**Ameritas’ network**

We want to make it easier for people to see their dentist. This plan gives you more than 303,000 access points across the nation for dental care. Now, you can get the cost savings you want with the quality care you deserve.

**your satisfaction**

You’ll always have the right to receive care from any dentist you choose. The plan payments are based on a Maximum Covered Benefit and are the same whether you visit a PPO provider or not. However, the out-of-pocket costs will almost always be lower if you choose a PPO provider, helping you save more.

**Preventive Plus**

Regular dental exams and cleanings are crucial for maintaining oral wellness. These preventive services aren’t deducted from the annual max benefit amount, promoting good oral care and keeping your annual maximum for other covered services.

**monthly rates**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee (EE)</td>
<td>$10.20</td>
</tr>
<tr>
<td>EE + Spouse</td>
<td>$20.76</td>
</tr>
<tr>
<td>EE + Children</td>
<td>$27.00</td>
</tr>
<tr>
<td>EE + Spouse &amp; Children</td>
<td>$37.56</td>
</tr>
</tbody>
</table>

**enrollment**


For additional assistance, please contact Ameritas at 877-721-2224 or online at http://ameritasgroup.com/florida.

---

**frequently asked questions**

Q: Can I continue to see my current dentist?
A: Yes. You are free to visit the dentist of your choice.

Q: What if my dentist is not in the PPO network?
A: Your benefits remain the same whether your dentist is a member of the PPO network or not. If you see a dentist who is not in the network, Ameritas will reimburse up to the maximum covered expense.

Q: Will I need a referral to visit a specialist?
A: No. You can see the specialist of your choice without a referral.

Q: Do my family members need to visit the same dentist that I choose?
A: No. Each member is free to see the dentist of their choice.

Q: How do I locate a PPO provider?

Q: If my dentist isn’t a member of the PPO network, how can I get him or her to join?
A: You are welcome to nominate your dentist to our PPO network. Nominate your dentist online at http://ameritasgroup.com/florida, or call our provider relations department toll free at 800-755-8844.

---

¿en español?

Para información o ayuda en español, por favor llame al 877-721-2224.
The plan's maximum covered expense is the maximum amount considered per procedure. Ameritas will reimburse up to the maximum covered expense. If the dentist charges more than the maximum covered expense, the member is responsible for paying the difference between the maximum covered expense and the amount the dentist charges. Please see website (ameritasgroup.com/florida) for complete details regarding maximum covered expense.

**Sample procedures**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D0120</td>
<td>Periodic Oral Evaluation</td>
<td>14.00</td>
<td>35.00</td>
<td>21.00</td>
<td>20.00</td>
<td>6.00</td>
</tr>
<tr>
<td>D0272</td>
<td>Bitewings (Two Films)</td>
<td>13.00</td>
<td>28.00</td>
<td>15.00</td>
<td>19.00</td>
<td>6.00</td>
</tr>
<tr>
<td>D1110</td>
<td>Prophylaxis (Cleaning – Adult)</td>
<td>30.00</td>
<td>70.00</td>
<td>40.00</td>
<td>46.00</td>
<td>16.00</td>
</tr>
</tbody>
</table>

Annual Premium ($10.20 x 12 months x .80) = $ 98
Amount you pay for routine visits twice per year with an average cost dentist = $152
Amount you pay for routine visits twice per year with an Ameritas PPO dentist = $56

*This illustration is an example of section 125 savings that may be realized on your year-end tax return.

This sample shows out-of-pocket costs based on maximum covered expense allowance when visiting either a PPO or non-PPO dentist twice a year. Out-of-network costs calculated from 50th U&C in ZIP code 337XX. These calculations represent an estimate of out-of-pocket cost, and only illustrate routine coverage. For complete details, go to http://ameritasgroup.com/florida. The Codes and Procedures listed above are part of Current Dental Terminology © American Dental Association. All rights reserved.
limitations

Covered expenses will not include and no benefits will be payable for:

1. for any procedure except exams, cleaning and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant.

2. for any treatment which is for cosmetic purposes. Facings on crowns or pontics behind the second bicuspids are considered cosmetic.

3. to replace any prosthetic appliance, crown, or onlay restoration, or five years from the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the plan member is covered under the dental expense benefit, it will be a Covered Expense.

4. for initial placement of any prosthetic appliance or fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit, it will be a Covered Expense.

5. for initial placement of any prosthetic appliance of fixed partial denture unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of the 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.

6. for any procedure begun before the plan member was covered under the dental expense benefit.

7. for any procedure begun after the member’s insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member’s insurance under the dental expense benefit terminates.

8. to replace lost or stolen appliances.

9. for appliances restoration, or procedures to:
   • alter vertical dimension;
   • restore or maintain occlusion;
   • splint or replace tooth structure lost because of abrasion or attrition.

10. for any procedure which is not shown on the Table of Dental Procedures.

11. for orthodontic treatment. (Unless otherwise specified in this contract.)

12. for which the plan member 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.

13. for charges for which the plan member is not liable or which would not have been made had no insurance been in-force.

14. for services which are not required for necessary care and treatment or, are not within the generally accepted parameters of care.

15. because of war or any act of war, declared or not.