

**Low Plan: Dental Plan Summary**

**Effective Date: 1/1/2020**

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	N/A	N/A
Deductible	\$25/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum	\$25/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,500 per calendar year	\$1,500 per calendar year
Allowance	Discounted Fee	80th U&C
Dental Rewards®	Included	Included
Waiting Period	None	None
LASIK Advantage®	Included	Included
Annual Open Enrollment	Included	Included

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

Type 1	In & Out of Network 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>Sealants (age 16 and under)</li> <li>Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <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> </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> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>

**Ameritas Information**

**We're Here to Help**

This plan was designed specifically for the associates of **George County Board of Education**. 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).

**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 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	\$750	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	\$150	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

**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. Adult and child coverage is allowed - adult only and child only coverage are not. LASIK Advantage is only available with dental plans with preventive, basic and major coverage. There is no network tied to this coverage.

Lifetime Benefit Earned Per Eye	Year One	Year Two	Year Three
	\$350	\$350	\$700

**Hearing Care Summary**

<b>Plan Benefit</b>	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
<b>Deductible</b>	None
<b>Maximum (per benefit period)</b>	
Annual Hearing Exam	Up to \$75
Hearing Aids (per ear)	
Year One	Up to \$400
Year Two	Up to \$600
Year Three	Up to \$800
Hearing Aid Maintenance	Up to \$40

**Dental Network Information**

To find a provider, visit [ameritas.com](http://ameritas.com) and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. When prompted to select your network, choose the Classic Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

**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.

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: 1/1/2020**

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
Deductible	\$25/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum	\$25/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,500 per calendar year	\$1,500 per calendar year
Allowance	Discounted Fee	80th U&C
Dental Rewards®	Included	Included
Waiting Period	None	None
LASIK Advantage®	Included	Included
Annual Open Enrollment	Included	Included

**Orthodontia Summary - Child Only Coverage**

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum (per person)	\$1,500	\$1,500
Waiting Period	None	None

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