
Ameritas Dental Plan - PPO

To access the full value of the PPO Plan, you are strongly encouraged to utilize In-Network providers. If you are not planning to utilize an In-Network Provider, do not enroll in the PPO Plan or your Out-of-Network benefits will be significantly reduced. Out-of-Network benefits will be paid based on the maximum allowable charge.

PLAN YEAR DEDUCTIBLE

\$50.00 per individual for Type II (Basic) and Type III (Major) Procedures (3 times family limit). After the date that 3 members of a family have each satisfied their individual deductible, the entire deductible or any remaining portion of the deductible for any family member will be waived for the rest of that plan year. *All deductibles are waived for all covered services when a member utilizes a network provider.*

TYPE I - PREVENTIVE AND DIAGNOSTIC / No deductible applies.

Type I benefits are payable at 100% Contracted Fee Allowance*

- Routine Exams (*Two per benefit period*)
- Sealants (*Age 16 & Under*)
- Bitewing X-rays (*Two per benefit period*)
- Cleanings (*Two per benefit period*)
- Full Mouth/Panoramic X-rays (*1 in 3 years*)
- Periapical X-rays
- Fluoride for Children 18 & Under (*One per benefit period*)

TYPE II - BASIC PROCEDURES / \$50.00 deductible applies.

Type II benefits are payable at 80% Contracted Fee Allowance*.

- Restorative Amalgams
- Crown Repair
- Restorative Composites
- Extractions - Simple/Complex
- Endodontics - Surgical/Nonsurgical
- Anesthesia
- Denture Repair

TYPE III - MAJOR PROCEDURES / \$50.00 deductible applies.

Type III Benefits are payable at 50% Contracted Fee Allowance*.

- Onlays
- Periodontics - Nonsurgical
- Crowns
- Periodontics - Surgical
- Implants
- Prosthodontics - Fixed bridge/removable complete/partial dentures

ORTHODONTIA

Paid at 50% with a \$1,500 lifetime maximum per person. No deductible applies. (Includes Children and Adults)

*Contracted Fee Allowance

ANNUAL MAXIMUM BENEFIT (NEW PLAN ENHANCEMENT)

*For both the standard and PPO plans you're able to accumulate roll-over dollars toward your annual Dental maximum by following the below requirements. **We have removed the cap on this rollover amount, allowing you to accumulate as much as you're able as long as you follow the below criteria.***

You will also be allowed to roll-over an additional \$100 towards your lifetime ortho max.

Type I, II and III Procedures - \$2,000 per plan year per person.
Orthodontia Procedures - \$1,500 Lifetime per person.

Dental Rewards Requirements:

1. Visit a dentist between January 1 and December 31 of the plan year.
2. Submit a claim for payment prior to March 1 of the following year.
3. Total benefits paid for the Calendar Year must be less than \$750.

If you meet all 3 requirements you will have an additional \$250 available in the Annual Dental Maximum for the next plan year. (Plus an additional \$150 if you visit a dentist in our panel). In future years if you have benefits paid of less than \$750,, additional amounts of \$250 will be added to the carryover. You no longer have a cap on the amount you can accumulate for this added benefit.

SoundCareSM Hearing Health Benefits

Life's getting louder. Thanks to the cranked-up volume of modern life, hearing loss has become one of the most common chronic health problems in the U.S. It afflicts more than 30 million of us - about 10% of the population has a significant hearing loss -

and the number is growing. Today's Baby Boomers have the most active and noisy lifestyle of any previous generation. And hearing loss is occurring at younger and younger ages, partly because of electronic devices that flood our society.

In addition to the obvious culprits we're sticking in our ears - portable media players, cell phone earpieces, gaming headsets - here's a look at common noises that affect hearing, and the amount of time it can take for hearing loss to occur:

- _ stadium football game: two and a half hours
- _ tractor: 37 minutes
- _ hand drill: 23 minutes
- _ snowmobile: 15 minutes
- _ leaf blower, smoke alarm, chain saw, airplane cabin: a minute and a half
- _ rock concert, ambulance: 9 seconds

For those employees that choose to enroll in the PPO plan they will now have a sound care benefit available to them at no additional charge. This is a new feature for this plan year and something we're excited to offer. You can use your dental roll-over dollars to increase your sound care maximum an additional \$100, which will cap the annual maximum benefit. The new benefits are outlined below.

Ameritas Hearing Care Summary - Soundcare

Plan Design	Soundcare
<i>Coinsurance:</i>	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
<i>Deductible:</i>	
Annual Hearing Exam	\$0
Hearing Aid	\$0
Hearing Aid Maintenance	\$0
<i>Maximum (per benefit period):</i>	
Annual Hearing Exam	Up to \$75
<i>Hearing Aids (per ear):</i>	
Year One	Up to \$200
Year Two	Up to \$600
Year Three	Up to \$800
Hearing Aid Maintenance	Up to \$40
Ameritas Rewards	\$100.00
Employee Participation	All employees in the PPO Dental Plan receive the benefit

ELIGIBLE EMPLOYEES

You are eligible for insurance if you are a full-time active employee working at least 30 hours per week.

ELIGIBLE DEPENDENTS

Provides Coverage On:

- Your Spouse
- Children up to age 26. (Children can be added within 30 days of turning two years old with no late entrant).

