | \$1,000 | Combined with PPO | \$1,250 | Combined with PPO |
| Lifetime - Ortho | Not applicable | Not applicable | Not applicable | Not applicable |

| Voluntary Dental Plan Rates ² | | | | Effective 1/1/18 through 12/31/18 |
|---|-------------|------------|--------------------|-----------------------------------|
| A \$5 administration fee applies to all individual and family plan monthly invoices | | | | |
| | Member Only | Member + 1 | Member + 2 or more | |
| PPO Plan 1000 | \$33.73 | \$60.71 | \$93.54 | |
| PPO Plan 1250 | \$48.29 | \$89.40 | \$147.81 | |

¹ The waiting period for Type 3 Major Services is 12 months for new business. The 12 month Major Services waiting period can be waived for initial enrollment upon proof of 12 months of continuous prior dental coverage.

² Ameritas Voluntary Dental plans are available to groups headquartered in any of the following states: Arizona, California, Nevada and Utah. The groups' employees can live in any of the 50 states.

Certain industries are ineligible to purchase these plans: Associations and Trusts * (except #8661) 8600-8699; Beauty & Barber Shops 7231-7241; Dentist offices, Dentist Labs and Medical Labs 8021, 8071, 8072; Employment Agencies 7361-7363; International Affairs 9721; Misc. Business Services 7389; Misc. Services not elsewhere classified 8999; Partnerships No SIC; Private Households 8811; Religious Organizations (except Churches #8661) No SIC; Seasonal Employees (Christmas/Part-time help) No SIC; and Seasonal Employees (Agriculture) 0761-0783. * Management and the Administrative staff of associations and trusts are eligible.

The summary above is meant to be a brief description of plan benefits and rates only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Either of these is available upon request. The accuracy of this summary is not guaranteed and the information herein is subject to change without notice. This is not an offer of coverage.