

NORTH RANCH BENEFITS TRUST

INDIVIDUAL/FAMILY AMERITAS DENTAL PLANS ENROLLMENT INSTRUCTIONS

- If the enrolling member does not elect to cover their dependents, then dependents may not enroll later unless there is a qualifying event. Dependent children may remain on this plan to age 26.
- Effective Dates of new requests will be on the First of the following month.
- This plan is available in AZ, CA, NV, and UT.
- This plan Renews July 1 of every year.
- The first month's premium and ongoing payments require bank draft (ACH) only.
 - Complete attached Authorization For Direct Payment form.
- **Submit all completed New Business forms to Warner Pacific for processing:**

Warner Pacific Insurance Services, Inc. – New Business
32110 Agoura Road
Westlake Village, CA 91361-4026
Phone: (800) 801-2300
Fax: (800) 609-0111
Email: CANewBusiness@warnerpacific.com



NORTH RANCH BENEFITS TRUST

INDIVIDUAL/FAMILY AMERITAS DENTAL PLANS APPLICATION

Today's Date: ___/___/___

Primary Applicant		Requested Effective Date : ___/___/___	
First and Last Name:		SS#:	Date of birth:
Address:			
City:		State:	Zip Code:
Phone:		Email:	
Dependents To Be Covered			
___ Spouse ___ Domestic Partner	First Name:	Last Name:	
	___ Male ___ Female	Date of birth:	
Child # 1	First Name:	Last Name:	
	___ Male ___ Female	Date of birth (< age 26):	
Child # 2	First Name:	Last Name:	
	___ Male ___ Female	Date of birth (< age 26):	
Child # 3	First Name:	Last Name:	
	___ Male ___ Female	Date of birth (< age 26):	
Child # 4	First Name:	Last Name:	
	___ Male ___ Female	Date of birth (< age 26):	

Monthly Rates Effective through 6/30/2015		
Select Only One (1) Plan per Family		
Maximum Benefits	<input type="checkbox"/> Plan # 1 \$1000	<input type="checkbox"/> Plan # 2 \$1250
Member Only	\$ 28.28	\$ 41.00
Member + 1 dependent	\$ 51.88	\$ 76.96
Member + 2 or more dependents	\$ 80.60	\$ 128.08
Subtotal		\$
Monthly Administration Fee		\$ 5.00
Total		\$

Broker Information		North Ranch Benefit Trust ID # (WPIS):	
Agent Name :		License #:	
Agency Name :		License #:	
Address:			
City :		State :	Zip Code :
Phone :		Fax :	
Email :			
Upon first submission, the agent or agency must provide copy of current license and a completed W-9.			
General Agent:			

AUTHORIZATION FOR DIRECT PAYMENT

I am returning this authorization to **HealthSmart Benefit Solutions, Inc.**, authorizing HealthSmart and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution (7) days before my account is charged.

Client Information

Client Name	Client (Division) #	Contact Phone Number	
Client Address	City	State	Zip

Financial Institution Information (Please enter name/address of bank and account you wish payments to be withdrawn from.)

Name of Bank	Branch
Address of Bank	City
	State
	Zip

Signature (This is your authorization for HBS to withdraw funds from your account)	Date
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Please check one: Checking Savings

Please check: Initial Payment Only and/or Ongoing Monthly Premium Payments

Note: Withdrawals from your bank account will occur on the 1st working day of each month for which the premium is due.

Bank Routing # _____ Account # _____

**Please return the completed form
and a copy of the voided check to:**

**HEALTHSMART BENEFIT SOLUTIONS, INC.
10303 E DRY CREEK RD STE 200
ENGLEWOOD CO 80112-1583
or fax to (303) 804-9490.**

STAPLE VOIDED CHECK HERE

(Cut here and retain for your records)

On (date) _____, I authorized HealthSmart Benefit Solutions, Inc. at 10303 East Dry Creek Road, Suite 200, Englewood, CO 80112 to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to HealthSmart at the address above. *If the payment amount changes, we will notify you at least 5 days before the regularly scheduled payment date.*

NRBT-HSB - Rev. 09.01.2014

dental plan 1000

Fulfilling lives with dependable, affordable dental insurance backed by an industry leader.

