



Ameritas Edge Plus Plan A

Plan Benefits

Ameritas Edge Plus Plan A			
	Benefit Year		
Standard Benefits ¹	1	2	3+
TYPE 1			
Preventive Procedures: Fluoride treatments (under age 19), X-Rays, cleanings, periodic exams			
Benefit Year Deductible	\$0	\$0	\$0
Plan Benefit	100%	100%	100%
TYPE 2			
Basic Procedures: Simple extractions, fillings, root canals, non-surgical periodontics			
Benefit Year Deductible	\$50	\$50	\$50
Plan Benefit	80%	80%	80%
TYPE 3			
Major Procedures: Removal of impacted teeth, bridges, crowns (including crowns on implants), dentures, partials, surgical periodontics			
Benefit Year Deductible	Not Covered	\$50	\$50
Plan Benefit	Not Covered	50%	50%
Benefit Year Maximum Type 1, 2 and 3	\$750	\$1,000	\$1,500
Orthodontia Benefits: (under age 19)			
Lifetime Deductible	Not Covered	Not Covered	\$50
Plan Benefit	Not Covered	Not Covered	50%
Lifetime Benefits Orthodontia Only	Not Covered	Not Covered	\$1,000

¹ See policy/certificate for complete coverage details and limitations.

Some benefits may be increased in Alaska, Minnesota and Vermont as a result of state requirements.

Monthly Rates

Area	Employee	Employee & One Dependent	Employee & Family
1	\$23.70	\$46.20	\$67.90
2	26.10	50.80	74.80
3	27.70	54.00	79.40
4	29.10	56.70	83.40
5	30.80	60.10	88.30
6	33.80	65.90	97.00
7	36.90	72.00	106.00
8	40.00	77.90	114.60

- Rates good through May 1, 2018.
- Electronic certificate delivery is included; paper certificates cost 20 cents per covered employee each month.
- Manual quote is required for groups with more than 99 lives.
- These rates do not include takeover. Visit edge.ameritas.com for a third year or greater takeover quote with 10+ enrolled lives. For takeover on a case inforce less than 3 years and/or with 5-9 enrolled lives, contact agentservices@ameritas.com or call 855-517-5307, option 4.

Discounted rates may be available if there is at least 50% employer contribution and 100% of all eligible employees participate in the plan. Contact Agent Services to see if you qualify for this 50/50 discounted plan option.



Ameritas Edge Plus Plan A

Plan Highlights

- Significant premium savings are available by adding a \$5 or \$10 per visit deductible to the plan, in addition to any benefit year deductibles. Go to the Edge portal or contact Agent Services for rates.
- No employer contribution required
- Members can choose any dentist
- No deductible for Type 1 procedures
- Immediate coverage* for Type 1 & 2 procedures
- Benefits up to \$1,500 for each covered family member
- \$1,000 lifetime orthodontia benefits for dependents under age 19
- Maximum of \$150 deductible per family per benefit year; combined for Type 2 & 3 procedures
- Annual open enrollment

* See late entrant provision

Member Savings

Plan members may receive additional savings that can reduce out of pocket expenses:

- Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide (savings does not include contact lenses or vision care materials)
- Save on prescription medications at many pharmacies across the nation

Plus Plan A Overview



Comprehensive

Benefit coverage for Type 1, 2 & 3 procedures. Orthodontia benefits available for those under age 19 (waiting periods apply for Type 3 and orthodontia services)



Affordable

Plan ranges from \$24-40 per month for employee-only coverage (depending on ZIP Code)



Increasing Benefits

Benefit year maximum increases the first three years on the plan



Accessible

Members can visit any provider and may receive out-of-pocket savings when using a network dentist

Members can protect their smiles with Plus Plan A dental insurance. Good dental hygiene will help maintain healthy teeth and may reduce the need for expensive dental procedures.

Covered Procedure Summary

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (1 in 6 months) • Bitewing X-rays (1 in 6 months) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (1 in 6 months) • Fluoride for Children under age 19 (1 in 12 months) • Space Maintainers • Sealants 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites • Simple Extractions • Root Canals/Endodontics • Periodontics (non-surgical) 	<ul style="list-style-type: none"> • Denture Repair • Onlays/Inlays • Crowns (1 in 5 years per tooth) • Crown Repair • Surgical Extractions • Prosthodontics (fixed bridge, removable complete/partial dentures) (1 in 5 years) • Periodontics (surgical) • Anesthesia

Plan Details

Ameritas Dental Network (where available): With our dental plans, members can receive care from any dentist they choose. However, with one of our dental network providers, their out-of-pocket costs almost always will be less. That's because these providers agree to charge a discounted network fee—known as the MAC or Maximum Allowable Charge—for each covered procedure.

Out-of-network benefits are based upon the 75th percentile usual and customary fees charged in the area where service is rendered (percentile may be higher according to state requirements).

Benefit year maximums are calculated for each certificate year from certificate effective date.

Late Entrant Provision: Benefit year maximum during the first 12 months for late entrants is \$250 per covered person. Coverage is limited to routine exams, cleanings, and x-rays for the first 6 months (except in VT).

