

PLAN SUMMARY

	OPTION 1		OPTION 2	
	CONTRACTED	NON-CONTRACTED	CONTRACTED	NON-CONTRACTED
PREVENTIVE Cleanings (2 per year), exams, fluoride & x-rays	100%	100% of fee schedule	100%	100% of fee schedule
BASIC Fillings & oral surgery	70%	70% of fee schedule	80%	80% of fee schedule
MAJOR Crowns, bridges, endodontics, periodontics, & dentures	50%	50% of fee schedule	50%	50% of fee schedule
DEDUCTIBLE Per member, effective date year Applies to all services	\$75/\$225		\$50/\$150	
MAXIMUM BENEFIT Per member, effective date year Applies to preventive, basic & major services	\$1,000 of which \$500 per year can be used for major services			
ORTHODONTIC BENEFIT OPTION Children 18 & under	NOT COVERED unlimited maximum		50% \$1,000 lifetime maximum \$500 per year	

UNDERWRITING GUIDELINES

WAITING PERIODS	CONTRACTED	NON-CONTRACTED
Basic	6 months	6 months
Major	18 months	15 months
Orthodontic	None	Insured - 24 months

*For services rendered by out-of-network providers, the patient is responsible for the difference between the plan payment and the provider's charges.

**Max age may vary by state if full time student

IMPORTANT NOTICE: This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. Group dental and vision products are issued by Ameritas Life Insurance Corp. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2020 Ameritas Mutual Holding Company

FAQ

Provider Network

More than 360,000 providers available nationwide.

Can I go out of Network?

Yes.*

When is my plan effective?

1st day of the following month from the date we receive your enrollment.

Who can I include on my plan?

Spouse and any unmarried children up to age 19.**

What if I require special services?

Most covered services may be performed by a general dentist.

After waiting periods and deductibles are met, members receive a paid benefit for covered services provided by both general and specialist providers.

Plan Highlights

- ✔ More than 360,000 provider access points nationwide
- ✔ Annual maximums up to \$5,000
- ✔ Dual option plans available
- ✔ Implant benefits available



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

Discount Vision

DentalSelect

Included on 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 member services 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.