Long-Standing Customer Focus

The group division of Ameritas Life Insurance Corp. has served customers since 1959 and today provides dental, vision and hearing care products and services for nearly 110,000 employer groups, insuring or administering benefits for more than 5.4 million people nationwide.

Our contact center has earned BenchmarkPortal's Center of Excellence certification since 2007 and twice placed in BenchmarkPortal's Top 100 contest for small centers in 2011 and 2014.

We do more than provide benefits coverage. Our award-winning contact center associates offer friendly, skilled service to explain your benefits. Once enrolled, you can register online at ameritasgroup.com and sign up for a secure member account, where you can access plan information such as a benefit summary, remaining benefits, pending/paid claims and ID cards.

It's all available at ameritasgroup.com.

See Any Dentist

You have no limitations on the dental provider(s) you choose. You may, however, lower your out-of-pocket costs by selecting a provider from our expansive dental network.

Our nationwide network includes over 303,000 access points. For a complete list of PPO dental network providers, please visit ameritasgroup.com, and select Find a Provider/Dental, or download the "Ameritas Provider Locator" app on your mobile phone.

These rates are good through 6-30-2015

Rates renew each year on July 1.

Employee Only	\$28.28
Employee + One Dependent	\$51.88
Employee + Two or More	\$80.60

Fixed Benefit Dental Plan

This way, insurance surprises are limited because you'll know what the plan will pay for a covered procedure ahead of time. You pay the difference between what the plan pays and the network provider's reduced fee. If you choose to go out of network, you pay the difference between what the plan pays and the provider's actual charge. You almost always save on out of pocket costs when visiting a network provider.

The plan provides comprehensive coverage for all members. Please note, on Type 3 Major procedures, there's a 6-month waiting period.

Annual Maximum \$1,000

Deductible \$50

(waived for Type 1 Preventive procedures such as exams, cleanings and x-rays)

Family Deductible Maximum included. When three family members satisfy their annual deductible amounts in the same benefit year, they have reached the Family Deductible Maximum, so no more family member deductibles are required in that benefit year.

Dental Rewards®

Ameritas is the industry pioneer behind Dental Rewards. This option allows those who use little of their annual maximum benefit to carry over a portion of it to help offset more expensive dental procedures that may arise in the future. So when you stay under the plan's threshold amount of \$500 for annual paid claims, you get a \$250 dental reward. If visiting one of our network providers, you get an extra \$100 bonus. Accumulate up to \$1,000 to add to your \$1,250 annual maximum.

Alternate Benefit Provision

If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

please don't miss this opportunity... sign up today!

sample dental procedures

Type 1 : Preventive

The following is a PARTIAL list of Type 1 (Preventive) dental procedures payable under this dental plan. Please see the Dental Limitations for additional coverage information. Current Dental Terminology ©American Dental Association. All rights reserved.

Procedure		Maximum Covered Expense
Number	Description Of Service	Plan Pays
Routine Oral Evaluation		
D0120	Periodic oral evaluation.	\$ 18.00
<i>One per 6 months.</i>		
D0150	Comprehensive oral evaluation - new or established patient.	\$ 27.00
D0180	Comprehensive periodontal evaluation - new or established patient.	\$ 27.00
Complete Series Or Panoramic Film		
D0210	Intraoral - complete series (including bitewings).	\$ 57.00
D0330	Panoramic film.	\$ 46.00
<i>One per 5 years.</i>		
Other X-Rays		
D0220	Intraoral - periapical first film.	\$ 11.00
D0230	Intraoral - periapical each additional film.	\$ 8.00
D0240	Intraoral - occlusal film.	\$ 15.00
D0250	Extraoral - first film.	\$ 19.00
D0260	Extraoral - each additional film.	\$ 15.00
Bitewing Films		
D0270	Bitewing - single film.	\$ 9.00
D0272	Bitewings - two films.	\$ 16.00
D0274	Bitewings - four films.	\$ 25.00
D0277	Vertical bitewings - 7 to 8 films.	\$ 38.00
<i>One per 12 months.</i>		
Prophylaxis (Cleaning) And Fluoride		
D1110	Prophylaxis - adult.	\$ 38.00
D1120	Prophylaxis - child.	\$ 27.00
<i>One per 6 months. A child is defined as age 13 and under.</i>		
D1208	Topical application of fluoride (prophylaxis not included) - child.	\$ 15.00
<i>One per 12 months.</i>		

