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Insured Group Dental  
and Vision Plans.



Hi. We're Dental Select.



**Dental Select + Ameritas =  
The formula to unbelievably  
easy insurance.**

**Dental Select's group and individual products are underwritten and insured by Ameritas Life Insurance Corp.**

Ameritas is one of the country's largest dental and vision carriers, offering a wide range of insurance and financial products and services serving nearly 4.5 million customers. And they're experienced too, with a legacy that stretches to the late 19th century. We're proud to be working together and you can be confident you are in good hands.



Headquartered in Salt Lake City, with customizable plans throughout the United States, we administer dental and vision benefits for our **470,000+** members.

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Simplifying the insurance experience is what makes us different. It's why we've been around for more than thirty years and why clients stay with us - so go on, take a look and see why members recommend their Dental Select plan.

# Strength in numbers.

Our Platinum Dental Network is made up of multiple partnerships and combined, means greater national network access for multi-city clients. With one of the largest dental networks available, the accessibility of our providers ensures more access to cost-saving dentists across the country.

NETWORKS:

DentalSelect

Principal

DENTEMAX

Connection  
Dental Network

CARE  
PPO  
Careington

360k

Dentist Access Points Nationwide

90k

Dental Providers & Specialists

# Nationwide vision, like love at first sight.

eyemed

Supported by EyeMed, our vision members have access to a national provider network, our online partner programs and designer brands like RayBan, Dolce & Gabana, Oakley, Prada, and Coach. Having top storefront retailers, glasses.com, and Contactsdirect make purchasing simple and convenient.

**98k**

Independent Vision  
Practitioners

**27k**

Vision Retail Locations

RETAILERS:

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS

PEARLE  
VISION

OPTICAL

ONLINE:

GLASSES.com

contactsdirect

# The Ultimate

# Dental

# Plan

# Collection.

**Copay Plan:** Strong savings and fixed copays. Members know up front how much they'll pay at each dental visit. (Only available in Utah and Texas.)

**MAC or R&C Plan:** Flexibility is key. Our most comprehensive and customizable plan, can be backed by either our proprietary regional or nationwide dental networks.

**High Deductible Plan:** Low premiums, more transparency. As one of our easiest plan designs, this plan is straightforward, customizable, consistent and affordable.



Customizable plans  
in 46 states



Annual maximums  
up to \$5000, or  
unlimited maximums  
(where available)



Automatic annual  
maximum increases with  
MaxRewards



True open enrollment,  
allowing greater  
enrollment eligibility



Orthodontia and no  
waiting period options  
available for groups  
with as few as 2

Copay	In-Network (Contracted Dentists <sup>1</sup> )	Out-of-Network (Non Contracted Dentists <sup>1</sup> )
Preventive	100%	In-network contracted amount. Member is responsible for balance.
Basic	Fixed Copays Based on fee schedule	Applies to Preventive, Basic and Major services.
Major	Fixed Copays Based on fee schedule	
Orthodontics	Discount may apply <sup>2</sup>	
Deductible	\$0 for Groups of 6+ \$25/\$75 for 2-5 enrolled	
Maximum Benefit	Unlimited Per member/per calendar year	
Waiting Periods	No Waiting Periods	

See sample payment schedule online: <https://www.dentalselect.com/2021-fee-schedules/>

## DentalSelect

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. © 2021 Ameritas Mutual Holding Company.

<sup>1</sup> Contracted provider benefit based on a fixed copay; Non-contracted provider benefit based on maximum allowable.

<sup>2</sup> Subject to state law, discount may be available from a Specialist dentist for services not otherwise covered by your plan. It is recommended you contact a Dental Select Customer Care representative at 800-999-9789 or, consult with your provider to confirm availability.

<sup>3</sup> Includes endodontics and periodontics.

<sup>4</sup> Voluntary groups which have not previously offered a dental program within the last 12 months will include waiting periods unless otherwise requested and approved.

<sup>5</sup> Dental Select's High Deductible Plan is not a High Deductible Health Plan (HDHP) for purposes of establishing a Health Savings Account (HSA) or eligibility for an HSA. In-Network plan payment based on fee schedule. Out-of-network plan payment based on R&C. Waiting periods may apply. Orthodontia services are covered at 50%. If orthodontia is elected. See plan summary for details.

<sup>6</sup> Unlimited Maximum benefits are not available for orthodontia services which have a \$1000 Lifetime Maximum.

Participation Requirements:

Copay Plans  
Minimum of 2 employees required to enroll.

Coinsurance & High Deductible Plans  
Contributory: Minimum of 2 and 75% of all eligible employees.  
Voluntary: Groups 2-20: Minimum of 2 and 25% of eligible employees. Groups 21+: Minimum of 5 must enroll.



