

This is intended to be a brief summary of each of the benefits available and not a complete disclosure of each plan's qualifications and limitations. Specific limitations and exclusions are contained in the product brochures and/or policies available and/or provide by the various insurance carriers at or following the time of enrollment.

DENTAL INSURANCE

Provided by AMERITAS (LifeRe)

This benefit allows you to go to the dentist of your choice to provide all your dental needs. There are no changes to this benefit.

Benefit Features:

- Deductible waived on preventive services
- Annual maximum: \$1,000 for Parts A - C & \$250 or \$500 for Part D (low or high option)
- Child Orthodontia covers children through age 19
- Generally no claim forms to file
- Claims from dentists in Mexico can be accepted

Benefit Description		Low Option		High Option	
		Yr. 1	Thereafter	Yr. 1	Thereafter
Type A	Preventive & Diagnostic <i>Oral Exams, Cleanings, X-Rays, Fluoride Treatments, Sealant Applications</i>	100%	100%	80%	100%
		No Deductibles No Waiting Periods		No Deductibles No Waiting Periods	
		Benefit payment based on scheduled benefit amounts. (See fee schedule for more detail.)		Benefit payment based on usual, customary and reasonable charges.	
Type B	Basic Restorative and Corrective <i>Space Maintainers & Non-Orthodontic Corrective Appliances, Basic Fillings, Bridges & Denture Adjustments, Oral Surgeries & Anesthesia, Non-Routine Emergency Exams & Emergency Palliative Treatments.</i>	100%	100%	50%	80%
		Deductibles Apply No Waiting Periods		Deductibles Apply No Waiting Periods	
		Benefit payment based on scheduled benefit amounts. (See fee schedule for more detail.)		Benefit payment based on usual, customary and reasonable charges.	
Type C	Major Restorative and Corrective <i>Endodontic Procedures, Periodontic Services, Inlays, Onlays, Crowns, Supplies & Installation of Prosthodontics & Anesthesia.</i>	None	100%	None	50%
		Deductible Applies 12 Month Waiting Period		Deductible Applies 12 Month Waiting Period	
		Benefit payment based on scheduled benefit amounts. (See fee schedule for more detail.)		Benefit payment based on usual, customary and reasonable charges.	
	Calendar Year Deductible	\$50	\$50	\$50	\$50
	Maximum Calendar Year Benefit	\$1,000	\$1,000	\$1,000	\$1,000

Type D	Orthodontia Care and Services <i>Comprehensive full-banded treatment/brackets, fixed or cemented appliances & computer-generated removable guidance appliances or aligners. Orthodontic care & services are limited to dependent children over age 6 but less than 19 years of age.</i>	None 25% Deductible Applies 12 Month Waiting Period Benefit payment based on usual, customary and reasonable charges. (See fee schedule for more detail.)	None 50% Deductible Applies 12 Month Waiting Period Benefit payment based on usual, customary and reasonable charges.
	Maximum Calendar Year Benefit Maximum Lifetime Benefit	None \$250 \$750	None \$500 \$1,000

Dental Insurance Rates:

		Low Option	High Option
Monthly Rates:	Employee Only:	\$17.90	\$23.50
	EE & One Dep:	\$32.70	\$41.90
	EE & Family:	\$50.80	\$65.90