Type 2 : Basic

The following is a PARTIAL list of Type 2 (Basic) dental procedures payable under this dental plan. A complete list of procedures can be obtained by contacting your company's benefits administrator. Please see the Dental Limitations for additional coverage information. Current Dental Terminology ©American Dental Association. All rights reserved.

Procedure		Maximum Covered Expense
Number	Description Of Service	Plan Pays
Amalgam Restorations (Fillings)		
D2140	Amalgam - one surface, primary or permanent.	\$ 46.00
D2150	Amalgam - two surfaces, primary or permanent.	\$ 58.00
D2160	Amalgam - three surfaces, primary or permanent.	\$ 71.00
D2161	Amalgam - four or more surfaces, primary or permanent.	\$ 84.00
<i>One per 6 months.</i>		
Resin Restorations (Fillings)		
D2330	Resin-based composite - one surface, anterior.	\$ 56.00
D2331	Resin-based composite - two surfaces, anterior.	\$ 71.00
D2332	Resin-based composite - three surfaces, anterior.	\$ 88.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).	\$ 97.00
D2391	Resin-based composite - one surface, posterior.	\$ 61.00
D2392	Resin-based composite - two surfaces, posterior.	\$ 77.00
D2393	Resin-based composite - three surfaces, posterior.	\$ 97.00
D2394	Resin-based composite - four or more surfaces, posterior.	\$ 107.00
<i>One per 6 months. Porcelain and resin benefits are considered for anterior and bicuspid teeth only.</i>		

Type 2 : Basic (continued)

Procedure		Maximum Covered Expense
Number	Description Of Service	Plan Pays
Stainless Steel Crown (Prefabricated Crown)		
D2390	Resin-based composite crown, anterior.	\$119.00
D2930	Prefabricated stainless steel crown - primary tooth.	\$100.00
D2931	Prefabricated stainless steel crown - permanent tooth.	\$106.00
D2932	Prefabricated resin crown.	\$119.00
D2933	Prefabricated stainless steel crown with resin window.	\$119.00
<i>One per 12 months.</i>		
Endodontic Therapy (Root Canals)		
D3310	Anterior (excluding final restoration).	\$284.00
D3320	Bicuspid (excluding final restoration).	\$334.00
D3330	Molar (excluding final restoration).	\$438.00
<i>On permanent teeth only. Allowances include intraoperative films and cultures.</i>		
D3346	Retreatment of previous root canal therapy - anterior.	\$353.00
D3347	Retreatment of previous root canal therapy - bicuspid.	\$407.00
D3348	Retreatment of previous root canal therapy - molar.	\$505.00
<i>One per 12 months. Allowances include intraoperative films and cultures.</i>		
Denture Relines		
D5730	Reline complete maxillary denture (chairside).	\$107.00
D5731	Reline complete mandibular denture (chairside).	\$107.00
D5740	Reline maxillary partial denture (chairside).	\$ 96.00
D5741	Reline mandibular partial denture (chairside).	\$ 97.00
D5750	Reline complete maxillary denture (laboratory).	\$159.00
D5751	Reline complete mandibular denture (laboratory).	\$156.00
D5760	Reline maxillary partial denture (laboratory).	\$159.00
D5761	Reline mandibular partial denture (laboratory).	\$160.00

Type 3 : Major (6-Month Waiting Period)

The following is a PARTIAL list of Type 3 (Major) dental procedures payable under this dental plan. A complete list of procedures can be obtained by contacting your company's benefits administrator. Please see the Dental Limitations for additional coverage information. Current Dental Terminology ©American Dental Association. All rights reserved.

