Ameritas PPO Plans 3000, 3500, 4000 & 5000 Benefit Summaries

(Also available as Voluntary Plans)

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[2,3]		PPO 3500[2,3]		PPO 4000[2,3]		PPO 5000[2,3]	
Plan Benefits	In-Network	Out-of-Network†	In-Network	Out-of-Network†	In-Network	Out-of-Network†	In-Network	Out-of-Network†
Annual Maximum	$1,100	$700	$1,100[1]	$1,100[1]	$1,300[1]	$1,100[1]	$1,700[1]	$1,400[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%	80%	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.

2 Please consult the applicable plan certificate for specific plan details.

3 Includes Maternity Benefit which provides an additional comprehensive evaluation and cleaning during pregnancy (See EOC for details).

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

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 their Benefit Threshold listed below, 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

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(Continued)

(Also available as Voluntary Plans)

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 (12 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 (12 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.

** 12 month waiting period applies. Waiting period will be waived for groups with 10+ employees and 12 months continuous uninterrupted orthodontia coverage on previous plan.

Ameritas Extras*

Members enrolled on the PPO 4000 or PPO 5000 now have LASIK and Hearing Care Coverage benefits! These benefits are not tied to a network so members can seek services from any LASIK or hearing care provider. The benefits can even be used in conjunction with discounts or specials offered by the provider.

The LASIK benefit makes it more affordable for members to obtain laser vision corrections and reduce their dependency on glasses or contacts.

The hearing benefit provides coverage for an annual hearing exam and helps cover the cost of hearing devices and maintenance.

LASIK Lifetime Benefit per Eye[1]	Benefit
Lifetime maximum per person[2]	$175 if used in year 1
	$175 if used in year 2
	$350 if you wait and use it in year 3

Annual Hearing Exam Benefit[1]	$75
Hearing Aid Benefit per Ear[3,4]	$100 is used in year 1
	$300 if used in year 2
	$400 if used in year 3
Hearing Aid Maintenance Batteries, service contracts, fittings, ear mold and repairs	$40

* Lasik and Soundcare benefits are available to groups with 5+ enrolled Dental PPO members.

1 This is only a summary of benefits. Please consult Ameritas Certificate for complete coverage details.

2 The maximum is per eye and cannot be combined toward double coverage for a single eye.

3 Once the hearing benefit is used, at any level, members become re-eligible for the benefit, at the top level, after five (5) years as long as there is not break in coverage. A reduced benefit is available after three (3) years if there is hearing deterioration the current aids can't correct, as long as there is no break in coverage.

4 Plan pays 50% of hearing aid cost up to the maximum benefit amount. The maximum is per ear and cannot be combined toward double coverage for single ear.

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.

Ameritas PPO Plans 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.