

## Low Plan - Dental Plan Summary

Effective Date: 1/1/2023

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
<b>Maximum (per person)</b>	\$500 per calendar year
<b>Preventive Plus<sup>SM</sup></b>	Included
<b>Allowance</b>	Usual & Customary
<b>Waiting Period</b>	None
<b>LASIK Advantage<sup>®</sup></b>	Included
<b>SoundCare</b>	Included
<b>Annual Open Enrollment</b>	Included

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

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

## Preventive Plus<sup>SM</sup>

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

## 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.

## Ameritas Information

### We're Here to Help

This plan was designed specifically for the associates of **Social Circle City School District**. 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](http://ameritas.com).

## LASIK Advantage®

LASIK Advantage provides coverage for LASIK and related procedures, including standard LASIK, Custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). Members earn a lifetime benefit per eye over time. The benefit amount increases throughout a three-year period, with the highest coverage provided at year three. Members earn benefits for each eye and can't combine benefits for both eyes to use for a single eye. If a member enrolls after the initial enrollment period, they must wait 12 months from enrollment to be eligible for coverage; after 12 months the member will begin coverage at the year-one benefit. The LASIK Advantage benefit is available to members age 18 and older. There is no network tied to this coverage.

Lifetime Benefit Earned Per Eye	Year One	Year Two	Year Three
	\$175	\$175	\$350

## Hearing Care Summary

<b>Plan Benefit</b>	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
<b>Deductible</b>	\$0
<b>Maximum (per benefit period)</b>	
Annual Hearing Exam	Up to \$75
Hearing Aids (per ear)	
Year One	Up to \$100
Year Two	Up to \$300
Year Three	Up to \$400
Hearing Aid Maintenance	Up to \$40

## Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1.

## Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

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.

### High Plan - Dental Plan Summary

Effective Date: 1/1/2023

<b>Plan Benefit</b>	
Type 1	100%
Type 2	90%
Type 3	60%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
<b>Maximum (per person)</b>	\$2,000 per calendar year
<b>Preventive Plus<sup>SM</sup></b>	Included
<b>Allowance</b>	Usual & Customary
<b>Waiting Period</b>	None
<b>LASIK Advantage<sup>®</sup></b>	Included
<b>SoundCare</b>	Included
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Adult and Child Coverage

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

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