Procedure		Maximum Covered Expense
Number	Description Of Service	Plan Pays
Crowns Single Restorations		
D2710	Crown - resin-based composite (indirect).	\$160.00
D2720	Crown - resin with high noble metal.	\$408.00
D2740	Crown - porcelain/ceramic substrate.	\$441.00
D2750	Crown - porcelain fused to high noble metal.	\$428.00
D2780	Crown - 3/4 cast high noble metal.	\$407.00
D2783	Crown - 3/4 porcelain/ceramic.	\$441.00
D2790	Crown - full cast high noble metal.	\$407.00
<i>One per 10 years. Frequency is waived for accidental injury. Porcelain and resin benefits are considered for anterior and bicuspid teeth only.</i>		
Fixed Crown And Partial Denture Repair		
D2980	Crown repair, by report.	\$ 71.00
D6980	Fixed partial denture repair, by report.	\$ 80.00
Surgical Endodontics		
D3421	Apicoectomy/periradicular surgery - bicuspid (first root).	\$304.00
D3425	Apicoectomy/periradicular surgery - molar (first root).	\$329.00
Surgical Periodontics		
D4211	Gingivectomy or gingivoplasty - one to three contiguous/bounded teeth spaces per quadrant.	\$ 84.00
D4263	Bone replacement graft - first site in quadrant.	\$137.00
Prostodontics - Fixed/Removable (Dentures)		
D5110	Complete denture - maxillary.	\$456.00
D5120	Complete denture - mandibular.	\$442.00
D5130	Immediate denture - maxillary.	\$494.00
D5140	Immediate denture - mandibular.	\$478.00
<i>One per 10 years. Frequency is waived for accidental injury. Allowances include adjustments within 6 months after placement date.</i>		

General Information

Participation is Voluntary — This policy is provided as part of AIS's Section 125 Plan. Each person has the option of participating or not participating.

Enrollment — If a person does not elect to participate when initially eligible, the person may elect to participate at AIS's next annual election period. Enrollment changes are accepted only during an annual election period, unless there's a change in family status (qualifying event). Qualifying events are marriage, divorce, birth of a child, spouse or child's death, or termination of spouse's employment.

Late Enrollment — A person who elects to participate at an election period other than the initial election period will be a late entrant and subject to Limitation #2 below. There are no open enrollment periods for this plan.

Six-month Elimination Period — On Type 3 procedures, there's a 6-month waiting period. See Limitation #1 below. It may be waived for groups with proof of at least six months' prior group dental coverage.

Pretreatment Estimates — We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered expensive. A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility, but an estimate of benefits available if the described procedure(s) were performed.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the dental benefits available through Ameritas Life Insurance Corp. and North Ranch Benefits Trust.

Dental Limitations

Covered expenses will not include and no benefits will be payable for expenses incurred:

1. for Type 3 procedures in the first six months that the insured person is covered under the dental expense benefit.
2. for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. If an employee or dependent does not enroll within 31 days from the date the person qualifies for the insurance, or elects to become insured again after canceling a premium contribution agreement, he/she will be classified as a late entrant.
3. for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
4. to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the insured person is covered under the dental expense benefit, it will be considered covered.
5. for initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
6. for any procedure begun before the insured person was covered under the dental expense benefit.
7. for any procedure begun after the insured's insurance under the dental expense benefit terminates, or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the dental expense benefit terminates.
8. to replace lost or stolen appliances.
9. for appliances, restorations or procedures to:
 - a. alter vertical dimension,
 - b. restore or maintain occlusion,
 - c. splint or replace tooth structure lost because of abrasion or attrition
10. for any procedure which is not shown on the Table of Dental Procedures.
11. for orthodontic treatment.
12. for which the insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
13. for charges which the insured person is not liable or which would not have been made had no insurance been in force.
14. for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
15. because of war or any act of war, declared or not.



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-08, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 11-09) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our PPO network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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dental plan 1250

Fulfilling lives with dependable, affordable dental insurance backed by an industry leader

Long-Standing Customer Focus

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These rates are good through 6-30-2015

Rates renew each year on July 1.

