

# PCA RETIREMENT & BENEFITS

Dental Highlight Sheet



## BASIC PLAN

Effective Date: 1/1/2019

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
<b>Deductible</b>	\$50/Calendar Year Type 2 Waived Type 1 3 Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	None

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

Type 1	Type 2
<ul style="list-style-type: none"><li>• Routine Exam (1 in 6 months)</li><li>• Bitewing X-rays (1 in 12 months)</li><li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li><li>• Periapical X-rays</li><li>• Cleaning (1 in 6 months)</li><li>• Fluoride for Children 13 and under (1 in 12 months)</li><li>• Sealants (age 13 and under)</li><li>• Space Maintainers</li></ul>	<ul style="list-style-type: none"><li>• Restorative Amalgams</li><li>• Restorative Composites (anterior and posterior teeth)</li><li>• Endodontics (nonsurgical)</li><li>• Periodontics (nonsurgical)</li><li>• Denture Repair</li><li>• Simple Extractions</li></ul>

### Monthly Rates

<b>Employee Only (EE)</b>	\$33.42
<b>EE + Spouse</b>	\$76.37
<b>EE + Children</b>	\$99.24
<b>EE + Spouse &amp; Children</b>	\$141.97

### Ameritas Information

#### We're Here to Help

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### Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Eyewear Savings

Ameritas plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas plan members can visit [ameritas.com](http://ameritas.com) and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

### 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. 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.

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## ENHANCED PLAN

Effective Date: 1/1/2019

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80-90-100%
Type 3	50%
<b>Deductible</b>	\$50/Calendar Year Type 2 & 3 Waived Type 1
<b>Maximum (per person)</b>	3 Family Maximum \$1,250 per calendar year
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Adult and Child Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (1 in 6 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (1 in 6 months)</li> <li>Fluoride for Children 13 and under (1 in 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 13 and under)</li> <li>Restorative Amalgams</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Endodontics (nonsurgical)</li> <li>Periodontics (nonsurgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> <li>Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>	<ul style="list-style-type: none"> <li>Space Maintainers</li> <li>Onlays</li> <li>Crowns (1 in 8 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (surgical)</li> <li>Periodontics (surgical)</li> <li>Implants</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)</li> <li>Complex Extractions</li> <li>Anesthesia</li> </ul>

### Incentive Coinsurance

Plans with coinsurance levels that progressively increase are designed to reward your loyal employees: The longer they stay in the plan, the richer their coverage. As long as plan members visit the dentist and have at least one covered procedure performed each benefit period, they continue to advance one coinsurance level until they reach the plan's highest coinsurance level. If a plan member fails to have at least one dental procedure performed during any benefit year, he or she will revert back to the beginning coinsurance level but can begin again to advance through the levels.

### Monthly Rates

<b>Employee Only (EE)</b>	\$57.84
<b>EE + Spouse</b>	\$125.11
<b>EE + Children</b>	\$159.53
<b>EE + Spouse &amp; Children</b>	\$226.81

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# PCA RETIREMENT & BENEFITS

## Dental Highlight Sheet



### Ameritas Rewards<sup>SM</sup>

Ameritas Rewards is an enhanced product that offers an increased maximum for hearing, LASIK, orthodontia and vision as well as dental. It allows members to utilize unused dental maximum carryover amounts from previous years towards dental benefits or other lines of coverage included in a plan. Employees and their covered dependents may accumulate dental rewards with an unlimited maximum carryover amount. These rewards can be used to increase the maximum for the other lines of coverage which can then be used for certain covered services or materials subject to applicable deductible, coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. A member is eligible to earn rewards again the next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Ameritas Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	Unlimited	Maximum possible accumulation for Rewards and PPO Bonus combined

### LASIK Advantage<sup>®</sup>

LASIK Advantage<sup>®</sup> 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 over time, with the highest coverage provided at year three or four. Members earn benefits for each eye and may not combine benefits earned for each eye to pay for a covered procedure 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<sup>®</sup> benefit is available to members age 18 and older. There is no network tied to this coverage.

Lifetime Benefit Earned per Eye		
Year One	Year Two	Year Three
\$350	\$350	\$700
Ameritas Rewards <sup>SM</sup> Lifetime Benefit		
Year One	Year Two	Year Three
\$100	\$100	\$100

### SoundCare<sup>SM</sup> Hearing Health Benefits

**Life's getting louder.** Thanks to the cranked-up volume of modern life, hearing loss has become one of the most common chronic health problems in the U.S. It afflicts more than 30 million of us - about 10% of the population has a significant hearing loss - and the number is growing. Today's Baby Boomers have the most active and noisy lifestyle of any previous generation. And hearing loss is occurring at younger and younger ages, partly because of electronic devices that flood our society.

#### An Important Benefit

Today's top employers care about the well-being of their employees. Taking care of your hearing is an important but often overlooked habit for good health, and SoundCare<sup>SM</sup> can help. Practice good hearing health habits, prevent future problems and seek treatment when needed. That's sound advice for a happy, healthy future.

### SoundCare<sup>SM</sup> Summary

<b>Coinsurance</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 (both ears)	
Year One	Up to \$200
Year Two	Up to \$600
Year Three	Up to \$800
<b>Hearing Aid Maintenance</b>	Up to \$40
<b>Ameritas Rewards<sup>SM</sup></b>	\$100 annually

### Dental Network Information

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## VOLUNTARY PLAN

Effective Date: 1/1/2019

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$10 per visit deductible Type 1 \$50/Calendar Year Type 2 & 3 No Family Maximum
<b>Maximum (per person)</b>	\$1,250 per calendar year
<b>Allowance</b>	80th U&C
<b>Waiting Period</b>	None

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>Routine Exam (1 in 6 months)</li> <li>Bitewing X-rays (1 in 12 months)</li> <li>Full Mouth/Panoramic X-rays (1 in 5 years)</li> <li>Periapical X-rays</li> <li>Cleaning (1 in 6 months)</li> <li>Fluoride for Children 13 and under (1 in 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>Sealants (age 13 and under)</li> <li>Restorative Amalgams</li> <li>Restorative Composites (anterior and posterior teeth)</li> <li>Endodontics (nonsurgical)</li> <li>Periodontics (nonsurgical)</li> <li>Denture Repair</li> <li>Simple Extractions</li> </ul>	<ul style="list-style-type: none"> <li>Space Maintainers</li> <li>Onlays</li> <li>Crowns (1 in 8 years per tooth)</li> <li>Crown Repair</li> <li>Endodontics (surgical)</li> <li>Periodontics (surgical)</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years)</li> <li>Complex Extractions</li> <li>Anesthesia</li> <li>Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li> </ul>

### Monthly Rates

<b>Employee Only (EE)</b>	\$46.46
<b>EE + Spouse</b>	\$100.54
<b>EE + Children</b>	\$124.61
<b>EE + Spouse &amp; Children</b>	\$178.56

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Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Ameritas Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the member sees a network provider
Maximum Carryover	Unlimited	Maximum possible accumulation for Rewards and PPO Bonus combined

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Lifetime Benefit Earned per Eye		
Year One	Year Two	Year Three
\$350	\$350	\$700
Ameritas Rewards <sup>SM</sup> Lifetime Benefit		
Year One	Year Two	Year Three
\$100	\$100	\$100

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### SoundCare<sup>SM</sup> Summary

<b>Coinsurance</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 (both ears)	
Year One	Up to \$200
Year Two	Up to \$600
Year Three	Up to \$800
<b>Hearing Aid Maintenance</b>	Up to \$40
<b>Ameritas Rewards<sup>SM</sup></b>	\$100 annually

### Dental Network Information

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