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

## Coinsurance

MAC/R&C	In-Network (Contracted Dentists)	Out-of-Network (Non Contracted Dentists)
Preventive	100% of fee schedule	100% of fee schedule/or R&C
Basic	80% of fee schedule	80% of fee schedule/or R&C
Major <sup>3</sup>	50% of fee schedule	50% of fee schedule/or R&C
Orthodontics	50% of fee schedule	50% of fee schedule/or R&C
Deductible	\$50/\$150 Per member/per family, per plan year. Applies to Basic and Major services.	\$50/\$150 Per member/per family, per plan year. Applies to Basic and Major services.
Maximum Benefit	\$1000 Per member, per plan year. Applies to Preventive, Basic and Major services.	\$1000 Per member, per plan year. Applies to Preventive, Basic and Major services.
Waiting Periods <sup>4</sup>	No Waiting Periods for groups with similar previous coverage	No Waiting Periods for groups with similar previous coverage

High Deductible <sup>5</sup>	In-Network (Contracted Dentists)	Out-of-Network (Non Contracted Dentists)
Preventive	80%	80%
Basic	80%	80%
Major <sup>5</sup>	80%	80%
Orthodontics	50%	50%
Deductible	\$200/\$600 Per member/per family, per calendar year. Applies to Preventive, Basic and Major services.	\$200/\$600 Per member/per family, per calendar year. Applies to Preventive, Basic and Major services.
Maximum Benefit <sup>6</sup>	Unlimited Per member, per calendar year. Applies to Preventive, Basic and Major services.	Unlimited Per member, per calendar year. Applies to Preventive, Basic and Major services.
Waiting Periods <sup>4</sup>	12 Months Applies to Major and Orthodontic Benefits.	12 Months Applies to Major and Orthodontic Benefits.



# Vision plans to set **your sights** on.

## Vis-6

Our most popular plan with low costs and minimal co-pays.

## Vis-8

Allows frames **and** contact lenses once every 12 months.

## Vis-12

Offers yearly coverage for services and allows frames **and** contact lenses once every 12 months.

## Vis-21

Includes a higher annual allowance for frames **or** contact lenses.

## Discounts:

Declining balance on contact lens materials, 40% discount off additional prescriptions eyeglass purchases, 15% off conventional contact lenses once benefit has been used.

## LASIK or PRK:

15% off retail price -or- 5% off promotional price.

# Vis-6

## Dental Select

Vision Services	Access Network	Select Network	Insight Network	Out-of-Network
Exam with Dilation as Necessary	\$10	\$10	\$10	Up to \$35
Standard Contact Lens fit & follow-up	Up to \$55	Up to \$40	Up to \$40	N/A
Premium Contact Lens fit & follow-up	10% off retail	10% off retail	10% off retail	N/A

### Frames

Any Frame at Provider's Location	\$0 Copay, \$100 allowance; 20% off balance over \$100			Up to \$50
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### Lenses

Single Vision	\$10	\$10	\$10	Up to \$25
Bifocal	\$10	\$10	\$10	Up to \$40
Trifocal	\$10	\$10	\$10	Up to \$55
Standard Progressive	\$75	\$75	\$75	Up to \$40
Premium Progressive	\$75-\$120 Copay, \$120 allowance; 20% off balance over \$120			Up to \$40

### Lens Options

UV Coating	\$15	\$15	\$15	N/A
Tint (Solid & Gradient)	\$15	\$15	\$15	N/A
Standard Scratch-Resistance	\$15	\$15	\$15	N/A
Standard Polycarbonate	\$40	\$40	\$40	N/A
Standard Anti-Reflective Coating	\$45	\$45	\$45	N/A
Other Add-ons & Services	20% Discount	20% Discount	20% Discount	N/A

### Contact Lens Materials

Conventional	\$0 Copay, \$115 allowance; 15% off balance over \$115			Up to \$100
Disposable	\$0 Copay, \$115 allowance; member responsible for balance over \$115			Up to \$100
Medically Necessary	\$0 Copay; paid-in-full			Up to \$200

### Frequency

Examination	Once every 12 months
Frame	Once every 24 months
Lenses	Glasses OR contacts every 12 months

### Laser Vision Correction

Lasik or PRK (US Laser Network)	15% off retail price -or- 5% off promotional price	N/A
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# Vis-8

Vision Services	Access Network	Select Network	Insight Network	Out-of-Network
Exam with Dilation as Necessary	\$0	\$0	\$0	Up to \$35
Standard Contact Lens fit & follow-up	Up to \$55	Up to \$40	Up to \$40	N/A
Premium Contact Lens fit & follow-up	10% off retail	10% off retail	10% off retail	N/A

### Frames

Any Frame at Provider's Location	\$0 Copay, \$100 allowance; 20% off balance over \$100			Up to \$50
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### Lenses

Single Vision	\$0	\$0	\$0	Up to \$25
Bifocal	\$0	\$0	\$0	Up to \$40
Trifocal	\$0	\$0	\$0	Up to \$55
Standard Progressive	\$65	\$65	\$65	Up to \$40
Premium Progressive	\$65-\$110 Copay, \$120 allowance; 20% off balance over \$120			Up to \$40