Employee Only	\$41.00
Employee + One Dependent	\$76.96
Employee + Two or More	\$128.08

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The plan provides comprehensive coverage for all members. Please note, on Type 3 Major procedures, there's a 6-month waiting period.

Annual Maximum \$1,250

Deductible \$50

(waived for Type 1 Preventive procedures such as exams, cleanings and x-rays)

Family Deductible Maximum included. When three family members satisfy their annual deductible amounts in the same benefit year, they have reached the Family Deductible Maximum, so no more family member deductibles are required in that benefit year.

Dental Rewards®

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Alternate Benefit Provision

If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

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sample dental procedures

Type 1 : Preventive

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Procedure		Maximum Covered Expense
Number	Description Of Service	Plan Pays
Routine Oral Evaluation		
D0120	Periodic oral evaluation.	\$ 33.00
<i>One per 6 months.</i>		
D0150	Comprehensive oral evaluation - new or established patient.	\$ 51.00
D0180	Comprehensive periodontal evaluation - new or established patient.	\$ 51.00
Complete Series Or Panoramic Film		
D0210	Intraoral - complete series (including bitewings).	\$106.00
D0330	Panoramic film.	\$ 85.00
<i>One per 5 years.</i>		
Other X-Rays		
D0220	Intraoral - periapical first film.	\$ 19.00
D0230	Intraoral - periapical each additional film.	\$ 15.00
D0240	Intraoral - occlusal film.	\$ 27.00
D0250	Extraoral - first film.	\$ 34.00
D0260	Extraoral - each additional film.	\$ 27.00
Bitewing Films		
D0270	Bitewing - single film.	\$ 16.00
D0272	Bitewings - two films.	\$ 30.00
D0274	Bitewings - four films.	\$ 46.00
D0277	Vertical bitewings - 7 to 8 films.	\$ 70.00
<i>One per 12 months.</i>		
Prophylaxis (Cleaning) And Fluoride		
D1110	Prophylaxis - adult.	\$ 70.00
D1120	Prophylaxis - child.	\$ 49.00
<i>One per 6 months. A child is defined as age 13 and under.</i>		
D1208	Topical application of fluoride (prophylaxis not included) - child.	\$ 27.00
<i>One per 12 months.</i>		

Type 2 : Basic

The following is a PARTIAL list of Type 2 (Basic) dental procedures payable under this dental plan. A complete list of procedures can be obtained by contacting your company's benefits administrator. Please see the Dental Limitations for additional coverage information. Current Dental Terminology ©American Dental Association. All rights reserved.

Procedure		Maximum Covered Expense
Number	Description Of Service	Plan Pays
Amalgam Restorations (Fillings)		
D2140	Amalgam - one surface, primary or permanent.	\$ 46.00
D2150	Amalgam - two surfaces, primary or permanent.	\$ 58.00
D2160	Amalgam - three surfaces, primary or permanent.	\$ 71.00
D2161	Amalgam - four or more surfaces, primary or permanent.	\$ 84.00
<i>One per 6 months.</i>		
Resin Restorations (Fillings)		
D2330	Resin-based composite - one surface, anterior.	\$ 56.00
D2331	Resin-based composite - two surfaces, anterior.	\$ 71.00
D2332	Resin-based composite - three surfaces, anterior.	\$ 88.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).	\$ 97.00
D2391	Resin-based composite - one surface, posterior.	\$ 61.00
D2392	Resin-based composite - two surfaces, posterior.	\$ 77.00
D2393	Resin-based composite - three surfaces, posterior.	\$ 97.00
D2394	Resin-based composite - four or more surfaces, posterior.	\$107.00
<i>One per 6 months. Porcelain and resin benefits are considered for anterior and bicuspid teeth only.</i>		

Type 2 : Basic (continued)