Plan Requirements

- A \$10 monthly administrative fee will apply, subject to state requirements. The fee is waived if the group elects to pay by electronic funds transfer or if both Ameritas Edge dental and Ameritas Edge vision plans are selected.
- The rates and benefits quoted are based on a minimum of 3 enrolled employees. All rates and benefits quoted are not valid if the final enrollment is below the minimum threshold.
- When dual options (high/low) are available, policyholders have the option of offering members either one or both plans.
- Benefits available for all eligible employees who have completed the designated waiting period.
- This form highlights coverage available through Ameritas Life Insurance Corp. Please refer to the Policy or Certificate of Insurance for a complete list of covered procedures and limitations.

Terminations and Renewals

Coverage is renewable upon payment of billed premium during 31 day grace period.

Rates may be increased after the first policy year—not more frequently than twelve month intervals.

After first policy year, coverage may be terminated by Ameritas with forty-five days prior notice to employer, or as defined by state requirements.

Area Classifications

State	Area	State	Area	State	Area
Alabama		Kentucky		Oregon	
358.....2		403, 405, 406,		970-9756	
All Others.....1		419, 427.....2		All Others.....5	
Alaska8		All Others.....1		Pennsylvania3	
Arizona		Louisiana		Rhode Island6	
851, 852,		700, 711.....2		South Carolina2	
860, 863, 865.....2		All Others.....1		South Dakota2	
All Others.....1		Maine4		Tennessee1	
Arkansas1		Maryland3		Texas	
California		Massachusetts ...6		753, 760-7623	
913, 931, 940,		Michigan		750-752, 763,	
941, 943, 944,		480-483, 485, 489,		764, 770, 772,	
950, 951.....8		493, 496-4994		777, 787, 791.....2	
900, 902-912,		All Others.....3		All Others.....1	
914-916, 919, 920,		Minnesota		Utah4	
926-930, 939, 942,		551, 554.....4		Vermont3	
945-949, 953, 954,		550, 553, 555-558,		Virginia	
956-958, 9617		560, 562, 564,		201-222, 2274	
All Others.....6		566, 567.....3		223, 229-232,	
Colorado		All Others.....2		238-241, 244,	
800, 802,		Mississippi1		245.....3	
803, 805.....5		Missouri		224, 225,	
801, 804,		631, 651.....3		233-2372	
807, 808, 816.....4		630, 633, 634, 636,		All Others.....1	
All Others.....3		637, 640, 641, 645,		West Virginia1	
Connecticut6		647-650, 652,		Wisconsin	
Delaware		656-6582		530, 534, 537,	
198.....6		All Others.....1		543, 544.....5	
All Others.....4		Montana2		531, 545, 549.....4	
District of		Nebraska		532, 535, 539,	
Columbia4		680, 681, 684,		540, 546, 547.....3	
Florida *		685, 687-6912		All Others.....2	
Georgia		All Others.....1		Wyoming2	
300, 303, 311.....4		Nevada			
301, 302, 304-307,		891, 894-8974			
315, 317, 399.....2		All Others.....3			
All Others.....1		New Hampshire ...5			
Hawaii6		New Jersey			
Idaho		074, 076, 079.....7			
835-8374		070, 078, 085,			
All Others.....3		086, 088.....6			
Illinois		075, 077, 082,			
600-603, 6064		084, 087, 089.....5			
604, 605, 607,		All Others.....4			
608, 627.....3		North Carolina			
611, 613, 614, 617,		282, 288.....5			
620, 625, 626.....2		270-275, 2774			
All Others.....1		280, 281, 286,			
Indiana		287, 289.....3			
460, 464, 466,		All Others.....2			
475-4773		North Dakota2			
All Others.....2		Ohio			
Iowa		440.....3			
503-506, 509-514,		430-432, 434-439,			
516, 520,		442, 443, 446-449,			
522-5283		455, 456, 458.....2			
All Others.....1		All Others.....1			
Kansas2		Oklahoma1			

* Special brochure required.

Please check for availability in your state.

Worldwide Support

AXA Assistance USA is part of a global organization with offices in more than 30 countries, where AXA Assistance professionals answer calls 24 hours a day to assist members traveling abroad. Immediately after a call comes in, an assistance coordinator assesses the situation, provides credible provider referrals and can even help with making the appointment.

Dental or vision provider referral assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Providers referred by AXA are not members of the Ameritas network. Ameritas does not guarantee or make any representation as to the quality of the services provided by AXA or any provider referred by AXA. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply.

What is not covered by the policy?

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

- for Type 3 procedures in the first 12 months the person is insured (except in VT).
- for any treatment which is for cosmetic purposes.
- to replace any crowns, inlays, onlays, 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 this contract.
- for any procedure begun after the insured person's insurance under this contract terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured's insurance under this contract 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 or certificate.)
- for orthodontic treatment under the following provisions:
 - for treatment begun on or after the insured's 19th birthday;
 - for treatment begun before the insured became covered under this section;
 - before the insured has been insured under this section for at least 24 consecutive months (except in VT);
- 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 KY and CA).
- 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.



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 07-16) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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