



Dental Plan Options

The Ameritas plan options fit your dental needs backed by one of the largest dental networks nationwide and award winning service. Ranked as the best dental insurance company for seniors by Forbes Advisor. 4.5 of 5 caller satisfaction score. Network providers have agreed to charge 25-50% less than their regular rates, which can lower your out-of-pocket costs.

Plan Highlights:

- No enrollment fees or waiting periods
- Additional savings by going in-network
- Discounted fees
- Designed for those who will visit an Ameritas Classic (PPO) network provider
- Rates based on ZIP Code, not by age or gender
- Preventive Plus: Type 1 Preventive procedures are not deducted from the plan's annual maximum benefit. This saves all of the annual benefit to help pay for more expensive Type 2 and 3 procedures.



| Plan details | Premium Dental Plan | | Plus Dental Plan | | Preventive Dental Plan | |
|--|--|--------------------------|--|--------------------------|--|--------------------------|
| | Day one | After year one | Day one | After year one | Day one | After year one |
| Dental maximum benefit Per person per benefit year | Up to \$2,500** The annual maximum benefit day one is \$1,500. After year one, the maximum increases to \$2,500. | | Up to \$2,000** The annual maximum benefit day one is \$1,000. After year one, the maximum increases to \$2,000. | | Up to \$1,000** | |
| Deductible Per person per benefit year | \$50* | | \$50* | | \$50* | |
| Preventive (Type 1) | 100% in-network | | 100% in-network | | 100% in-network | |
| Applies to: | Exams (2 per year), Cleanings (2 per year), and Bitewing X-rays | | Exams (2 per year), Cleanings (2 per year), and Bitewing X-rays | | Exams (2 per year), Cleanings (2 per year), and Bitewing X-rays | |
| Basic (Type 2) | 70% in-network | 80% in-network | 65% in-network | 80% in-network | 50% in-network | 80% in-network |
| Applies to: | Fillings & Simple Extractions | | Fillings & Simple Extractions | | Fillings | |
| Major (Type 3) | 20% in-network | 50% in-network | 15% in-network | 50% in-network | 10% in-network | 20% in-network |
| Applies to: | Crowns, Root Canals, Oral Surgery, Dentures, Bridges, Implants, Periodontics, Panoramic X-rays | | Crowns, Root Canals, Oral Surgery, Dentures, Bridges, Implants, Periodontics, Panoramic X-rays | | Crowns, Root Canals, Oral Surgery, Simple Extractions, Dentures, Bridges, Periodontics, Panoramic X-rays | |

*\$50 deductible per person for Basic and Major services combined, with a maximum of three deductibles per family.

**Maximum benefit applies to Basic and Major services combined.

Plan availability varies by state. Contact [1-800-441-4411](#) for more information.

How to Enroll:

Our easy enrollment was built with you in mind.

Here are the 4 easy steps to getting enrolled:

1. Visit
2. Choose your preferred plan
3. Enter your personal information
4. Submit payment

Questions? Contact:

Minimum info needed:

- ZIP Code
- Do you need dental coverage?
- Do you need vision coverage?
- How many need coverage?

The Ameritas Dental (PPO) Network is one of the nation's largest. Network providers have agreed to charge 25-50% less than their regular rates which can lower your out-of-pocket costs. Find a contracted network provider near you. You can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Use the [dental cost estimator](#) to find average procedure charges in your area. The estimates do not include network discounts or plan benefits. This document is a plan highlight only. Your actual policy will include the full legal description of your benefits. Certain plans and plan options may not be available in all areas.

The claim allowance is the MAC in-network and the MAB out-of-network. MAB represents the lowest fee negotiated with providers.

Dental Limitations and Exclusions

Covered expenses will not include and benefits will not be payable for expenses incurred:

- For any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- To replace any crowns, inlays, onlays, veneers, complete or partial dentures within five years of the date of the last placement of these items. But if a replacement is required because of an accidental bodily injury sustained while the Insured person is covered under this contract, it will be a covered expense.
- For initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the insured person is covered under this contract. But the extraction of a third molar (wisdom tooth) will not qualify under the above. Any such appliance or fixed partial denture must include the replacement of the extracted tooth or teeth.
- For any procedure begun before the insured person was covered under the policy.
- For any procedure begun after the insured person's insurance under the policy terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under the policy terminates.
- To replace lost or stolen appliances.
- For appliances, restorations, or procedures to:
 - Alter vertical dimension;
 - Restore or maintain occlusion; or
 - Splint or replace tooth structure lost as a result of abrasion or attrition.
- For any procedure which is not shown on the Table of Dental Procedures. (There may be additional frequencies and limitations that apply, please see the Table of Dental Procedures in the policy.)
- For which the insured person is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit (except in CA & KY).
- For charges for which the insured person is not liable or which would not have been made had no insurance been in force.
- For services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- Because of war or any act of war, declared or not.
- If two or more procedures are considered adequate and appropriate treatment to correct a certain condition under generally accepted standards of dental care, the amount of the covered expense will be equal to the charge for the least expensive procedure.