Procedure		Maximum Covered Expense
Number	Description Of Service	Plan Pays
Stainless Steel Crown (Prefabricated Crown)		
D2390	Resin-based composite crown, anterior.	\$119.00
D2930	Prefabricated stainless steel crown - primary tooth.	\$100.00
D2931	Prefabricated stainless steel crown - permanent tooth.	\$106.00
D2932	Prefabricated resin crown.	\$119.00
D2933	Prefabricated stainless steel crown with resin window.	\$119.00
<i>One per 12 months.</i>		
Endodontic Therapy (Root Canals)		
D3310	Anterior (excluding final restoration).	\$284.00
D3320	Bicuspid (excluding final restoration).	\$334.00
D3330	Molar (excluding final restoration).	\$438.00
<i>On permanent teeth only. Allowances include intraoperative films and cultures.</i>		
D3346	Retreatment of previous root canal therapy - anterior.	\$353.00
D3347	Retreatment of previous root canal therapy - bicuspid.	\$407.00
D3348	Retreatment of previous root canal therapy - molar.	\$505.00
<i>One per 12 months. Allowances include intraoperative films and cultures.</i>		
Denture Relines		
D5730	Reline complete maxillary denture (chairside).	\$107.00
D5731	Reline complete mandibular denture (chairside).	\$107.00
D5740	Reline maxillary partial denture (chairside).	\$ 96.00
D5741	Reline mandibular partial denture (chairside).	\$ 97.00
D5750	Reline complete maxillary denture (laboratory).	\$159.00
D5751	Reline complete mandibular denture (laboratory).	\$156.00
D5760	Reline maxillary partial denture (laboratory).	\$159.00
D5761	Reline mandibular partial denture (laboratory).	\$160.00

Type 3 : Major (6-Month Waiting Period)

The following is a PARTIAL list of Type 3 (Major) dental procedures payable under this dental plan. A complete list of procedures can be obtained by contacting your company's benefits administrator. Please see the Dental Limitations for additional coverage information. Current Dental Terminology ©American Dental Association. All rights reserved.

Procedure		Maximum Covered Expense
Number	Description Of Service	Plan Pays
Crowns Single Restorations		
D2710	Crown - resin-based composite (indirect).	\$160.00
D2720	Crown - resin with high noble metal.	\$408.00
D2740	Crown - porcelain/ceramic substrate.	\$441.00
D2750	Crown - porcelain fused to high noble metal.	\$428.00
D2780	Crown - 3/4 cast high noble metal.	\$407.00
D2783	Crown - 3/4 porcelain/ceramic.	\$441.00
D2790	Crown - full cast high noble metal.	\$407.00
<i>One per 10 years. Frequency is waived for accidental injury. Porcelain and resin benefits are considered for anterior and bicuspid teeth only.</i>		
Fixed Crown And Partial Denture Repair		
D2980	Crown repair, by report.	\$ 71.00
D6980	Fixed partial denture repair, by report.	\$ 80.00
Surgical Endodontics		
D3421	Apicoectomy/periradicular surgery - bicuspid (first root).	\$304.00
D3425	Apicoectomy/periradicular surgery - molar (first root).	\$329.00
Surgical Periodontics		
D4211	Gingivectomy or gingivoplasty - one to three contiguous/bounded teeth spaces per quadrant.	\$ 84.00
D4263	Bone replacement graft - first site in quadrant.	\$137.00
Prostodontics - Fixed/Removable (Dentures)		
D5110	Complete denture - maxillary.	\$456.00
D5120	Complete denture - mandibular.	\$442.00
D5130	Immediate denture - maxillary.	\$494.00
D5140	Immediate denture - mandibular.	\$478.00
<i>One per 10 years. Frequency is waived for accidental injury. Allowances include adjustments within 6 months after placement date.</i>		

General Information

Participation is Voluntary — This policy is provided as part of AIS's Section 125 Plan. Each person has the option of participating or not participating.

Enrollment — If a person does not elect to participate when initially eligible, the person may elect to participate at AIS's next annual election period. Enrollment changes are accepted only during an annual election period, unless there's a change in family status (qualifying event). Qualifying events are marriage, divorce, birth of a child, spouse or child's death, or termination of spouse's employment.