### Lens Options

UV Coating	\$15	\$15	\$15	N/A
Tint (Solid & Gradient)	\$15	\$15	\$15	N/A
Standard Scratch-Resistance	\$15	\$15	\$15	N/A
Standard Polycarbonate	\$40	\$40	\$40	N/A
Standard Anti-Reflective Coating	\$45	\$45	\$45	N/A
Other Add-ons & Services	20% Discount	20% Discount	20% Discount	N/A

### Contact Lens Materials

Conventional	\$0 Copay, \$200 allowance; 15% off balance over \$200			Up to \$160
Disposable	\$0 Copay, \$200 allowance; member responsible for balance over \$200			Up to \$160
Medically Necessary	\$0 Copay; paid-in-full			Up to \$200

### Frequency

Examination	Once every 12 months
Frame	Once every 12 months
Lenses	Glasses AND contacts every 12 months

### Laser Vision Correction

Lasik or PRK (US Laser Network)	15% off retail price -or- 5% off promotional price	N/A
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# Vis-12

<b>Vision Services</b>	Access Network	Select Network	Insight Network	Out-of-Network
Exam with Dilation as Necessary	\$10	\$10	\$10	Up to \$35
Standard Contact Lens fit & follow-up	Up to \$55	Up to \$40	Up to \$40	N/A
Premium Contact Lens fit & follow-up	10% off retail	10% off retail	10% off retail	N/A

## Frames

Any Frame at Provider's Location	\$0 Copay, \$100 allowance; 20% off balance over \$100			Up to \$50
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## Lenses

Single Vision	\$10	\$10	\$10	Up to \$25
Bifocal	\$10	\$10	\$10	Up to \$40
Trifocal	\$10	\$10	\$10	Up to \$55
Standard Progressive	\$75	\$75	\$75	Up to \$40
Premium Progressive	\$75-120 Copay, \$120 allowance; 20% off balance over \$120			Up to \$40

## Lens Options

UV Coating	\$15	\$15	\$15	N/A
Tint (Solid & Gradient)	\$15	\$15	\$15	N/A
Standard Scratch-Resistance	\$15	\$15	\$15	N/A
Standard Polycarbonate	\$40	\$40	\$40	N/A
Standard Anti-Reflective Coating	\$45	\$45	\$45	N/A
Other Add-ons & Services	20% Discount	20% Discount	20% Discount	N/A

## Contact Lens Materials

Conventional	\$0 Copay, \$120 allowance; 15% off balance over \$120			Up to \$100
Disposable	\$0 Copay, \$120 allowance; 15% off balance over \$120			Up to \$100
Medically Necessary	\$0 Copay; paid-in-full			Up to \$200

## Frequency

Examination	Once every 12 months
Frame	Once every 12 months
Lenses	Glasses AND contacts every 12 months

## Laser Vision Correction

Lasik or PRK (US Laser Network)	15% off retail price -or- 5% off promotional price	N/A
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# Vis-21

<b>Vision Services</b>	Access Network	Select Network	Insight Network	Out-of-Network
Exam with Dilation as Necessary	\$10	\$10	\$10	Up to \$45
Standard Contact Lens fit & follow-up	Up to \$40	Up to \$40	Up to \$40	N/A
Premium Contact Lens fit & follow-up	10% off retail	10% off retail	10% off retail	N/A

## Frames

Any Frame at Provider's Location	\$0 Copay, \$130 allowance; 20% off balance over \$130			Up to \$45
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## Lenses

Single Vision	\$25	\$25	\$25	Up to \$40
Bifocal	\$25	\$25	\$25	Up to \$60
Trifocal	\$25	\$25	\$25	Up to \$80
Standard Progressive	\$25	\$25	\$25	Up to \$60
Premium Progressive	\$25-70 Copay, \$120 Allowance; 20% off Balance over \$120			Up to \$60

## Lens Options

UV Coating	\$15	\$15	\$15	N/A
Tint (Solid & Gradient)	\$15	\$15	\$15	N/A
Standard Scratch-Resistance	\$15	\$15	\$15	N/A
Standard Polycarbonate	\$40	\$40	\$40	N/A
Standard Anti-Reflective Coating	\$45	\$45	\$45	N/A
Other Add-ons & Services	20% Discount	20% Discount	20% Discount	N/A

## Contact Lens Materials

Conventional	\$0 Copay, \$150 allowance; 15% off balance over \$150			Up to \$150
Disposable	\$0 Copay, \$150 allowance; member responsible for balance over \$150			Up to \$150
Medically Necessary	\$0 Copay; paid-in-full			Up to \$210

## Frequency

Examination	Once every 12 months
Frame	Once every 12 months
Lenses	Glasses OR contacts every 12 months

## Laser Vision Correction

Lasik or PRK (US Laser Network)	15% off retail price -or- 5% off promotional price	N/A
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DentalSelect

quotes@dentalselect.com

800-999-9789



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