

Plan 1: Dental Plan Summary

Effective Date: 10/1/2015

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	90th U&C
Waiting Period	None
Pediatric Dental	Included
Annual Open Enrollment	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$2,000
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (4 in 12 months) • Fluoride for Children 18 and under (1 in 12 months) • Sealants (age 18 and under) 	<ul style="list-style-type: none"> • Space Maintainers • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 10 years per tooth) • Crown Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) • Anesthesia

Passive 70: Pediatric Dental Benefits Summary

Effective Date: 10/1/2015

Plan Benefit	
Type 1	100%
Type 2	55%
Type 3	35%
Deductible	\$75/Calendar Year Type 1,2,3 No Family Maximum
Out of Pocket Maximum - per child	\$350
Multi-Child Out of Pocket Maximum	\$700
Annual Maximum	NA
Allowance	75th U&C
Waiting Period	None

Medically Necessary Orthodontia Summary

Allowance	U&C
Plan Benefit	50%
Out of Pocket Maximum	Combined with Dental (see above)
Lifetime Maximum	NA
Waiting Period	24 months All Plan Members

Participation Requirements

- Pediatric dental benefits shown here are priced as part of Plan 1. Pediatric coverage is limited to persons under age 19.

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (2 per benefit period) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 per benefit period) • Fluoride for Children 18 and under (2 per benefit period) • Sealants (age 16 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites • Periodontics (nonsurgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia • Onlays 	<ul style="list-style-type: none"> • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (surgical) • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

This plan has been certified by the federal government and meets requirements for pediatric dental EHB under the Affordable Care Act.

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **City of Glenn Heights**. 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.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart 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.

Eyewear Savings

Ameritas plan members may receive up to 15% 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 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.

Dental Network

In Texas, our network and plans are referred to as the Ameritas Dental 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.

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.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

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.

Pediatric Dental Essential Health Benefits (EHB)

Pediatric dental EHB are one of ten benefit categories that must be offered to small employers by the Affordable Care Act and are subject to consumer protections, including no annual or lifetime limits and established member out of pocket maximum.

Better Benefit

If a member under the pediatric dental age receives a service eligible for payment under either the traditional family benefits or the pediatric dental benefits, we will review the claim under the parameters of both benefit coverages and consider the better benefit for payment by us.

Out of Pocket Maximum

The most a member will pay for pediatric dental benefits before this plan begins to pay 100% of covered services. Expenses accumulated toward this limit do not include premium, charges in excess of the allowed amount, payments for procedures performed out-of-network or for non-covered services, including services not fully reimbursed due to contractual limitations such as frequency limitation or alternative benefit provision.

Multi-Child Out of Pocket Maximum

The most a family will pay for pediatric dental benefits before this plan begins to pay 100% of covered services. When the combined expenses accumulated for covered services meets the multi-child out of pocket maximum, all remaining out of pocket maximums for that family will be waived. Once any one individual meets their individual out of pocket maximum we will pay 100% of covered services for that individual.

Medically Necessary Orthodontia

For orthodontia, medically necessary relates to serious medical conditions, such as cleft lip or cleft palate (as defined by state). Pretreatment estimates are strongly encouraged before beginning any orthodontic treatment.

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.