DENTAL EXCLUSIONS (DEFERMENT PERIOD)

During the first 36 months following your or your dependent's Dental Coverage Effective Date, the initial placement of dentures, partial dentures, or bridges, if it includes the replacement of teeth all of which are missing prior to the effective date. (For currently covered insureds, Ameritas will use the employees Date of Hire to determine the 36 month period.) This exclusion will not apply if the prosthesis replaces a sound natural tooth which is extracted while the patient is insured under this Dental Coverage and which is replaced within 12 months of the extraction. During the first 36 months of coverage, the replacement of bridges, partial dentures, dentures, inlays or crowns is excluded. **EXCEPTIONS** to this exclusion will be made if the replacement is made necessary by: a) accidental bodily injury to sound natural teeth (chewing injuries are not considered accidental bodily injuries), or b) the extraction of a sound natural tooth provided the replacement is completed within 12 months of the date of the injury or extraction.

PRE-DETERMINATION OF BENEFITS

A treatment plan **MAY** be filed if a proposed course of treatment will exceed \$200.00. With this information, Ameritas can determine the benefits payable under this policy prior to the work actually being done. It will give the insured the amount payable, along with an idea of the out of pocket expense.

LATE ENTRANT

If you do not elect to participate in the dental program when first eligible, you will be considered a **Late Entrant** and you must wait 12 months for certain benefits. If an employee or dependent does not elect to participate when initially eligible, and elects to participate at the policyholders next annual election period, they will become a **Late Entrant**. **For a Late Entrant, benefits will be limited to Preventive and Basic for the first 12 months.** The late entrant provision is waived if the employee comes on the plan as a result of a qualifying event.

CERTIFICATE OF INSURANCE

The Certificate of Insurance issued to you describes in detail the benefits and limitations of this plan. This brochure is for general information only.

COORDINATION OF BENEFITS

If you or any of your dependents incur charges which are covered by any other group plan, the benefits of this plan will be coordinated with the benefits of the other plan so that the total benefits received are not greater than the charges incurred.

SECTION 125

This policy is provided as part of the Policyholder's Section 125 Plan. Each member has the option under the Section 125 Plan of participating or not participating in this policy. A member may change their election only during an annual election period, except for a change in family status. Examples of such events would be marriage, divorce, birth of a child, death of a spouse or child or termination of employment. Please see your plan administrator for details.

EXCLUSIONS (This is not a complete List)

- 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 who elected to become covered again after canceling a premium contribution agreement will be classified as a late entrant.
- for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspid are considered cosmetic.
- 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 plan member is covered under the dental expense benefit, it will be a Covered Expense.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment. (Unless otherwise specified in this contract.)
- for which the plan member 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.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.

ORTHODONTIA LIMITATIONS (This is not a complete list)

No benefit is payable for expenses incurred:

- In connection with a Treatment Program which was begun before the individual became insured for orthodontic benefits.
- During any quarter of a Treatment Program if the individual was not continuously insured for orthodontic benefits for the entire quarter.
- After the individual's insurance for orthodontic benefits terminates.

Ameritas Managed Care Products

- Employers achieve a balance between cost efficiency and employee choice.
- Plan members are free to receive care from any dentist they choose. Their out-of-pocket expenses are generally lower when using PPO dentist who have agreed to provide dental care at contracted fees.
- Over 70,000 PPO provider access points are available nationwide.
- PPO network dentists must meet our credentialing and quality assurance evaluation requirements.

12-MONTH PPO DENTAL RATES

Employee Only	\$29.09
Employee & Family	\$99.85

10-MONTH and 11-MONTH PPO DENTAL RATES

Employee Only	\$34.91
Employee & Family	\$119.82

For Claims/Customer Service Questions call Ameritas: 1-800-487-5553.

This insurance is underwritten by Ameritas Life Insurance Corp.

If you have any questions about PPO, Claims or the plan, please call:
Ameritas Group Claims Department at 800-487-5553

Or visit the Ameritas website at:
www.AmeritasGroup.com





Ameritas PPO Dental Plan

PLAN HIGHLIGHTS

The Ameritas PPO Dental Plan will mirror the current High Plan with a few differences:

LOWER PREMIUMS

- Compared to the High Plan, the PPO Plan can save you \$83 - \$290 per year depending on your level of coverage.

	MONTHLY		ANNUAL SAVINGS
	High Plan	PPO Plan	
Employee	\$34.71	\$27.72	\$83.88
Employee & Family	\$119.35	\$95.11	\$290.88

LOWER PROCEDURE COSTS

- To access the full value of the PPO Plan, you are strongly encouraged to utilize In-Network providers. Currently, there are 164 In-Network Providers in Guilford County. (If you are not planning to utilize an In-Network Provider, do not sign up for the PPO Plan or your Out-of-Network benefits will be significantly reduced.)
- All In-Network Providers have a lower negotiated rate for procedures. This not only saves you money out-of-pocket, but also allows you to get more out of your Annual Maximum Allowance.
- Please see below for examples of cost savings.

Procedure (Code)	% covered under plan ¹	Out-of-Network Cost ²	Your Cost	In-Network Cost ³	Your Cost	Savings ⁴
Exam (D120)	100%	\$49	\$0	\$35	\$0	\$0
Cleaning (D1110)	100%	\$88	\$0	\$64	\$0	\$0
Filling (D2330)	80%	\$166	\$33.20	\$108	\$21.60	\$11.60
Simple Extraction (D7140)	80%	\$173	\$34.60	\$102	\$20.40	\$14.20
Crown (D6750)	50%	\$1,100	\$550	\$766	\$383	\$167
Pontic (Bridge) (D6240)	50%	\$1,100	\$550	\$750	\$375	\$175

1 - \$50 deductible per covered individual per calendar year applies for Type 2 (Basic) and Type 3 (Major) Procedures.

2 - Cost represents Usual & Customary Charges in the Greensboro area

3 - Cost represents the Maximum Allowable Benefit for In-Network Providers

4 - Savings is your total out-of-pocket savings. You are also saving on dollars applied toward your Annual Maximum Allowance.