

High Dental Plan

PROVIDED THROUGH AMERITAS

Refer to your Summary Plan Description to find out more details on your dental insurance.

Benefits:	In-Network (% of PDP Fee)
Type 1 – Preventative: Routine Exam (2 per benefit period), Bitewing X-rays (1 per benefit period), Cleaning (2 per benefit period), Fluoride for Child(ren) 18 and under (1 per benefit period), Space Maintainers	100% No Deductible
Type 2 – Basic: Periapical X-rays, Sealants (age 16 and under), Restorative Amalgams, Restorative Composites, Denture Repair, Simple Extractions, Complex Extractions, Anesthesia	80% Subject to Deductible
Type 3 – Major Services: Full Mouth/Panoramic X-rays (1 in 5 years), Onlays, Crowns (1 in 5 years per tooth), Crown Repair, Surgical/Nonsurgical Endodontics, Surgical/Nonsurgical Periodontics, Prosthodontics (fixed bridge; removable complete/partial dentures, 1 in 5 years)	50% Subject to Deductible
Class IV: Orthodontia <i>(Child Only Coverage)</i>	50%
Quarterly Deductible Amount <i>(Deductible applies to all benefits except Diagnostic & Preventive Services or Orthodontic Services)</i>	\$35 Per Individual
Standard Dental Annual Maximum Per Individual	\$1,250
Orthodontia Lifetime Maximum Per Individual	\$1,000

Dental Rewards ®: This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

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.

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.

Dental Rates	Monthly Cost
Employee Only	\$ 30.32
Employee + Spouse	\$ 58.12
Employee + Child(ren)	\$ 66.88
Family	\$ 94.64