

High Plan Dental Summary

Effective Date: 1/1/2020

Plan Benefit	
Type 1	100%
Type 2	90%
Type 3	60%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1/\$150 Family
Maximum (per person)	\$2,000 per calendar year
Preventive PlusSM	Included
Allowance	80th U&C
Dental Rewards®	Included
Waiting Period	6 months - Type 3 New Enrollees Only
Annual Open Enrollment	Included

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$2,000
Waiting Period	6 months New Enrollees Only

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

Type 1	Type 2	Type 3
Routine Exam (2 per benefit period)	Sealants (age 16 and under)	Onlays
Bitewing X-rays (2 per benefit period)	Restorative Amalgams	Crowns (1 in 5 years per tooth)
Full Mouth/Panoramic X-rays	Restorative Composites	Crown Repair
(1 in 3 years) Periapical X-rays	Endodontics (nonsurgical)	Periodontics (nonsurgical)
Cleaning (2 per benefit period)	Endodontics (surgical)	Periodontics (surgical)
Fluoride for Children 18 and under	Denture Repair	Prosthodontics (fixed bridge; removable
(1 per benefit period)	Simple Extractions	complete/partial dentures) (1 in 5 years)
Space Maintainers	Complex Extractions	
	Anesthesia	

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	\$400	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$200	Additional bonus is earned if the member sees a network provider
Maximum Carryover	\$1,200	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Ameritas Information

We're Here to Help! This plan was designed specifically for the associates of **Laurens County Schools**. 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.

Type 3 Waiting Period - new enrollees only

The group of initial employees who enroll in this plan have no waiting period for Type 3 benefits. Anyone hired after the initial plan enrollment will have a 6-month waiting period, after they enroll in this dental plan, before they are eligible to receive Type 3 benefits.

Orthodontia Waiting Period - new enrollees only

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 6-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

Preventive PlusSM

With this plan option, benefits for Type 1/Preventive procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for the Type 2/Basic and Type 3/Major procedures that are covered by your plan.

Dental Network Information

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

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

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 **Jan 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.