

PLAN SUMMARIES

	CO-PAY PLAN	CO-INSURANCE PLAN
WHICH NETWORKS SHOULD I USE?	GOLD & PLATINUM General Dentists Only	GOLD & PLATINUM
WHEN IS MY PLAN EFFECTIVE?	1st day of the following month from the date we receive your enrollment	1st day of the following month from the date we receive your enrollment
WHO CAN I INCLUDE ON MY PLAN?	Spouse & any unmarried children up to age 26	Spouse & any unmarried children up to age 26
WHAT IF I REQUIRE SPECIALIST SERVICES? Most covered services can be performed by a general dentist and do not need specialist care.	Not applicable	Coinsurance plans: After waiting periods and deductibles are met, members receive a paid benefit for covered services provided by both contracted general and specialist providers.

TYPE OF PLAN	INSURED		INSURED			
	Contracted	Non- Contracted	OPTION 1		OPTION 2	
			Contracted	Non-Contracted**	Contracted	Non-Contracted**
PREVENTIVE Cleanings (2 per year), exams, fluoride & x-rays	100%	Refer to website for partial schedule of Co-Payments Non-Contracted D.S. Payment	100%	100% of fee schedule	100%	100% of fee schedule
BASIC Fillings & oral surgery	UP TO 70% COVERAGE		70%	70% of fee schedule	80%	80% of fee schedule
MAJOR Crowns, bridges, endodontics, periodontics, & dentures	UP TO 50% COVERAGE		50%	50% of fee schedule	50%	50% of fee schedule
DEDUCTIBLE Per person, effective date year Applies to all services	\$25/\$75		\$75/\$225		\$50/\$150	
MAXIMUM BENEFIT Per person, effective date year Applies to preventive, basic & major services	UNLIMITED		\$1,000 (or which \$500 per year can be used for Major Services)			
WAITING PERIODS	Basic Major Orthodontic	6 MONTHS 12 MONTHS NONE	6 MONTHS 18 MONTHS NONE		6 MONTHS 15 MONTHS INSURED - 24 MONTHS	

ORTHODONTICS No waiting periods Non-Insured coverage	Children & Adults		NO COVERAGE	NO COVERAGE		Contracted Providers Children 18 & under 50% insured after Adult - Discount May Apply*
	Contracted Provider	Discount May Apply*		Contracted Provider	Discount May Apply*	
ORTHODONTIC MAXIMUM	Not applicable		Not applicable		\$500 PER YEAR \$1,000 LIFETIME MAXIMUM	

*Subject to state law, discounts may be available from a Specialist dentist for services not otherwise covered by your plan. It is recommend you contact a Dental Select Customer Care representative at 800-999-9789 or, consult with your provider to confirm availability.

**For services rendered by out-of-network, providers the patient is responsible for the difference between the plan payment and the provider's standard fee. No balance billing for services rendered by a contracted provider.

Claim payments are subject to review. We strongly recommend a pre-estimate for implants & all major services. This is a summary only. For complete details, refer to your dental policy.

IMPORTANT NOTICE: This information is a brief description of the important features of this insurance plan. It is not an insurance contract. All plans of insurance are marketed by Dental Select, an insurance agency, and underwritten by Ameritas Life Insurance Corp. Ameritas is rated A (Excellent) by AM Best. Ratings are an indication of the company's financial strength and ability to meet obligations to its insureds.



All plans of insurance are marketed by Dental Select, an insurance agency, and underwritten by Ameritas Life Insurance Corp.; both affiliates of Ameritas Mutual Holding Company. 5900 O Street / P.O. Box 81889 / Lincoln, NE 68501-1889

Included with Every Dental Plan



Dental Select's vision products are provided through EyeMed Vision Care which offers access to more than 98,000 independent practitioners and optical retail providers at more than 25,000 locations nationwide.

Plan Highlights

- ✓ No Maximums
- ✓ No Waiting Periods
- ✓ No Claims to Submit
- ✓ No Visit Limitations

To find a Discount Network provider near you, visit dentalselect.com or call customer care at **1-800-999-9789**.

DISCOUNT VISION - SUMMARY OF VISION BENEFITS

VISION CARE SERVICES	MEMBER COST
Exam with Dilation as Necessary:*	\$5 OFF ROUTINE EXAM \$10 OFF CONTACT LENS EXAM
Complete Pair of Glasses Purchase: frame, lenses and lens options must be purchased in the same transaction to receive full discount.	
STANDARD PLASTIC LENSES:	
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Progressive	\$135
FRAMES:	
Any frame available at provider location	35% off retail price
LENS OPTIONS:	
UV Coating	\$15
Tint (Solid & Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$40
Standard Anti-Reflective Coating	\$45
Other Add-ons & Services	20% Discount
CONTACT LENS MATERIALS:	
(Discount applies to materials only)	
Disposable	N/A
Conventional	15% off retail price
LASER VISION CORRECTION:	
Lasik or PRK	15% off retail price -or- 5% off promotional price
* Under contract, ACCESS Vision Providers may charge usual & customary rates for a comprehensive exam up to a contracted fee per region.	

The EyeMed network offers convenient availability of independent providers and leading optical retail providers such as:



The EyeMed Discount Vision Plan is a fee for service discount plan, it is not an insured product. This program provides discounts only from a certain network of vision providers. The member is responsible to pay for all services but will receive a discount from vision providers who are contracted on the EyeMed Network.