Marketed By:



Underwritten By:



Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510

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Vision Plan Options



| Monthly rates | VSP Premier Vision Plan | | | | EyeMed Enhanced Vision Plan | | | |
|--|-------------------------|---------|---------|---------|-----------------------------|---------|---------|---------|
| | All other states | FL, MS | MN | MI, NC | All other states | FL, MS | MN | MI, NC |
| Policyholder | \$15.97 | \$12.78 | \$9.52 | \$11.20 | \$10.98 | \$8.78 | \$6.66 | \$7.84 |
| Policyholder plus one dependent | \$29.38 | \$23.50 | \$17.17 | \$20.20 | \$20.20 | \$16.16 | \$12.41 | \$14.60 |
| Policyholder plus two or more dependents | \$43.91 | \$35.13 | \$25.33 | \$29.80 | \$30.19 | \$24.15 | \$18.29 | \$21.52 |



| Plan details | VSP Premier Vision Plan No waiting periods. No enrollment fees. | | EyeMed Enhanced Vision Plan No waiting periods. No enrollment fees. | |
|---|---|----------------|--|----------------|
| | In-network | Out-of-network | In-network | Out-of-network |
| Benefit frequencies | <i>Benefits can be applied to contacts OR frames during the benefit year.</i> | | <i>Benefits can be applied to contacts AND frames during the benefit year, subject to benefit frequency.</i> | |
| Exam | Every 12 months | | Every 12 months | |
| Eyeglass lenses or contacts | Every 12 months | | Every 24 months | |
| Frames | Every 12 months | | Every 24 months | |
| Deductibles | | | | |
| Per person per year (based on date of service) | \$15 exam* \$25 eyeglass lenses or frames** | | \$15 exam* \$25 eyeglass lenses or frames** | |
| Eyeglasses | | | | |
| Single vision | Covered in full | Up to \$30 | Covered in full | Up to \$50 |
| Bifocal | Covered in full | Up to \$50 | Covered in full | Up to \$75 |
| Trifocal | Covered in full | Up to \$65 | Covered in full | Up to \$100 |
| Lenticular | Covered in full | Up to \$100 | Covered in full | Up to \$75 |
| Frames | Up to \$150 | Up to \$70 | Up to \$130 | Up to \$70 |
| Contacts | | | | |
| Elective | Up to \$150 | Up to \$105 | Up to \$130 | Up to \$105 |
| Fit & follow-up exam | Member cost up to \$60 | No Benefit | Member cost up to \$15 | Up to \$40 |
| Lens options & coatings, member cost | | | | |
| Standard polycarbonate | \$31 - \$35 | No Benefit | \$40 | No Benefit |
| Tints & dyes (except pink I & II) | \$34 - \$44 | No Benefit | \$15 | No Benefit |
| Scratch resistant | \$17 | No Benefit | \$15 | No Benefit |
| Anti-reflective | \$41 | No Benefit | \$45 | No Benefit |
| Ultraviolet | \$16 | No Benefit | \$15 | No Benefit |

How to Enroll:

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Here are the 4 easy steps to getting enrolled:

1. Visit
2. Choose your preferred plan
3. Enter your personal information
4. Submit payment

Questions? Contact:

vsp
vision care

VSP Premier Provider Network

VSP offers the nation's largest network of independent providers. Retail chains accepting VSP insurance include Costco, Visionworks, Walmart, and Sam's Club. Browse and buy online at eyeconic.com and get the most current deals on eyewear with network benefits.

Plan Overview

VSP Premier offers enhanced eyeglass and contact benefits. Get an eye exam every 12 months and new glasses or contacts every 12 months! Year-round enrollment available. **VSP contracted provider discounts.** Take advantage of 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options. And receive an extra \$20 to spend on featured frame brands. All lens enhancements are covered after a Deductible, saving members an average of 35-40%. Based on applicable laws, benefits may vary by doctor location.

Access Your Benefits

After your coverage begins, create an account at ameritas.com to access your benefit information. Claims history can be accessed through a VSP account at vsp.com.

VSP Premier Limitations and Exclusions

This plan does not cover:

- Services and/or materials not specifically included in this Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section below.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.

Minimum info needed:

- ZIP Code
- Do you need dental coverage?
- Do you need vision coverage?
- How many need coverage?

eye
Med

EyeMed Enhanced Provider Network

EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Find EyeMed access network providers at eyemed.com.

Plan Overview

Get an eye exam every 12 months and new glasses or contacts every 24 months! Year-round enrollment available.

Access Your Benefits

After your coverage begins, create an account at ameritas.com to access your benefit information. Claims history can be accessed through a EyeMed account at eyemed.com or the EyeMed app.

Retail Locations: Retail chains accepting EyeMed insurance include LensCrafters, Pearle Vision and Target Optical.

Online Options: Browse and buy eyewear online. Glasses.com and ContactsDirect are in the EyeMed network, and your vision benefits are applied directly to your online order.

EyeMed Provider Discounts: Take advantage of EyeMed provider discounts, including 20% off the remaining frame balance, materials not covered by the plan, and non-prescription sunglasses.

EyeMed Enhanced Limitations and Exclusions

This plan has the following limitations:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- This plan does not cover Medically Necessary Contact Lenses more than once in any 24-month period. The treating provider determines if an Insured meets the coverage criteria for this benefit as listed below. This benefit is in lieu of Elective Contact Lenses. Not covered in Texas.
- For Keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
- Patients whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best standard spectacle lens correction.
- Anisometropia of 3D or more.
- High Ametropia exceeding -10D or +10D in meridian powers.
- This plan does not cover Orthoptics or vision training and any associated testing.
- This plan does not cover Plano Lenses.
- This plan does not cover non-prescribed Lenses or sunglasses.
- This plan does not cover two pairs of glasses in lieu of Bifocals.
- This plan does not cover replacement of Lenses and Frames that are lost or broken outside of the normal coverage intervals.
- This plan does not cover medical or surgical treatment of the eyes or supporting structures.
- This plan does not cover services for claims filed more than one year after completion of the service. An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
- This plan does not cover any procedure not listed on the Schedule of Eye Care Services.

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