Late Enrollment — A person who elects to participate at an election period other than the initial election period will be a late entrant and subject to Limitation #2 below. There are no open enrollment periods for this plan.

Six-month Elimination Period — On Type 3 procedures, there's a 6-month waiting period. See Limitation #1 below. It may be waived for groups with proof of at least six months' prior group dental coverage.

Pretreatment Estimates — We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered expensive. A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility, but an estimate of benefits available if the described procedure(s) were performed.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the dental benefits available through Ameritas Life Insurance Corp. and North Ranch Benefits Trust.

Dental Limitations

Covered expenses will not include and no benefits will be payable for expenses incurred:

1. for Type 3 procedures in the first six months that the insured person is covered under the dental expense benefit.
2. for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. If an employee or dependent does not enroll within 31 days from the date the person qualifies for the insurance, or elects to become insured again after canceling a premium contribution agreement, he/she will be classified as a late entrant.
3. for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
4. to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within five years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the insured person is covered under the dental expense benefit, it will be considered covered.
5. for initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
6. for any procedure begun before the insured person was covered under the dental expense benefit.
7. for any procedure begun after the insured's insurance under the dental expense benefit terminates, or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the dental expense benefit terminates.
8. to replace lost or stolen appliances.
9. for appliances, restorations or procedures to:
 - a. alter vertical dimension,
 - b. restore or maintain occlusion,
 - c. splint or replace tooth structure lost because of abrasion or attrition
10. for any procedure which is not shown on the Table of Dental Procedures.
11. for orthodontic treatment.
12. for which the insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
13. for charges which the insured person is not liable or which would not have been made had no insurance been in force.
14. for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
15. because of war or any act of war, declared or not.



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-08, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 11-09) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our PPO network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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Dental RewardsSM



first in the industry... A plan that rewards insureds who visit the dentist and use only a portion of their annual maximum benefit in a year. With its increasing annual maximum feature, each insured employee and dependent earns additional money toward his/her next year's annual maximum.

- Insureds qualify by each filing a dental claim yearly and not exceeding the plan's annual threshold amount.
- Helps insureds build their annual max amount toward future covered dental procedures.

Annual Maximum for Preventive, Basic and Major Procedures . . .	\$1,000
Annual Benefit Threshold (not exceeding this amount)	\$500
Annual Carry Over/Reward Toward Next Benefit Year	\$250
Next Benefit Year's Annual Max Plus Carry Over/Reward	\$1,250

Maximum Carry Over/Reward is \$1,000 (additional accumulation toward annual maximum).

After the first Benefit Period following the effective date of this plan, the Maximum Amount Per Insured Person as shown may be increased by the Carry Over Amount if:

- a) The Insured Person has submitted a claim for dental expenses incurred the preceding Benefit Period, and
- b) The benefits paid for dental expenses incurred in the preceding Benefit Period did not exceed the Benefit Threshold.

In each succeeding Benefit Period in which the total dental expenses benefits paid do not exceed the Benefit Threshold, the Insured Person will be eligible for the Carry Over Amount.

The Carry Over Amount can be accumulated from one Benefit Period to the next up to the Maximum Carry Over amount, unless:

- a) During any Benefit Period, dental expense benefits are paid in excess of the Benefit Threshold. In this instance, there will be no additional Carry Over Amount for that Benefit Period, or
- b) During any Benefit Period, no claims for dental expenses incurred during the preceding Benefit Period are submitted. In this instance, there will be no Carry Over Amount for that Benefit Period, and any accumulated Carry Over Amounts from previous Benefit Periods will be forfeited.

Eligibility for the Carry Over Amount will be established or reestablished at the time the first claim in a Benefit Period is received for dental expenses incurred during that Benefit Period.

To properly calculate the Carry Over Amount, claims should be submitted timely in accordance with the Proof of Loss provision found within the General Provisions Section of the Certificate of Insurance. You have the right to request review of prior Carry Over Amount calculations. The request for review must be within 24 months from the date the Carry Over Amount was established.



The Dental and Eye Care ExpertsSM
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